Disclosure Information:

1. Are you the corresponding author?
   Yes.

2. What is the Manuscript Title?
   Improved myelination following Camp Leg Power, a selective motor control intervention for children with spastic bilateral cerebral palsy: a diffusion tensor MRI study

3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-22-00916

4. Please select which of the following apply to each relationship or activity:
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5. I confirm I have disclosed all direct support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.). There is no time limit for this item.
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      No, I have no relevant interests of this type

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   c. Payment for consulting (If you need to add an interest, return to the previous step and select “Independent Contractor”)  
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      No, I have no relevant interests of this type

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      No, I have no relevant interests of this type

   f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)
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j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)
   No, I have no relevant interests of this type

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   f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)  
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   a. Employment UCLA Health System
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         No, I have no relevant interests of this type
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         No, I have no relevant interests of this type
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         No, I have no relevant interests of this type
      f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")
         No, I have no relevant interests of this type
      g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")
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No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)  
No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)  
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   a. **Grant / Contract** Cerebral Palsy Foundation
      The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
   b. **Grant / Contract** Foundation for the National Institutes of Health
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      No, I have no relevant interests of this type
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   a. Grant / Contract Children's Discovery Institute
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