

ICMJE DISCLOSURE FORM

Date: 9/4/2024

Your Name: Dr Charlotte Durand

Manuscript Title: Supportive bandage, removable splint or walking casts for low-risk ankle fractures in children: a feasibility randomised controlled trial

Manuscript Number (if known): BJJ-2024-0354.R1

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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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.

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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.

ICMJE DISCLOSURE FORM

Date: 9/2/2024

Your Name: Matilda Gurney

Manuscript Title: Supportive bandage, removable splint or walking casts for low-risk ankle fractures in children: a feasibility randomized controlled trial

Manuscript Number (if known): BJJ-2024-0354.R1

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ICMJE DISCLOSURE FORM

Date: 9/4/2024

Your Name: Prof Marilyn James

Manuscript Title: Supportive bandage, removable splint or walking casts for low-risk ankle fractures in children: a feasibility randomised controlled trial

Manuscript Number (if known): BJJ-2024-0354.R1

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ICMJE DISCLOSURE FORM

Date: 9/4/2024

Your Name: Professor Joseph C Manning

Manuscript Title: Supportive bandage, removable splint or walking casts for low-risk ankle fractures in children: a feasibility randomised controlled trial

Manuscript Number (if known): BJJ-2024-0354.R1

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Date: 9/2/2024

Your Name: Ben Marson

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Research for patient benefit</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR Research for patient benefit				Click the tab key to add additional rows.	
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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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
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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.

ICMJE DISCLOSURE FORM

Date: 9/4/2024

Your Name: Reuben Ogollah

Manuscript Title: Supportive bandage, removable splint or walking casts for low-risk ankle fractures in children: a feasibility randomised controlled trial

Manuscript Number (if known): BJJ-2024-0354.R1

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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ICMJE DISCLOSURE FORM

Date: 8/27/2024

Your Name: Ben Ollivere

Manuscript Title: Supportive bandage, removable splint or walking casts for low-risk ankle fractures in children: a feasibility randomised controlled trial

Manuscript Number (if known): BJJ-2024-0354.R1

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3	Royalties or licenses	<input type="checkbox"/> None	
		Circular fixators and methods and arrangements for deformity correction	Smith & Nephew Inc
4	Consulting fees	<input type="checkbox"/> None	
		Stem cell biology	Theragenix
		Hip fracture care (Biologics)	AgNovos
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Smith & Nephew Inc	Ongoing educational contract
6	Payment for expert testimony	<input type="checkbox"/> None	
		Rail Accident Investigation Branch	
		General Medical Council	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		2 Patents pertaining to circular framing	
		A number of patents pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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		Trustee of the BOA	

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	society, committee or advocacy group, paid or unpaid	Board Membership of The Bone & Joint Journal and Bone & Joint Open Editor-in-Chief of Bone & Joint 360	
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	
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