

ICMJE DISCLOSURE FORM

Date: 2/15/2026

Your Name: David Chang

Manuscript Title: Acetabular fracture patients treated with acute total hip arthroplasty and additional fixation: a cohort study with functional and radiological follow-ups

Manuscript Number (if known): AO-2025-559 - (19018)

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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.

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Date: 2/15/2026

Your Name: Seppo K. Koskinen

Manuscript Title: Acetabular fracture patients treated with acute total hip arthroplasty and additional fixation: a cohort study with functional and radiological follow-ups

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