



DECLARATION OF FINANCIAL INTERESTS AND RELATIONSHIPS

Option 1

Name: Michael Salata, MD

Organisation: University Hospitals Cleveland Medical Center

Presentation / Submission Title: Open treatment of superior pubic ramus nonunion following combined hip arthroscopy and periacetabular osteotomy for hip dysplasia: a case series

I confirm that I and / or any co-authors have the following financial interests or relationships to disclose with regard to the subject matter of this presentation / submission:

TYPE OF INTEREST	DESCRIPTION
<i>Please tick all applicable</i>	<i>Please detail activity(s)</i>
Grant / Research Support ☐	Styker: paid consultant
Consultancy ☒	
Research ☐	
Speaker Bureau ☐	
Employment ☐	
Other ☐	

Signed: _____

Dated: 4/26/23

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DECLARATION OF FINANCIAL INTERESTS AND RELATIONSHIPS

Option 1

Name: Robert Wetzel, MD

Organisation: University Hospitals Cleveland Medical Center

Presentation / Submission Title: Open treatment of superior pubic ramus nonunion following combined hip arthroscopy and periacetabular osteotomy for hip dysplasia: a case series

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TYPE OF INTEREST	DESCRIPTION
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Grant / Research Support ☐	Advanced Medical: paid consultant
Consultancy ☒	ArthroX, Inc.: paid consultant
Research ☐	BioComposites, Inc.: paid consultant
Speaker Bureau ☐	Bone Solutions, Inc.: paid consultant, stock
Employment ☐	Innovard: IP royalties
Other ☒	Paragon 20: paid consultant
	Royal Biologics: IP royalties, paid consultant
	Smith & Nephew: IP royalties, paid consultant
	Stryker: paid consultant, stock

Signed: _____

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