ICMJE DISCLOSURE FORM

Date: 31 AUGUST 2021
Your Name: William E. Whitehead, MD
Manuscript Title: Team Approach: The Management of Adolescent and Adult Individuals with Scoliosis and Spina Bifida
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.

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