

## ICMJE DISCLOSURE FORM

**Date:** 2/28/2022

**Your Name:** Ashish Diwan

**Manuscript Title:** Intra-operative pressure sensors improve soft tissue balance but not clinical outcomes in total knee arthroplasty. A multi-centre, randomized trial

**Manuscript Number (if known):** BJJ-2021-1299.R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>							Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Globus Medical</td> <td style="width: 50%;">Education and training grant</td> </tr> <tr> <td>NuVasive, Inc.</td> <td>Unrestricted educational donation to University Foundation</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Globus Medical	Education and training grant	NuVasive, Inc.	Unrestricted educational donation to University Foundation			
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3	Royalties or licenses	<input type="checkbox"/> None	
		Kunovus	Future royalties
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
	society, committee or advocacy group, paid or unpaid								
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Kunovus Technologies</td> <td>Family shares</td> </tr> <tr> <td>Merunova</td> <td>Family shares</td> </tr> <tr> <td>Cartago-Biotech</td> <td>Family shares</td> </tr> </table>	Kunovus Technologies	Family shares	Merunova	Family shares	Cartago-Biotech	Family shares	
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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## ICMJE DISCLOSURE FORM

**Date:** 2/28/2022

**Your Name:** Ian Harris

**Manuscript Title:** Intra-operative pressure sensors improve soft tissue balance but not clinical outcomes in total knee arthroplasty. A multi-centre, randomized trial

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

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**Date:** 2/28/2022

**Your Name:** Samuel MacDessi

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<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Stryker	Acquisition of intellectual property pertaining to a different study

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**Date:** 2/28/2022

**Your Name:** Jil Wood

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