

ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Scott L. Zuckerman

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Anton Gillespie

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Mena G. Kerolus

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Ian Buchanan

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Alex Ha

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Meghan Cerpa

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Eric Leung

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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Date: June 23, 2021

Your Name: K. Daniel Riew

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Biomet	Level F, Royalty for C-Tek & Maxan Anterior Cervical Plate)
4	Consulting fees	Nuvasive	Level B, \$15,000

		Happe Spine	Nonfinancial
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NASS	Board Member, Nonfinancial
11	Stock or stock options	Axiomed	Level B, Exact # of shares is unknown
		Expanding Orthopedics	(10000, Exact # of shares is unknown)
		Spineology	(5000, Level B purchased)
		Spinal Kinetics	(10000, Level C purchased)
		Amedica	(10000, Level B purchased)
		Vertiflex	(10000, Level B purchased)
		Benvenue	(10000, Level C purchased)
		Paradigm Spine	(10000, Level B purchased)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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Date: June 23, 2021

Your Name: Lawrence Lenke

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Scoliosis Research Society	Institution
		Harms Study Group	Institution
		EOS, The Spinal Research Foundation	Institution
3	Royalties or licenses	Medtronic	Self
		Quality Medical Publishing	Self

4	Consulting fees	Medtronic, De-Puy-Synthes Spine, K2M	Self
		Fox Rothschild, LLC	Self
		Quality Medical Publishing	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Broadwater, Seattle Science Foundation	Self
		Scoliosis Research Society, Stryker Spine	Self
		The Spinal Research Foundation, AOSpine	Self
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	Scoli-RISK-1	Institution
		Fox Pediatric Spinal Deformity Study	Institution

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Date: June 23, 2021

Your Name: Ronald A. Lehman Jr

Manuscript Title: Return to golf after adult degenerative and deformity spine surgery: a preliminary case series of how surgery impacts golf play and performance.

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3	Royalties or licenses	Medtronic	Self
4	Consulting fees	Medtronic	Self

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