

## ICMJE DISCLOSURE FORM

**Date:** 7/22/2023

**Your Name:** Jin Cao

**Manuscript Title:** Effectiveness and Safety of Arthroscopy Combined with Radial Extracorporeal Shock Wave Therapy for Osteochondral Lesions of Talus: A Prospective, Single-center, Randomized, Double-blind Study

**Manuscript Number (if known):** BJJ-2023-0152.R2

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.

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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

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**Your Name:** Changgui Zhang

**Manuscript Title:** Effectiveness and Safety of Arthroscopy Combined with Radial Extracorporeal Shock Wave Therapy for Osteochondral Lesions of Talus: A Prospective, Single-center, Randomized, Double-blind Study

**Manuscript Number (if known):** BJJ-2023-0152.R2

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## ICMJE DISCLOSURE FORM

**Date:** 7/22/2023

**Your Name:** Chengchang Zhang

**Manuscript Title:** Effectiveness and Safety of Arthroscopy Combined with Radial Extracorporeal Shock Wave Therapy for Osteochondral Lesions of Talus: A Prospective, Single-center, Randomized, Double-blind Study

**Manuscript Number (if known):** BJJ-2023-0152.R2

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**Your Name:** Xiaojun Duan

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**Manuscript Title:** Effectiveness and Safety of Arthroscopy Combined with Radial Extracorporeal Shock Wave Therapy for Osteochondral Lesions of Talus: A Prospective, Single-center, Randomized, Double-blind Study

**Manuscript Number (if known):** BJJ-2023-0152.R2

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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:** 7/22/2023

**Your Name:** Liu Yang

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