ICMJE DISCLOSURE FORM

Date:_____2/25/22_____
Your Name:_____Thomas M. Large, M.D. _____
Manuscript Title: Irreducible Traumatic Fracture-Dislocation of the Hip with Impalement onto the Ischial Spine: A Case Report
Manuscript number (if known):___ CC-D-22-00062R1_____

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