ICMJE Form for Disclosure of Potential Conflicts of Interest

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Hannah

2. Surname (Last Name)  
   Licari

3. Date  
   05-January-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Team Approach: Management of an acute L4-5 disc herniation

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
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Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Hannah Licari has nothing to disclose.

Evaluation and Feedback
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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Gene</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Tekmyster</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-January-2021</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes [ ] No ✔</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Zorica Buser, PhD</td>
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5. Manuscript Title
Team Approach: Management of an acute L4-5 disc herniation

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Dr. Tekmyster has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Justin

2. Surname (Last Name) 
   Lantz

3. Date 
   30-December-2020

4. Are you the corresponding author? 
   ✔ Yes   No

5. Manuscript Title 
   Team Approach: Management of an acute L4-5 disc herniation

6. Manuscript Identifying Number (if you know it)

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
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<tr>
<td>SI-Bone Inc.</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>PT Consultant</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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I am on the following committees:

Social Media and Public Relations Committee
American Academy of Orthopedic Manual Physical Therapists (AAOMPT)

Clinical Practice Guidelines Committee
North American Spine Society

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Dr. Lantz reports other financial support from SI-Bone Inc., outside the submitted work; and he is on the following committees: Social Media and Public Relations Committee American Academy of Orthopedic Manual Physical Therapists (AAOMPT) Clinical Practice Guidelines Committee North American Spine Society.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Wang

3. Date  
   07-January-2021

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Zorica Buser

5. Manuscript Title  
   Team Approach: Management of an acute L4-5 disc herniation

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<td>Royalties</td>
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<td></td>
<td></td>
<td>☐</td>
<td>Investments/Options</td>
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<td>Fellowship Funding - AO Foundation</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>(paid directly to institution)</td>
</tr>
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<td>Board of Directors: AO Foundation</td>
<td>☒</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>Board of Directors (20,000 honorariums for board position, plus travel for board meetings)</td>
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<tr>
<td>Board of Directors: Society for Brain mapping and Therapeutics</td>
<td>☒</td>
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Dr. Wang reports personal fees from Biomet, Seaspine, Amedica, Synthes, other from Bone Biologics, Pearldiver, Electrocore, Surgitech, other from Fellowship Funding - AO Foundation, personal fees from Board of Directors: AO Foundation, other from Board of Directors: Society for Brain mapping and Therapeutics, other from Editorial Boards: Spine, The Spine Journal, Clinical Spine Surgery, Global Spine Journal, outside the submitted work;

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zorica

2. Surname (Last Name)  
   Buser

3. Date  
   07-January-2021

4. Are you the corresponding author?  
   ✔ Yes   ☐ No

5. Manuscript Title  
   Team Approach: Management of an acute L4-5 disc herniation

6. Manuscript Identifying Number (if you know it)  

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  

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If yes, please fill out the appropriate information below.

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<tr>
<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</tr>
</tbody>
</table>

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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Next Science | ☐ | ☐ | ☐ | ☑ | research support (paid directly to institution)
AOSpine, NASS | ☐ | ☐ | ☑ | ☐ | reimbursement for meeting travels

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Buser reports personal fees from AOSpine, personal fees from Xenco Medical, personal fees from Cerapedics, personal fees from The Scripps Research institute, other from SeaSpine, other from Motion Metrics, other from Next Science, non-financial support from AOSpine, NASS, outside the submitted work; .
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