

ICMJE DISCLOSURE FORM

Date: 7/21/2024

Your Name: Matthias Rueger

Manuscript Title: FEMORAL RETROVERSION AND OUT-TOEING GAIT – A SYSTEMATIC REVIEW ON THE ASSOCIATIONS WITH HIP OSTEOARTHRITIS AND TREATMENT

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

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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:

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Date: 7/21/2024

Your Name: Thomas Dreher

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Date: Click or tap to enter a date. 10.5.2017 Prof. Dr. med. Patrick Zingg
Stv. Klinikdirektor Orthopädie
Leiter Hüft- und Beckenchirurgie
Universitätsklinik Balgrist
8008 Zürich

Your Name: Click or tap here to enter text. Patrick Zingg

Manuscript Title: Click or tap here to enter text.

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Your Name: Christos Tsagkaris]

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