

ICMJE DISCLOSURE FORM

Date: 27.07.2023

Your Name: Volker Alt

Manuscript Title: Complications and associated risk-factors after surgical management of proximal femoral fractures

Manuscript number (if known): BJO-2023-0088.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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 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	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 27.07.2023

Your Name: Steven M. Kurtz

Manuscript Title: Complications and associated risk-factors after surgical management of proximal femoral fractures

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		Exponent Inc.	I am a shareholder of Exponent Inc., a scientific and engineering consulting firm.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	Exponent has been paid fees by companies and suppliers for my consulting services, e.g. Stryker Orthopedics, Ferring Pharmaceutical, Boston Scientific, Medtronic Inc., Sanofi Incs, Ceramtec Inc., Relievant Medsystem Inc., and Alcon Inc.
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Date: 27.07.2023

Your Name: Edmund C. Lau

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		Exponent Inc.	I am an employee of Exponent Inc., a consulting company which received payment for consulting services from these companies: Stryker Orthopedics, Ferring Pharmaceutical, Boston Scientific, Medtronic Inc., Sanofi Inc., Ceramtec Inc., Relieva Medsystem Inc., and Alcon

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Your Name: David W. Lowenberg

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Your Name: Markus Rupp

Manuscript Title: Complications and associated risk-factors after surgical management of proximal femoral fractures

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Your Name: Dominik Szymiski

Manuscript Title: Complications and associated risk-factors after surgical management of proximal femoral fractures

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Your Name: Nike Walter

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