

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sofie

2. Surname (Last Name)
Ryaa

3. Date
17-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Limited use of surgeon's advice on exercise for knee osteoarthritis - An observational cohort study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Miss Ryaa has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lina H.	2. Surname (Last Name) Ingelsrud	3. Date 17-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sofie Ryaa
5. Manuscript Title Limited use of surgeon's advice on exercise for knee osteoarthritis - An observational cohort study		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Ingelsrud has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Søren T. 2. Surname (Last Name) Skou 3. Date 18-July-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Sofie Ryaa

5. Manuscript Title
Limited use of surgeon's advice on exercise for knee osteoarthritis – An observational cohort study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Journal of Orthopaedic & Sports Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate editor honorarium
The Lundbeck Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meniscal tear trial

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Being co-founders of GLA:D. GLA:D is a non-profit initiative hosted at University of Southern Denmark aimed at implementing clinical guidelines for osteoarthritis in clinical practice

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Dr. Skou reports personal fees from Journal of Orthopaedic & Sports Physical Therapy, grants from The Lundbeck Foundation, outside the submitted work; and Being co-founders of GLA:D. GLA:D is a non-profit initiative hosted at University of Southern Denmark aimed at implementing clinical guidelines for osteoarthritis in clinical practice.

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Section 1. Identifying Information

1. Given Name (First Name)

Ewa M.

2. Surname (Last Name)

Roos

3. Date

23-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sofie Ryaa

5. Manuscript Title

Limited use of surgeon's advice on exercise for knee osteoarthritis – An observational cohort study

6. Manuscript Identifying Number (if you know it)

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Dr. Roos reports and I am deputy editor of Osteoarthritis and Cartilage, the developer of Knee injury and Osteoarthritis Outcome Score (KOOS) and several other freely available patient-reported outcome measures and founder of the Good Life with Osteoarthritis in Denmark (GLA:D), a not-for profit initiative to implement clinical guidelines in primary care.

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1. Given Name (First Name) Anders 2. Surname (Last Name) Troelsen 3. Date 17-July-2017

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Sofie Ryaa

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy, Advisory board member
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel/accommodations/ meeting expenses unrelated to activities listed
Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Troelsen reports personal fees from Zimmer Biomet, grants from Zimmer Biomet, personal fees from Zimmer Biomet, grants from Zimmer Biomet, personal fees from Depuy Synthes, outside the submitted work; .

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