Date:_9-30-22
Your Name:Mythili Kalladka
Manuscript Title: Musculoskeletal disorders and orofacial pain: A narrative review
Manuscript number (if known):_ FOMM-21-103

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 <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None	36 months
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:



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.



Date: Sep 30, 2022

Your Name: Sowmya Ananthan, DMD, MSD

Manuscript Title:\_Musculoskeletal disorders and orofacial pain: A narrative review

Manuscript number (if known):\_ FOMM-21-103

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	AH		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, 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	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
_		1	
7	Support for attending meetings and/or travel	None	
	, 		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	TVOTIC	
	writing, gifts or other		
	services		
12		Nene	
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	inflict of interest in the fo	lowing box:

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.

Date: Octo	ber 2 20.	22				
		VISWAWATH				
	fanuscript Title: Musculoskeletal disorders and rofacial pain: A narrative review					
Manuscript number (if known):_ FOMM-21-103						

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	· · · · · · · · · · · · · · · · · · ·	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 initia	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None None	i de montais
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None
5	Payment or honoraria for	None
•	lectures, presentations,	NOTE:
	speakers bureaus, manuscript writing or educational events	
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	None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical writing, gifts or other services	
13	Other financial or non- financial interests	None

,		

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.

Date:	SEPTEMBER 20, 2022
Your Name:	DAVIS C THOMAS
Manuscript Title:	_ Musculoskeletal disorders and. orofacial pain: A narrative review
Manuscript numbe	er (if known):_ FOMM-21-103

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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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None	36 months
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

NONE		

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

 $\_\times\_$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_9/30/22
Your Name:	Andrew Young
Manuscript Title	e: Musculoskeletal disorders and orofacial pain: A narrative review
Manuscript nun	nber (if known): FOMM-21-103

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3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or nonoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony	140110	
	testimony		
7	Company for attackling	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		
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	mancial interests		
Plea		unflict of interest in the fol	lowing hove
Plea	ase summarize the above co	onflict of interest in the fol	lowing box:
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Plea		onflict of interest in the fol	lowing box:

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.

Date: 09/30/2022			
Your Name: Shilpa S	ingh		
Manuscript Title:_ orofacial pain: A r	_ Musculoskeletal disorders and narrative review		
Manuscript numbe	er (if known):_ FOMM-21-103		

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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	None	

4	Consulting fees	None	
_	Decimands and home and in fact	N. s. s. s	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
	testimon,		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	, , , , , , , , , , , , , , , , , , ,		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	ollowing box:

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

Shiffa ..

ate:Sept 28 <sup>th</sup> , 2022	
our Name:_Junad Khan	
lanuscript Title: Musculoskeletal disorders and	
rofacial pain: A narrative review	
lanuscript number (if known):_ FOMM-21-103	

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		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	None	
	and/or travel		
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 summarize the above conflict of interest in the following box:

No	crylich	
	mass	

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