Date:	1/20/2023	
Your Name:	Prof Matthew Costa	
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up	
Manuscript Number (if known):	BJJ-2022-0602.R3	

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.

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	None	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this ionship 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			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	1/23/2023	
Your Name:	Helen Parsons	
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up	
Manuscript Number (if known):	BJJ-2022-0602.R3	

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		Name all entities with whom you he relationship or indicate none (add r		ts were
		Time frame: Since th	e initial planning of the work	
1	All support for the present	□ None		
	manuscript (e.g., funding, provision	NIHR	Grant application paid to institution	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.	
		Time fram	e: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	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		
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Stryker Ltd	Stryker Ltd have agreed to fund surgeon training and excess treatment costs for two orthopeadic studies which HP is a co-applicant. Contractual arrangements will be in place to ensure company will not have any involvement in the design, delivery or interpretation of the study.
13	Other financial or non-financial interests	None ■	
Plea ⊠	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

3 8/26/2021 ICMJE Disclosure Form

Date:	1/19/2023
Your Name:	Aminul Haque
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up
Manuscript Number (if known):	BJJ-2022-0602.R3

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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present		None	
	manuscript (e.g., funding, provision	NIHI	R	Funded by NIHR Fellowship, payments made to University of Warwick CTU
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
	this item.		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

		Specifications/Comments (e.g., if payments were elationship 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	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
	-	o the following statement to indicate your agreement:
\boxtimes	I certify that I have	nswered every question and have not altered the wording of any of the questions on this form.

Date:	1/19/2023	
Your Name:	Rebecca Kearney	
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up	
Manuscript Number (if known):	BJJ-2022-0602.R3	

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		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)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials,	This study was funded by the National Institute for Health Research (NIHR)	I was funded as part of the funding award and it also funded the wider team and project.
	medical writing, article processing charges, etc.) No time limit for		Click the tab key to add additional rows.
	this item.	Time frame, nest 26 mans	
		Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None Non	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Funded through NIHR as part of the grant award.	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship 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			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/26/2021		
Your Name:	James Mason		
Manuscript Title: Use of cast immobilisation versus removable brace in adults with an ankle fracture multicentre randomised controlled trial: two year follow up			
Manuscript Number (if known):	BJJ-2022-0602.R3		
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		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)
		Time frame: Since the initial planning of	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	Prof Kearney - Career Development Fellowship	NIHR payment to University of Warwick
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	1/19/2023
Your Name:	Prof Nick Parsons
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up
Manuscript Number (if known):	BJJ-2022-0602.R3

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			Time frame: Since the initial planning	of the work
1	All support for the present		None	
	manuscript (e.g., funding, provision	UKI	National Institute of Health Research	Payments made to University of Warwick, where I am employed as a Statistician
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship 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			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/21/2022
Your Name:	Henry Nwankwo
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up
Manuscript Number (if known):	BJJ-2022-0602.R3

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1	All support for the present	□ None	
	manuscript (e.g., funding, provision	National Institute of Health Research	Payment made to University of Warwick
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		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None National Institute of Health Research	Payment made to University of Warwick

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3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	1/23/2023
Your Name:	Anthony Redmond
Manuscript Title:	Use of cast immobilisation versus removable brace in adults with an ankle fracture: multicentre randomised controlled trial: Two year follow up
Manuscript Number (if known):	BJJ-2022-0602.R3

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		Time frame: past 36 month:	s
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

		ame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
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