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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>2. Surname (Last Name)</th>
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<tr>
<td>Todd</td>
<td>Milbrandt</td>
<td>11-September-2018</td>
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4. Are you the corresponding author? [ ] Yes [X] No

5. Manuscript Title
   Total Hip Arthroplasty in Patients with Spasticity: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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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. Milbrandt has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rafael
2. Surname (Last Name) Sierra
3. Date 11-September-2018
4. Are you the corresponding author? Yes No ✔
5. Manuscript Title
Total Hip Arthroplasty in Patients with Spasticity: A Critical Analysis Review
6. Manuscript Identifying Number (if you know it)

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.)?
Are there any relevant conflicts of interest? Yes No ✔

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Dr. Sierra reports personal fees from Zimmer Biomet, personal fees from Ortho Align, outside the submitted work.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph  

2. Surname (Last Name)  
   Statz  

3. Date  
   07-September-2018  

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

   Corresponding Author’s Name  
   Todd A Milbrandt MD  

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Trousdale
3. Date  11-September-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Todd A Milbrandt MD
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