

ICMJE DISCLOSURE FORM

Date: 1/25/2024

Your Name: Anna Anderson

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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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	society, committee or advocacy group, paid or unpaid		
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 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: 2/1/2024

Your Name: Adam Marco Galloway

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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

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ICMJE DISCLOSURE FORM

Date: 1/25/2024

Your Name: Colin Holton

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Arthrex	Teach on Hip arthroscopy course (paid for time teaching)
		Depuy (J&J)	Lecture on Young Adult Hip conditions (paid for time teaching)
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	
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Date: 1/27/2023

Your Name: David Keene

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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	society, committee or advocacy group, paid or unpaid	Committee member for the Association of Trauma and Orthopedic Chartered Physiotherapists.	No payments.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 1/27/2024

Your Name: Daniel Perry

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

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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: 1/26/2024

Your Name: Anthony Redmond

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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ICMJE DISCLOSURE FORM

Date: 1/25/2024

Your Name: Prof Suzanne Richards

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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ICMJE DISCLOSURE FORM

Date: 1/27/2024

Your Name: Heidi Siddle

Manuscript Title: Clinical consensus recommendations for the non-surgical treatment of Perthes' Disease in the UK

Manuscript Number (if known): BJJ-2023-1283.R1

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