Date:	25 <sup>th</sup> , July, 2022			
Your Name:	Yoshifumi Kudo	Vachitumi	Cudo	_
Manuscript Title:_	Dropped head syndr	ome caused by thoracolum	nbar deformity: A report of three cases	
Manuscript numb	er (if known):CC	-D-22-00280		

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Grant-in-Aid for Scientific Research from Japan Society for the Promotion of Science (JSPS KAKENHI; grant number 21K09333	Open access fee
2		Time frame: pastNone	36 months

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
12	Receipt of equipment,	None	
**	materials, drugs, medical writing, gifts or other	Hone	
	services	<b>.</b>	
13	Other financial or non- financial interests	None	

 I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

		ICIVIJE DISCE	OSURE FURIVI	
Date:	25 <sup>th</sup> , July, 202	2		
Your Name:	Tomoaki To	yone Tomorale	(average)	
Manuscript Tit	le: Dropped he	ad syndrome caused by th	oracolumbar deformity: A report of three cases	
related to the parties whose to transparence	content of your m interests may be cy and does not no	nanuscript. "Related" mea affected by the content o	relationships/activities/interests listed below that anns any relation with for-profit or not-for-profit third fithe manuscript. Disclosure represents a commitment for a commitment of the manuscript and the manuscript and the manuscript and the manuscript. Disclosure represents a commitment of the manuscript and the	
The following manuscript on		o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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	• •	port for the work reported the past 36 months.	d in this manuscript without time limit. For all other	item
	<u> </u>	Name all entities with	Specifications/Comments	$\neg$
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
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		needed)		
		Time frame: Since the initial	al planning of the work	
	t for the present	None		$\dashv$
	ot (e.g., funding, of study materials,			-
	riting, article			$\dashv$
	g charges, etc.)			

1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date:	25 <sup>th</sup> , July, 202	2	
	Name:lchiro Okano		
			noracolumbar deformity: A report of three cases
relate partie to tra	ed to the content of your m es whose interests may be a	anuscript. "Related" mea affected by the content o cessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	em #1 below, report all supp ime frame for disclosure is		d in this manuscript without time limit. For all other items,
		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 initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this item.		
2	Grants or contracts from	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for	None	
ا '	· .	None	
	lectures, presentations,		
ļ	speakers bureaus,	İ	
Ì	manuscript writing or	ì	
$ \bot $	educational events		
6	Payment for expert	None	
İ	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
l ¦	j		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	N	-	<u> </u>

		TOTAL DISCLE	
Date	:25 <sup>th</sup> , July, 202	2 .	
	Name:Hiroshi Mar		langama.
Man	uscript Title: Dropped hea	ad syndrome caused by the	oracolumbar deformity: A report of three cases
relat parti to tra	ed to the content of your m es whose interests may be	anuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th med In ite	e epidemiology of hyperter ication, even if that medicarem #1 below, report all sup	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.  In this manuscript without time limit. For all other items,
the t	ime 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 initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
<u></u>		Time frame: past	t 36 months
7	Grants or contracts from	l None	

any entity (if not indicated

None

None

in item #1 above).
Royalties or licenses

Consulting fees

testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  None  None  None	5	Payment or honoraria for	None	
manuscript writing or educational events 6				
educational events 6				
None		manuscript writing or		
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7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None	6	Payment for expert	None	
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9 Participation on a DataNone	8	Patents planned, issued or	None	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- None		pending		
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- None				
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services  13 Other financial or nonNone				
13 Other financial or nonNone				
financial interests	13		None	
		financial interests		

x_	$\subseteq$ I certify that I have answered every question and have not altered the wording of any o	f the questions on this
	form.	

		ICMJE DISCLO	OSURE FORM
Date	:25 <sup>th</sup> , July, 202	2	
	Name:Ryo Yamam		un b
Manı	uscript Title: Dropped hea	ad syndrome caused by th	oracolumbar deformity: A report of three cases
Man	uscript number (if known):	CC-D-22-00280	
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relat parti to tra	ed to the content of your m es whose interests may be	anuscript. "Related" mear affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	I planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		

Time frame: past 36 months

None

None

\_None

Grants or contracts from

in item #1 above). Royalties or licenses

Consulting fees

any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
1	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
,	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

		ICMJE DISCLO	SURE FORM
Date	e:25 <sup>th</sup> , July, 202	22	
You	25 <sup>th</sup> , July, 202 r Name:Chikara Hay	vakawa Chikak	g Hayakawa
Man	nuscript Title: Dropped he	ad syndrome caused by the	pracolumbar deformity: A report of three cases
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to ti med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare a ation is not mentioned in th	efined broadly. For example, if your manuscript pertains Il relationships with manufacturers of antihypertensive e manuscript. in this manuscript without time limit. For all other item
the	time frame for disclosure is	the past 36 months.	
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		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
_	manuscript (e.g., funding,	None	
	provision of study materials		

		none (add rows as needed)	,
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
Ì	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		_
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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	form.

		ICIVIJE DISCEC	SURE FURIVI
Date:	:25 <sup>th</sup> , July, 202	22	
Your	Name: Koki Tsuchi	ya Koki Tsuchiy	<u> </u>
Manu	uscript Title: Dropped he	ad syndrome caused by the	oracolumbar deformity: A report of three cases
	uscript number (if known):		
n the	e interest of transparency,	we ask you to disclose all r	elationships/activities/interests listed below that are
relate	ed to the content of your n	nanuscript. "Related" mear	s any relation with for-profit or not-for-profit third
parti	es whose interests may be	affected by the content of	the manuscript. Disclosure represents a commitment
to tra	ansparency and does not n	ecessarily indicate a bias.  I	f you are in doubt about whether to list a
relati	ionship/activity/interest, it	is preferable that you do s	50.
			the same transfer and the same transfer and
	* ·	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
manı	uscript only.		
	• •		efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
medi	ication, even if that medica	tion is not mentioned in th	e manuscript.
			in this manuscript without time limit. For all other items
the t	ime frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
ļ		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	None	
{	manuscript (e.g., funding,		
	provision of study materials,		1

		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 initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
			1
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	•	·	

Date:	25 <sup>th</sup> , July, 2022	11	7		
Your Name:	Katsunori Inagaki	Katan	- hugal	h 1	
Manuscript Title:	Dropped head syndrome c	aused by thora	columbar defor	mity: A report o	of three cases
Manuscript numb	oer (if known): CC-D-22-	-00280			

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.