

ICMJE DISCLOSURE FORM

Date: 1/11/2022

Your Name: Bin Cai

Manuscript Title: Development and validation of a prognostic nomogram for open elbow arthrolysis: the Shanghai Prediction model for Elbow Stiffness Surgical Outcome (SPESSO) A retrospective, multicenter cohort study

Manuscript Number (if known): BJJ-2021-1326.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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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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Your Name: Cunyi Fan

Manuscript Title: Development and validation of a prognostic nomogram for open elbow arthrolysis: the Shanghai Prediction model for Elbow Stiffness Surgical Outcome (SPESSO) A retrospective, multicenter cohort study

Manuscript Number (if known): BJJ-2021-1326.R2

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Date: 1/11/2022

Your Name: Junjian Liu

Manuscript Title: Development and validation of a prognostic nomogram for open elbow arthrolysis: the Shanghai Prediction model for Elbow Stiffness Surgical Outcome (SPESSO) A retrospective, multicenter cohort study

Manuscript Number (if known): BJJ-2021-1326.R2

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Your Name: Jiuzhou Lu

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Manuscript Number (if known): BJJ-2021-1326.R2

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ICMJE DISCLOSURE FORM

Date: 1/11/2022

Your Name: Weixuan Liu

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Your Name: Hao Xiong

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

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.