

## ICMJJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Michael McCurdy

Manuscript Title: The Hip Spine Relationship – What we know and what we don’t: A Narrative Review

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  </u> <input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> None	
3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> None	

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

**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:**

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: 8/30/2023

Your Name: Yunsoo Lee

Manuscript Title: The Hip Spine Relationship – What we know and what we don't: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Gino DiNicola

Manuscript Title: The Hip Spine Relationship – What we know and what we don't: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Albert Ku

Manuscript Title: The Hip Spine Relationship – What we know and what we don't: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Alexander Vaccaro

Manuscript Title: The Hip Spine Relationship – What we know and what we don’t: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	Aesculap, Atlas Spine, Clobus, Medtronic, SpineWave Stryker, Elsevier, Jaypee, Taylor Francis, Thieme
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	AO Spine
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	Advanced Spinal Intellectual Properties, Atlaas Spine, Avaz Surgical, Bonovo, Computational Dynamics, Cytonics, Dep Health, Dimension Orthotics, Electrocore Flagship Surgical, FlowPharma, Globus, Innovative Surgical Design, Insight Therapeutics, Jushi, Orthobullets, Nuvasive, Orthobullets, Paradigm Spine, Parvizi Surgical Progressive Spinal Technologies, Replication Medica, Spine Medica, Spinology, Stout Medical, Vertiflex, ViewFi Health
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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.

## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Alan Hilibrand

Manuscript Title: The Hip Spine Relationship – What we know and what we don't: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Gregory Schroeder

Manuscript Title: The Hip Spine Relationship – What we know and what we don’t: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Christopher Kepler

Manuscript Title: The Hip Spine Relationship – What we know and what we don’t: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/30/2023

Your Name: Mark Lambrechts

Manuscript Title: The Hip Spine Relationship – What we know and what we don’t: A Narrative Review

Manuscript number (if known): \_\_\_\_\_

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