## ICMJE DISCLOSURE FORM

Date:_8/5/2023				
Your Name:Keagan Gertz				
Manuscript Title: Successful Non-Operative Treatment of Atlanto-Occipital Dislocation: A Case Report				
Manuscript number (if known):_ JSS-23-60-R1				

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone				
	speakers bureaus,					
	manuscript writing or					
6	educational events Payment for expert	X None				
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7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
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9	Participation on a Data Safety Monitoring Board or	_XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid Stock or stock options	X None				
11	Stock of Stock options	X_None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
	financial interests					
Ple	ase summarize the above co	nflict of interest in the foll	owing box:			
Γ.	No conflicts of interest to disclose					
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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.

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Date:	17	1	1	H		
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Manuscript Title:		Successful	Non-Openda	e Treatment of	Atlanto-Occipital	Pislocation: A Casa Report
Manuscript number	(if know	yn):	23-60-21			

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		Time frame: Since the initial	planning of the work
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	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>×</u> None	
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4	Consulting fees	<u></u> None	
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tents planned, issued or ending	None None
rticipation on a Data fety Monitoring Board or dvisory Board	None None
eadership or fiduciary role other board, society, ommittee or advocacy oup, paid or unpaid	None
tock or stock options	None None
eceipt of equipment, naterials, drugs, medical riting, gifts or other ervices	None
Other financial or non- inancial interests	None None
summarize the above co	onflict of interest in the following box:
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## ICMJE DISCLOSURE FORM

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	<b>"我们就是我们的,我们就是我们的。"</b>	Time frame: pas	st 36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	educational events		
6	Payment for expert	None	
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7	Support for attending	None	The state of the s
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	Advisory Board		
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <b>✓</b> None	
12	Receipt of equipment,	None	
	materials, drugs, medical		4
	writing, gifts or other		70 m. 1 m. 1 m.
	services		
13	Other financial or non- financial interests	None	
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