Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date:	9. septemb	per 2024	
Your na	ime: Jo	sefine Beck Larsen	
Manuso	ript title:	Prothesis versus exercise for rotator cuff tear arthropathy – protocol of a randomized controlled trial	
Manuso	Manuscript number (if known):		

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	e frame: Since the initial plan	ning of the work	
1	All support for the present	☐ None	
	manuscript (e.g., funding,	Aarhus University	To me
	provision of study materials, medical writing, article processing charges,	the Health Research Foundation of Central Denmark Region	To me
	etc.)	the Danish Rheumatism Association	To me
	No time limit for this item.	the Association of Danish Physiotherapists	To me
		Health Foundation (Helsefonden)	To me
		the Hartmann's Foundation	To institution
		the Emil Hertz Foundation	To me
		-	

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Tim	Time frame: past 36 months			
2		⊠ None		

	Grants or contracts from any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	
4	Consulting fees	⊠ None	
_	December on homomorphic form	N .	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Consent for attending		
7	Support for attending meetings and/or travel	⊠ None	
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8	Patents planned, issued or pending	⊠ None	
8	Patents planned, issued or pending	⊠ None	
8		⊠ None ⊠ None	
	Participation on a Data Safety Monitoring Board		
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	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
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9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	None None None None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 9. september 2024		
	r name: Theis Muncholm	Thillemann	
Mar	nuscript title: Prothesi	is versus exercise for retator suff	tear arthropathy – protocol of a randomized controlled trial
	·		teal artificipatity – protocol of a randomized controlled that
Mar	nuscript number (if known	<u>):</u>	
are re third comr list a The f	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interestions apply to	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
<u>manı</u>	uscript only.		
perta antih In ite	nins to the epidemiology of ypertensive medication, ex	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all nonths.
		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	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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	in item #1 above).		
3	Royalties or licenses	☑ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
	eddedional events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	M Name
٥	pending	⊠ None
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9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
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11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: Klik eller tryk for at angiv	re en dato. 05.09.2024	
You	r name: Antti Launonen		
Mar	nuscript title: Prothes	is versus exercise for rotator cuff	f tear arthropathy – protocol of a randomized controlled trial
Mar	nuscript number (if known	n):	
are re third comr	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply tuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	m #1 below, report all sup ritems, the time frame for	•	d in this manuscript without time limit. For all 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	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Academy of Finland, Government research funding	
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3	Royalties or licenses	⊠ None	

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	13	Other financial or non-	⊠ None	

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Date	e : 4. september 2024		
You	r name : Helle Kvistgaard	l Østergaard	
Mar	nuscript title: Prothesi	s versus exercise for rotator cuff	tear arthropathy – protocol of a randomized controlled trial
Mar	nuscript number (if known)):	
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	r items, the time frame for	·	· · · · · · · · · · · · · · · · · · ·
		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	e frame: Since the initial plan		
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	⊠ None	
	item.		
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	e trainer past so months		
2	Grants or contracts from	⋈ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	M None	
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4	Consulting fees	⊠ None	
г	Dayment or beneraria for	N N	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony	Z None	
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7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or		
	pending		
9	Dorticipation on a Data	M N	
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
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11	Stock or stock options	None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	△ None	
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 13. september 2024		
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Mai	nuscript title: Prothesi	s versus exercise for rotator cuf	f tear arthropathy – protocol of a randomized controlled trial
Mai	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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	item.		Click TAB in last row to add extra rows
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2	e frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).		Click TAB in last row to add extra rows
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4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None		
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending meetings and/or travel	⊠ None		
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8	Patents planned, issued or	⊠ None		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board or Advisory Board			
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10	Leadership or fiduciary	☐ None		
	role in other board, society, committee or	Viceprecident	Danish society of Shoulder and elbow surgery	
	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-	□ None		
13	financial interests	□ None		

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 4. september 2024		
You	ır name: Aleksi Reito		
	<u>-</u>		f tear arthropathy – protocol of a randomized controlled trial
Ma	nuscript number (if known):	
are r third comi list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, ex	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript dideclare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all
	r terns, the time frame for	disclosure is the past 50 i	months.
	recins, the time name for	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
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Tim	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	M Name	
٥	pending	⊠ None	
	Pe9		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	- 1		
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	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 10. september 2024		
	r name: Steen Lund Jens	sen	
			f tear arthropathy – protocol of a randomized controlled trial
	•		real artificipatity – protocol of a randomized controlled trial
iviai	nuscript number (if known).	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
	uscript only.	o the duthor of cluttonomy	so detivities, interests as they relate to the <u>current</u>
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	m #1 below, report all \sup_{r} items, the time frame for	•	d in this manuscript without time limit. For all 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	e frame: Since the initial plan		
1	All support for the present	⊠ None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
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2	Grants or contracts from	□ None	
	any entity (if not indicated	ZimmerBiomet	Research grant
	in item #1 above).		
3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None Zimmer Biomet	Fee for lecture	
6	Payment for expert testimony	⊠ None		
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		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
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		

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 4. september 2024			
You	r name: Inger Mechlenb	urg		
Maı	nuscript title: Prothes	is versus exercise for rotator cuff	f tear arthropathy – ¡	protocol of a randomized controlled trial
Maı	nuscript number (if known):		
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payment institution)	
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Tim	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. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payment institution)	s were made to you or to your
Tim	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. e frame: past 36 months Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Ining of the work None None	(e.g., if payment institution)	Click TAB in last row to add extra rows
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4	Consulting fees	None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	_	<u> </u>	
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	□ None	
9	Safety Monitoring Board	None Danich Hin Arthroplasty	Mambar of Stagging Committee
	or Advisory Board	Danish Hip Arthroplasty Registry	Member of Steering Committee
	, , , , , , , , , , , , , , , , , , , ,	Registry	
10	Leadership or fiduciary	☐ None	
	role in other board,	Implementation group	Chairperson
	society, committee or	'Excellent research	
	advocacy group, paid or unpaid	across specialities',	
	unpaid	Aarhus University Hospital and Aarhus	
		University	
		Offiversity	
4.4	C: 1	B	
11	Stock or stock options	None Non	
12	Receipt of equipment,	⊠ None	
-	materials, drugs, medical		
	writing, gifts or other		
	services		
		<u> </u>	l
13	Other financial or non-	⊠ None	
	financial interests		

 $oxed{\boxtimes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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