

## ICMJE DISCLOSURE FORM

**Date:** 5/9/2023

**Your Name:** Catharine Bradley

**Manuscript Title:** A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study

**Manuscript Number (if known):** BJJ-2023-0149.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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/3/2023

**Your Name:** Martin Francis Gargan

**Manuscript Title:** A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study

**Manuscript Number (if known):** BJJ-2023-0149.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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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:** 5/3/2023

**Your Name:** Simon Kelley

**Manuscript Title:** A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study

**Manuscript Number (if known):** BJJ-2023-0149.R1

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## ICMJE DISCLOSURE FORM

**Date:** 5/2/2023

**Your Name:** Connor Maddock

**Manuscript Title:** A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study

**Manuscript Number (if known):** BJJ-2023-0149.R1

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## ICMJE DISCLOSURE FORM

**Date:** 5/3/2023

**Your Name:** Yashvi Verma

**Manuscript Title:** A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study

**Manuscript Number (if known):** BJJ-2023-0149.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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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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: MAY 3, 2023

Click or tap to enter a date.

Your Name: JOHN H. WEDGE

Click or tap here to enter text.

Manuscript Title: A COMPREHENSIVE NON-OPERATIVE TREATMENT PROTOCOL FOR DEVELOPMENTAL DYSPLASIA OF THE HIP IN INFANTS.

Manuscript Number (if known): BJJ-2023-0149.R1

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Time frame: past 36 months

- 2 Grants or contracts from any entity (if not indicated in item #1 above).  None
- 3 Royalties or licenses  None
- 4 Consulting fees  None



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None

6 Payment for expert testimony

None

7 Support for attending meetings and/or travel

None

8 Patents planned, issued or pending

None

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None

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11 Stock or stock options

None

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services

None

13 Other financial or non-financial interests

None

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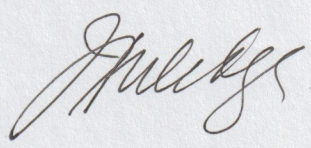
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8/26/2021

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A handwritten signature in black ink, appearing to read "J. Mulvey", is written over the printed text of the form.