

ICMJE DISCLOSURE FORM

Date: 2/21/2025

Your Name: Sini-Tuuli Koivisto

Manuscript Title: Proximal femoral fractures in children: population-based epidemiology, complications, and functional outcomes

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.

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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: 2/21/2025

Your Name: Hilkka Helenius

Manuscript Title: [Proximal femoral fractures in children: population-based epidemiology, complications, and outcomes]

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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		Finnish Paediatric Research Foundation	Grant to Institution
		Päivikki and Sakari Sohlberg Foundation	Grant to Institution
		University of Helsinki, Research Foundation for Injuries and Rehabilitation	Grant to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Medtronic	Grant to Institution
		Stryker	Grant to Institution
		Nuvasive, Cerapedics	Grants to Institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Medtronic	Consultant
		Globus	Consultant
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	

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Medtronic	SRS Annual Meeting 2024
		Stryker	AAOS 2025 Annual Meeting
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	
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ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: [Antti Stenroos]

Manuscript Title: [Proximal femoral fractures in children: population-based epidemiology, complications, and outcomes]

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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ICMJE DISCLOSURE FORM

Date: 3/2/2025

Your Name: Juho-Antti Ahola

Manuscript Title: [Proximal femoral fractures in children: population-based epidemiology, complications, and outcomes]

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

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ICMJE DISCLOSURE FORM

Date: 2/21/2025

Your Name: Topi Laaksonen

Manuscript Title: Proximal femoral fractures in children: population-based epidemiology, complications, and outcomes]

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

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