

ICMJE DISCLOSURE FORM

Date: 3/16/2023

Your Name: Venla Soini

Manuscript Title: **Improvement of Health-related quality of life after segmental pedicle screw instrumentation in patients with neuromuscular scoliosis: Matched comparison to patients with adolescent idiopathic scoliosis**

Manuscript Number (if known): 16917

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 3/16/2023

Your Name: Johanna Syvänen

Manuscript Title: Improvement of Health-related quality of life after segmental pedicle screw instrumentation in patients with neuromuscular scoliosis: Matched comparison to patients with adolescent idiopathic scoliosis

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Date: 3/16/2023

Your Name: Linda Helenius

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Your Name: Ilkka Helenius

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