

## ICMJE DISCLOSURE FORM

**Date:** 11/17/2025

**Your Name:** Henrik Düppe

**Manuscript Title:** The correlation between AI at 3 and 12 months of age: a longitudinal study of 228 neonates treated with the von Rosen splint

**Manuscript Number (if known):** 18679

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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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:** 11/16/2025

**Your Name:** Daniel Wenger

**Manuscript Title:** The correlation between AI at 3 and 12 months of age: a longitudinal study of 228 neonates treated with the von Rosen splint

**Manuscript Number (if known):** 18679

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**Your Name:** Carl Johan Tiderius

**Manuscript Title:** The correlation between AI at 3 and 12 months of age: a longitudinal study of 228 neonates treated with the von Rosen splint

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**Date:** 11/18/2025

**Your Name:** Adam Sand

**Manuscript Title:** The correlation between AI at 3 and 12 months of age: a longitudinal study of 228 neonates treated with the von Rosen splint

**Manuscript Number (if known):** 18679

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Toffelfonden</td> <td style="width: 50%;">Payments to me</td> </tr> <tr> <td style="height: 15px;">Stiftelsen för medicinsk vetenskaplig forskning inom området ortopedi vid Malmö Allmänna Sjukhus</td> <td>Payments to me</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Toffelfonden	Payments to me	Stiftelsen för medicinsk vetenskaplig forskning inom området ortopedi vid Malmö Allmänna Sjukhus	Payments to me					
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Stiftelsen för medicinsk vetenskaplig forskning inom området ortopedi vid Malmö Allmänna Sjukhus	Payments to me										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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.