

#### **Instructions**

In accordance with <u>NASS' Universal Disclosure Policy</u>, *The Spine Journal* expects all authors complete the following process to ensure that every manuscript submitted to *The Spine Journal* includes the necessary Conflict of Interest disclosure. The form is designed to be completed and stored electronically and contains four parts.

Note: Corresponding authors are responsible for ensuring each author receives the link to this document and that they provide a completed form. They are also responsible for uploading all author disclosures. Submissions with missing or outdated disclosures **will not** be reviewed.

### 1. Identifying Information

Enter your full name. If you are NOT the corresponding author please check the box "no" and enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

### 2. Relationships Pertaining to Submitted Manuscript

This section asks for information about the work you are submitting for publication. **The time frame for this reporting is that of the work itself, from the initial conception and planning to the present.** The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Financial Relationship (Universal Disclosure)

The NASS disclosure policy requires authors to disclose estimated dollar amounts **to the nearest \$1000 for activities taking place in the previous 36 months.** Financial disclosures in the *The Spine Journal* will be shown in ranges of estimated dollar amounts. NASS will translate estimated amounts submitted by authors into ranges for presentation in *The Spine Journal*. NASS respects that there are confidentiality agreements, legal issues, and practical barriers that might prevent public disclosure of more detailed information. The disclosure format, however, retains the intent of the policy: to disclose any and all participant relationships and to allow readers to judge whether or not a relationship constitutes a conflict of interest or source of bias with respect to information that is presented in the manuscript. *The Spine Journal* authors are required to disclose all relationships with industry, including relationships in negotiation. Relationships still in the negotiation phase will be classified with the same terminology on the basis of estimated potential future value. For further guidance and explanation regarding this policy and ramifications of policy violations, please refer to the the NASS Disclosure Policy (revised June 2011).

### 4. Other Relationships

Use this section to report 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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi	irst Name)	2. Surname (Last Name)		3. Date (use drop-down menu) 01-December-2021
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Nar Prof. Mazda Farshad	me
5. Manuscript Titl THE SITTING VS	e STANDING SPINE			
6. Manuscript Ide	ntifying Number (if you	know it)		

### Section 2. Relationships Pertaining to the Submitted Manuscript

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relationships Pertaining to Sub	mitted	Manuscr	ipt			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Dollar Amount**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



Relationships Pertaining to Submitted Manuscript								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Dollar Amount**			
						ADD		
7. Other	$\checkmark$					×		
						ADD		

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Dollar Amount**			
1. Physician-Owned Distributorship	<b>✓</b>					×		
						ADD		
2. Royalties	<b>✓</b>					×		
						ADD		
3. Stock Ownership	<b>✓</b>					×		
						ADD		
4. Private Investments	<b>✓</b>					×		
						ADD		
5. Consulting	<b>✓</b>					×		
						ADD		
<ol><li>Speaking and/or Teaching Arrangements</li></ol>	<b>✓</b>					×		
						ADD		
7. Trips/Travel	$\checkmark$					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Dollar amount, number of shares, and/or percentage of ownership.



Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Dollar Amount**				
						ADD			
8. Board of Directors	<b>✓</b>					×			
						ADD			
<ol><li>Scientific Advisory Board/Other Office</li></ol>	<b>✓</b>					×			
						ADD			
10. Endowments	<b>✓</b>					×			
						ADD			
11. Research Support (Investigator Salary, Staff/Materials)^	<b>✓</b>					×			
						ADD			
12. Grants	<b>✓</b>					×			
						ADD			
13. Fellowship Support	<b>✓</b>					×			
* This means money that your institution received for your efforts.  ** Dollar amount, number of shares and/or percentage of ownership.  ^ Indicate whether amount received was towards investigator salary and/or staff/materials.									
Section 4. Other relationsh	nips								
Authors should disclose other relationships, which would reasonably be judged to have a direct relationship to the topic of the activity. These relationships that could reasonably be judged by an observer to be related to the topic should be disclosed through general disclosure (ie, estimated dollar amounts are encouraged but not required).									

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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

Hide All Table Rows Checked 'No'

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### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Widmer 1

Section 1. Identifying Info	rmation	
1. Given Name (First Name) Jonas	2. Surname (Last Name) Widmer	3. Date (use drop-down menu 30-November-2021
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Mazda Farshad
5. Manuscript Title The sitting VS standing spine		

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Widmer 2

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<sup>\*\*</sup> Dollar amount, number of shares, and/or percentage of ownership.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Dollar Amount**			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Dollar Amount**			

<sup>\*</sup> This means money that your institution received for your efforts.

Section 4.	Other relationships
activity. These re	isclose other relationships, which would reasonably be judged to have a direct relationship to the topic of the ationships that could reasonably be judged by an observer to be related to the topic should be disclosed disclosure (ie, estimated dollar amounts are encouraged but not required).
✓ No other rela	ionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals may ask authors to confirm and, if necessary, update their disclosure ccasion, journals may ask authors to disclose further information about reported relationships.
	Show All Table Down

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Widmer 3

<sup>\*\*</sup> Dollar amount, number of shares and/or percentage of ownership.

<sup>^</sup> Indicate whether amount received was towards investigator salary and/or staff/materials.



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Wanivenhaus 1



Section 1. Identifying Infor	nation			
1. Given Name (First Name) Florian	2. Surnar Waniver	ne (Last Name) nhaus		Date (use drop-down menu) 0-November-2021
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Name Prof. Mazda Farshad, MPH	
5. Manuscript Title The sitting vs standing spine			Marie National Materials Editoring History (Maries Spring	The second secon
6. Manuscript Identifying Number (if you k	now it)	**************************************		annual contract themselves to be a superior and the super
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Relationships Pertaining to Submitted Manuscript								
Type		Prints	Monaywo Yaur Institution	Name of Entity	Dollar Amount**			
1. Grant	$\overline{\checkmark}$			and the second s	2000.00	(42)p)		
2. Consulting fee or honorarium	1							
3. Support for travel to meetings for the study or other purposes	<b>✓</b>							
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>							
5. Payment for writing or reviewing the manuscript	<b>✓</b>				and a second	(0))		
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>				A			
Wanivenhaus						2		



Relationships Pertainin	g to Submitted	Manusci	ript			
Туре	No	Paid	Morrey to Voll: Institution	Normal afficiency	Dollar Amount**	
7. Other	<b>✓</b>					

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Relevant financial activities outs	side the	submitte	d work		
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your nstitution*	Entity	Dollar Amount**
1. Physician-Owned Distributorship	<b>/</b>				X
2. Royalties	<b>✓</b>				APD
3. Stock Ownership	$\checkmark$				Abla
4. Private Investments	<b>√</b>				ADB
5. Consulting	<b>√</b>				And
<ol><li>Speaking and/or Teaching Arrangements</li></ol>	<b>✓</b>				ADD *
7. Trips/Travel	<b>✓</b>				ADD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Dollar amount, number of shares, and/or percentage of ownership.



Hide All Table Flows Checked 'No

# ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities ou	tside th	e submit	tod work				
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution	Entity		Dollar Amoi	
8. Board of Directors	<b>V</b>						AĐ⊅ X
9. Scientific Advisory Board/Other Office	<b>✓</b>						.400c
10. Endowments	$\checkmark$						Asib
11. Research Support (Investigator Salary, Staff/Materials)^	<b>V</b>						ADD
12. Grants	<b>V</b>						ADD
13. Fellowship Support	<b>✓</b>						A913
* This means money that your institution ** Dollar amount, number of shares and/o ^ indicate whether amount received was	or percent	tage of own	ershin	taff/materials.			(a)D
Section 4. Other relationsh	ijos						
Authors should disclose other relation activity. These relationships that could through general disclosure (ie, estima	nships, w d reasona ted dolla	hich would ably be jud ar amounts	l reasonably l ged by an ob are encourag	pe judged to have server to be relati red but not requi	e a direct reled to the to red).	ationship to ti pic should be	he topic of the disclosed
No other relationships/conditions/	/circums	tances that	present a po	tential conflict of	interest		
At the time of manuscript acceptance, statements. On occasion, journals may	, journals / ask auth	may ask a hors to disc	uthors to con :lose further i	firm and, if neces nformation abou	sary, update t reported re	e their disclosu	ıre

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Wanivenhaus



1. Given Name (First Name) Andrea	2. Surname (Last Name) Redaelli	3. Date (use drop-down mei 30-November-2021
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Mazda Farshad
5. Manuscript Title THE SITTING VS STANDING SPINE		

# Section 2. Relationships Pertaining to the Submitted Manuscript

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Relationships Pertaining to Sub	mitted	Manusci	ript			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Dollar Amount**	
1. Grant	1					×
						ADD
2. Consulting fee or honorarium	<b>V</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>V</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>V</b>					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					×
Redaelli						2



Relationships Pertaini	ng to Submitted	Manusci	ipt			11.65
Туре	No	Money Paid to You		Name of Entity	Dollar Amount**	
						ADD
7. Other	<b>V</b>					×
						ADD

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Relevant financial activities outs	ide th	e submit	ted work	7 4 6 1 4 M		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Dollar Amount**	
Physician-Owned Distributorship	<b>V</b>					
2. Royalties	<b>/</b>					A
3. Stock Ownership	<b>V</b>					^
4. Private Investments	<b>V</b>					A
5. Consulting	<b>V</b>					A
6. Speaking and/or Teaching Arrangements	<b>✓</b>					Ī
7. Trips/Travel	<b>V</b>					A

Redaelli 3

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution®	Entity	Dollar Amount**	The same of
ne april de la company de la c	d support to the same			Markey was to an interest or the first property and find		
. Board of Directors	V					
. Scientific Advisory Board/Other Office	<b>V</b>					
	****					
). Endowments	<b>V</b>					
Research Support (Investigator Salary, Staff/Materials)^	<b>V</b>					
2. Grants	<b>V</b>					
	A RESTRICTION OF					
3. Fellowship Support	<b>V</b>					
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Hide All Table Rows Checked 'No'

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Section 1. Id	entifying Infor	mation		
1. Given Name (First N  CADLO  4. Are you the correspo		2. Surname (Last Name)  LAMACTINI  Yes No	4	3. Date (use drop-down menu)  O1   12   2021
5. Manuscript Title	SITTING	VS STANDING J	PINE	

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Relationships Pertaining to Subr	mitted	Manuscr	ipt		SHOW THE REAL PROPERTY.	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Dollar Amount**	
1. Grant	TX.					×
						ADD
2. Consulting fee or honorarium						×
	//					ADD
Support for travel to meetings for the study or other purposes	本					×
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Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	4					×
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5. Payment for writing or reviewing the manuscript	4					×
A STATE OF THE PARTY OF THE PAR				A CONTRACTOR		ADD
Provision of writing assistance, medicines, equipment, or administrative support	4					×

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Relations	hips Pertaining	to Submitted	Manusc	ript			
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Relevant financial activities outs	ide th	e submi	tted work			
Type of hid (allowing (in alphabatical order).	11/10	Pald to	Your Vour Untillution	(अंग्रिक)	(EOH) Chucum	
1. Physician-Owned Distributorship						×
2. Royalties	K					X ADD
3. Stock Ownership	Γħ					X
						ADD
4. Private Investments	TX)					×
5. Consulting	K					X ADD
Speaking and/or Teaching     Arrangements	R					×
7. Trips/Travel						ADD
7. Hips/Havel	Щ					_^

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	1-1					
. Board of Directors	X					
. Scientific Advisory Board/Other Office	K					
). Endowments	Þ					
Research Support (Investigator	₩.					
Salary, Staff/Materials)^	K		86			
. Grants	A					
	<b>M</b>					
. Fellowship Support	X					
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#### Instructions

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Enter your full name. If you are NOT the corresponding author please check the box "no" and enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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10. Endowments	<b>V</b>			Balgrist Foundation	0	ADD X
TO. EHOOWHERTS	<b>V</b>	Ш		baigiist i odildation	O	ADD
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