

## ICMJE DISCLOSURE FORM

**Date:** 11/13/2021

**Your Name:** Brett D. Crist

**Manuscript Title:** Emergency Department Stress Radiographs of Lateral Compression Type-1 Pelvic Ring Injuries is Safe, Effective, and Reliable

**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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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.

	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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">DePuy Synthes</td> <td>Consultant</td> </tr> <tr> <td>Globus</td> <td>Consultant/Product Design</td> </tr> <tr> <td>3M</td> <td>Paid speaker/consultant</td> </tr> </table>	DePuy Synthes	Consultant	Globus	Consultant/Product Design	3M	Paid speaker/consultant
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3M	Paid speaker/consultant							

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		Osteocentric	Product Design
		Arthrex	Educational support
3	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		Springer	Editor royalties
		Globus	Product design royalties
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		DePuy Synthes	Consultant: personal fees
		Globus	Consultant: personal fees
		3M	Consultant: personal fees
		Osteocentric	Consultant: personal fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		3M	Speaker honorarium
		AONA	Speaker honorarium
		AO Foundation	Speaker honorarium
6	Payment for expert testimony	<input type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Arthrex	Educational support and travel
8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or	<input type="checkbox"/> <b>None</b>	
		3M	KCI advisory board

		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)
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		AO North America: Trauma Board	travel support
		AO North America Education Committee	travel support
		Orthopaedic Trauma Association Program Committee	Travel support
		AO Trauma Education Commission AO Trauma Milestones Curriculum Task Force AOTK RIA Task Force	Travel support and per diem
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Orthopaedic Implant Company	Minority investor
		ROMTech	Minority investor
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		DePuy Synthes	Institution: research in kind support
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.