

ICMJE DISCLOSURE FORM

Date: 4/23/2025

Your Name: Anastasios Charalampidis

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

Manuscript Number (if known): 18224

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.

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.

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Time frame: past 36 months								
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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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 12/8/2024

Your Name: Elias Diarbakerli

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 485 1516 583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 827 1516 926"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1144"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1264 1516 1362"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1482 1516 1581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 12/8/2024

Your Name: Kourosh Jalalpour

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

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

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ICMJE DISCLOSURE FORM

Date: 12/8/2024

Your Name: Acke Ohlin

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

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

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ICMJE DISCLOSURE FORM

Date: 12/8/2024

Your Name: [Anna Aspberg Ahl]

Manuscript Title: [Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....]

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

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Date: 12/8/2024

Your Name: Hans Möller

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

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:

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: 12/8/2024

Your Name: Allan Abbott

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

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.

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.

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ICMJE DISCLOSURE FORM

Date: 12/8/2024

Your Name: Paul Gerdhem

Manuscript Title: Effectiveness of night-time bracing and full-time bracing in the treatment of moderate-grade adolescent idiopathic scoliosis....

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

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		The Swedish Society for Spine surgeons	Unpaid
		The Swedish Fracture register	Unpaid
		The International Consortium for Spinal Genetics Development and Disease	Unpaid

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