

ICMJE DISCLOSURE FORM

Date: 12/18/2025

Your Name: [Jonas Ammundsen-Ipsen]

Manuscript Title: [Traffic injuries after orthopaedic surgery: A retrospective pilot 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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ICMJE DISCLOSURE FORM

Date: 12/18/2025

Your Name: [Jens Lauritsen]

Manuscript Title: [Traffic accidents in orthopedic patients: A retrospective pilot study]

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

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ICMJE DISCLOSURE FORM

Date: 12/18/2025

Your Name: [Oddrún Danielsen]

Manuscript Title: [Traffic injuries after orthopaedic surgery: a retrospective pilot study]

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

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ICMJE DISCLOSURE FORM

Date: 12/16/2025

Your Name: [Sine Savas Andersen]

Manuscript Title: [Traffic injuries after orthopedic surgery: a retrospective pilot study]

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

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