

## ICMJE DISCLOSURE FORM

**Date:** 2024-04-09

**Your Name:** Suk-Kyoon Song

**Manuscript Title:** Relationship between histological findings of vastus lateralis muscle and functional recovery after total hip arthroplasty in patients with hip fracture

**Manuscript Number (if known):** [Click or tap here to enter text.]

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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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	

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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:** 2024-04-09

**Your Name:** Ji-Hyun Hwang

**Manuscript Title:** Relationship between histological findings of vastus lateralis muscle and functional recovery after total hip arthroplasty in patients with hip fracture

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## ICMJE DISCLOSURE FORM

**Date:** 2024-04-09

**Your Name:** Jin-Woo Bae

**Manuscript Title:** Relationship between histological findings of vastus lateralis muscle and functional recovery after total hip arthroplasty in patients with hip fracture

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**Your Name:** Hoon-Kyu Oh

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## ICMJE DISCLOSURE FORM

**Date:** 2024-04-09

**Your Name:** Myung-Rae Cho

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