ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

2. **The work under consideration for publication.**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<tr>
<td>Carl-Eric</td>
<td>Aubin</td>
<td>25-October-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
   The Biomechanics of Induction in Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-00846

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Aubin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Rene

2. Surname (Last Name)  
Castelein

3. Date  
25-October-2018

4. Are you the corresponding author?  
[ ] Yes  ✔ No

Corresponding Author's Name  
John F. Sarwark

5. Manuscript Title  
The Biomechanics of Induction in Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)  
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Maqsood
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Ayesha

2. Surname (Last Name)  
Maqsood

3. Date  
25-October-2018

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
John F. Sarwark

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Dr. Maqsood has nothing to disclose.

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Sarwark
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<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>John</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Sarwark</td>
</tr>
<tr>
<td>3. Date</td>
<td>25-October-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
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<td>5. Manuscript Title</td>
<td>The Biomechanics of Induction in Adolescent Idiopathic Scoliosis</td>
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