

ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: Richard Bimmel

Manuscript Title: A Stepwise Transformation: Description and Outcome of Perioperative Procedures in Patients Receiving a Total Knee Replacement. A Data-Driven 11-year Follow-up Study

Manuscript Number (if known): BJJ-2023-0819.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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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Jelmer Jager

Manuscript Title: A Stepwise Transformation: Description and Outcome of Perioperative Procedures in Patients Receiving a Total Knee Replacement: A Data-Driven 11-year Follow-up Study

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ICMJJE DISCLOSURE FORM

Date: 7/3/2024

Your Name: W.P.Krijnen

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): BJJ-2023-0819.R2

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Date: 2/28/2024

Your Name: Daniël O. Strijbos

Manuscript Title: A Stepwise Transformation: Description and Outcome of Perioperative Procedures in Patients Receiving a Total Knee Replacement. A Data-Driven 11-year Follow-up Study

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Date: 2/28/2024

Your Name: Geert van der Sluis

Manuscript Title: A Stepwise Transformation: Description and Outcome of Perioperative Procedures in Patients Receiving a Total Knee Replacement. A Data-Driven 11-year Follow-up Study

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Section 1. Identifying information

req Given Name (First Name)	req Surname (Last Name)	req Submission Date
Wim FC	van Houtert	28-Feb-2024

req Are you the corresponding author?	Yes
	s

Manuscript Title: A Stepwise Transformation: Description and Outcome of Perioperative Procedures in Patients Receiving a Total Knee Replacement. A Data-Driven 11-year Follow-up Study.

Manuscript Identifying Number: BJJ-2023-0819.R2

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? Complete each row by checking "No" or providing the requested information.

If you have more than one relationship in any type, please use a row labeled "Other" at the end of this section, filling in all the relevant information required and adding the type of relationship in the comments section.

Section 2. The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
req 1. Grant	✓				
req 2. Consulting fee or honorarium	✓				
req 3. Support for travel to meetings for the study or other purposes	✓				
req 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and	✓				

the like

req 5. Payment for writing or reviewing the manuscript ✓

req 6. Provision of writing assistance, medicines, equipment, or administrative support ✓

7. Other ✓

8. Other ✓

9. Other ✓

10. Other ✓

*This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3: Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to submission. Complete each row by checking "No" or providing the requested information.

If you have more than one relationship in any type, please use a row labeled "Other" at the end of this section, filling in all the relevant information required and adding the type of relationship in the comments section.

3. Relevant financial activities outside the submitted work.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
req 1. Board membership	✓				
req 2. Consultancy	✓				
req 3. Employment		✓		Work as a physiotherapist	I work as a physiotherapist in Ziekenhuis Nij Smellinghe Drachten.
req 4. Expert testimony	✓				
req 5. Grants/grants pending	✓				
req 6. Payment for lectures including service on speakers bureaus	✓				
req 7. Payment for manuscript preparation	✓				

- req 8. Patents (planned, pending or issued) ✓
- req 9. Royalties ✓
- req 10. Payment for development of educational presentations ✓
- req 11. Stock/stock options ✓
- req 12. Travel/accommodations/meeting expenses unrelated to activities listed** ✓
- 13. Other (err on the side of full disclosure) ✓
- 14. Other ✓
- 15. Other ✓
- 16. Other ✓

* This means money that your institution received for your efforts.
 ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4: Other Relationships

req Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ✓ No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, the Medical Journal of Australia may ask authors to confirm and, if necessary, update their disclosure statements. On occasion, the Medical Journal of Australia may ask authors to disclose further information about reported relationships.

By typing your name above and initials below, you agree all of the information is complete and accurate.

req Initials WFC
 req Date: 28-Feb-2024

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Prof Dr N.L.U. van Meeteren

Manuscript Title: A Stepwise Transformation: Description and Outcome of Perioperative Procedures in Patients Receiving a Total Knee Replacement: A Data-Driven 11-year Follow-up Study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table>	Click the tab key to add additional rows.
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