

## ICMJE DISCLOSURE FORM

**Date:** October 15th, 2021

**Your Name:** Bibiane Schaper

**Manuscript Title:** Spinopelvic characteristics 'normalize' 1-year post-THA – A prospective, longitudinal, case-controlled study

**Manuscript number (if known):**

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		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>Time frame: Since the initial planning of the work</b>			
1	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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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	
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	

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## ICMJE DISCLOSURE FORM

**Date:** October 15th, 2021

**Your Name:** Franz Reichel

**Manuscript Title:** Spinopelvic characteristics 'normalize' 1-year post-THA – A prospective, longitudinal, case-controlled study

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## ICMJE DISCLOSURE FORM

**Date:** October 14th, 2021

**Your Name:** George Grammatopoulos

**Manuscript Title:** Spinopelvic characteristics 'normalize' 1-year post-THA – A prospective, longitudinal, case-controlled study

**Manuscript number (if known):**

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13	Other financial or non-financial interests	None	
		Formus Labs	Paid Consultancy

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## ICMJE DISCLOSURE FORM

**Date:** October 15th, 2021

**Your Name:** Christian Merle

**Manuscript Title:** Spinopelvic characteristics 'normalize' 1-year post-THA – A prospective, longitudinal, case-controlled study

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13	Other financial or non-financial interests	None	
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		Johnson & Johnson/DePuy Synthes	Consultancy

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# ICMJE DISCLOSURE FORM

Date: October 15th, 2021

Your Name: Jeroen Verhaegen

Manuscript Title: Spinopelvic characteristics 'normalize' 1-year post-THA – A prospective, longitudinal, case-controlled study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

**Date:** October 15th, 2021

**Your Name:** Moritz Innmann

**Manuscript Title:** Spinopelvic characteristics 'normalize' 1-year post-THA – A prospective, longitudinal, case-controlled study

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