

**Supplementary File 1: Self-Designed Grading Scale for Postoperative  
Neck Function**

|                                                  |                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Neck Movement<br/>Traction Sensation</b>      | <input type="checkbox"/> 0 = Absent<br><br><input type="checkbox"/> 1 = Present, without affecting movement<br><br><input type="checkbox"/> 2 = Present, with impairment of movement<br><br><input type="checkbox"/> 3 = Present, with complete inability to perform movement    |
| <b>Swallowing-induced<br/>Traction Sensation</b> | <input type="checkbox"/> 0 = Absent<br><br><input type="checkbox"/> 1 = Present, without affecting swallowing<br><br><input type="checkbox"/> 2 = Present, with impairment of swallowing<br><br><input type="checkbox"/> 3 = Present, with complete inability to perform swallow |