Date:	2/15/2023	
Your Name:	Mathieu Squires, MD	
Manuscript Title:	Clinical Outcomes after Bracing for Vertebral Compression Fractures: A Systematic Review and Meta-Analysis of Randomized Trials	
Manuscript Number (if known):	unknown	

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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	

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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	
Plea		t to the following statement to indicate your agreeme	

3 12/13/2021 ICMJE Disclosure Form

Date:	2/15/2023	
Your Name:	Jordan Howard Green, MD	
Manuscript Title:	Clinical Outcomes after Bracing for Vertebral Compression Fractures: A Systematic Review and Meta-Analysis of Randomized Trials	
Manuscript Number (if known):	unknown	

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3	Royalties or licenses	None None	

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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	

		lame all entities with whon elationship or indicate none		Specifications/Comments (e.g., if payments were made to you or to your institution)
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		
Plea [⊠]	•	o the following statement t	, -	ent: ording of any of the questions on this form.

Date	e:		2/15/2023		
You	r Name:		Rakesh Patel, MD		
Manuscript Title:			[Clinical Outcomes after Bracing for Vertebral Compression Fractures: A Systematic Review and Meta-Analysis of Randomized Trials		
Mar	nuscript Number (if k	(nown)	unknown		
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	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ed in this manuscript w	rithout time limit. For all other items, the time
			all entities with whom worship or indicate none		Specifications/Comments (e.g., if payments were made to you or to your institution)
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			Tille Italile. Si	nce the initial planning	of the work
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	e frame: past 36 month	Click the tab key to add additional rows.
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	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
_		No.	
6	Payment for expert testimony	⊠ None	
	expert testimony		
		y 1	
7	Support for	None	
	attending meetings and/or		
	travel		
8	Patents planned,	$oxed{oxed}$ None	
	issued or pending		
	pending		
9	Participation on	[⊠] None	
	a Data Safety Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	None	
	fiduciary role in		
	other board,		
	society, committee or		
	advocacy group,		
	paid or unpaid		

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]		et to the following statement to indicate your agreement to answered every question and have not altered the wo	

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Date:	2/15/2023
Your Name:	[llyas Aleem, MD, MSc, FRCSC ]
Manuscript Title:	[Clinical Outcomes after Bracing for Vertebral Compression Fractures: A Systematic Review and Meta-Analysis of Randomized Trials
Manuscript Number (if known):	unknown
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		Globus	Payments to me	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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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	Orthofix and Nuvasive	research support		
Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.					