



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
ANTONIO PORTHOS

2. Surname (Last Name)
SALAS

3. Date
18-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
THE YOGA MAT TECHNIQUE IN POSTLESS HIP ARTHROSCOPY

6. Manuscript Identifying Number (if you know it)

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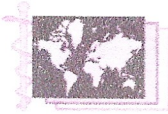
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EDER
2. Surname (Last Name)
MENDEZ-PEREZ
3. Date
18-December-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
THE YOGA MAT TECHNIQUE IN POSTLESS HIP ARTHROSCOPY
6. Manuscript Identifying Number (if you know it)

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JACEK

2. Surname (Last Name)

MAZEK

3. Date

18-December-2020

4. Are you the corresponding author? Yes No

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THE YOGA MAT TECHNIQUE IN POSTLESS HIP ARTHROSCOPY

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HECTOR

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VELASCO-VAZQUEZ

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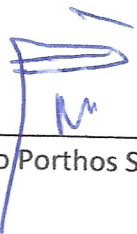
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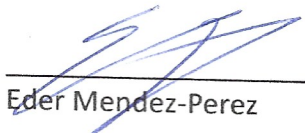
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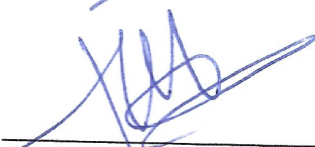
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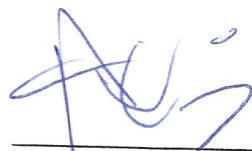
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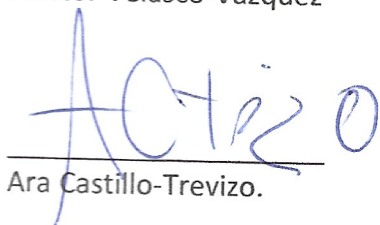
Eder Mendez-Perez



Jacek Mazek



Hector Velasco-Vazquez



Ara Castillo-Trevizo.