## **ICMJE DISCLOSURE FORM**

Date	e: 13. maj 2025			
Your name: Sara Woldu				
Mar	nuscript title: Conseq	uences of lacking awareness	AIMSS in foot and ankle surgery - a case series	
Mar	nuscript number (if known)	: Not 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 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)	
	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.)	□ X None		
	No time limit for this item.			
			Click TAB in last you to add out a row	
Time	Summer west 25 wearths		Click TAB in last row to add extra rows	
mnte	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ X None		
3	Royalties or licenses	☐ X None		

4	Consulting fees	☐ X None		
5	Payment or honoraria for	☐ X None		
	lectures, presentations,	- A None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Downant for ownert			
0	Payment for expert testimony	☐ X None		
	testimony			
7	Support for attending	☐ X None		
	meetings and/or travel			
8	Patents planned, issued or	☐ X None		
	pending	- A None		
_				
9	Participation on a Data	☐ X None		
	Safety Monitoring Board or Advisory Board			
	Advisory Board			
10	Leadership or fiduciary role	☐ X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	☐ X None		
	otton or otton options	A None		
12	Receipt of equipment,	☐ X None		
	materials, drugs, medical writing, gifts or other services			
<u> </u>	25000			
13	Other financial or non- financial interests	☐ X None		
DI-				
Please place an "X" next to the following statement to indicate your agreement:				
$\square$ X 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

## **ICMJE DISCLOSURE FORM**

<b>Date:</b> 13. maj 2025				
Your name: Kenneth Obionu				
Mar	nuscript title:	Consequ	uences of lacking awareness	AIMSS in foot and ankle surgery - a case series
Mar	nuscript number (if k	(nown)	: Not 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 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
			needed)	
1	e frame: Since the initi		ning of the work	
	All support for the primanuscript (e.g., fund provision of study materials, medical with article processing characters)	esent ding, riting,		
	All support for the pr manuscript (e.g., fund provision of study materials, medical waterials, medical waterials, medical waterials)	esent ding, riting, arges,	ning of the work	
	All support for the pr manuscript (e.g., fund provision of study materials, medical wi article processing char etc.)	esent ding, riting, arges,	ning of the work	Click TAB in last row to add extra rows
Time	All support for the pr manuscript (e.g., fund provision of study materials, medical wi article processing char etc.)	esent ding, riting, arges, sitem.	ning of the work	Click TAB in last row to add extra rows
	All support for the primanuscript (e.g., fund provision of study materials, medical with article processing charters)  No time limit for this article processing charters.	esent ding, riting, arges, sitem.	TX None	Click TAB in last row to add extra rows
Time 2	All support for the primanuscript (e.g., fund provision of study materials, medical with article processing chartch.)  No time limit for this error frame: past 36 mont	esent ding, riting, arges, sitem.	ning of the work	Click TAB in last row to add extra rows
	All support for the primanuscript (e.g., fund provision of study materials, medical with article processing charters)  No time limit for this article processing charters.	esent ding, riting, arges, sitem.	TX None	Click TAB in last row to add extra rows
	All support for the primanuscript (e.g., fund provision of study materials, medical with article processing characters)  No time limit for this eframe: past 36 mont any entity (if not indicate)	esent ding, riting, arges, sitem.	TX None	Click TAB in last row to add extra rows
2	All support for the primanuscript (e.g., fund provision of study materials, medical with article processing characters)  No time limit for this error frame: past 36 mont grants or contracts frany entity (if not indivinitem #1 above).	esent ding, riting, arges, sitem.	□ X None	Click TAB in last row to add extra rows

4	Consulting fees	☐ X None		
5	Payment or honoraria for	☐ X None		
	lectures, presentations,	- A None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Downant for ownert			
0	Payment for expert testimony	☐ X None		
	testimony			
7	Support for attending	☐ X None		
	meetings and/or travel			
8	Patents planned, issued or	☐ X None		
	pending	- A None		
_				
9	Participation on a Data	☐ X None		
	Safety Monitoring Board or Advisory Board			
	Advisory Board			
10	Leadership or fiduciary role	☐ X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	☐ X None		
	otton or otton options	A None		
12	Receipt of equipment,	☐ X None		
	materials, drugs, medical writing, gifts or other services			
<u> </u>	23000			
13	Other financial or non- financial interests	☐ X None		
DI-				
Please place an "X" next to the following statement to indicate your agreement:				
$\square$ X 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

## **ICMJE DISCLOSURE FORM**

<b>Date:</b> 13. maj 2025				
Your name: Jonathan Bjerre-Bastos				
Mar	nuscript title: Conse	quences of lacking awareness	AIMSS in foot and ankle surgery - a case series	
Mar	nuscript number (if knowr	): Not 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 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)	
	e frame: Since the initial pla			
1	All support for the present manuscript (e.g., funding, provision of study	☐ X None		
	materials, medical writing, article processing charges, etc.)			
	materials, medical writing, article processing charges,			
	materials, medical writing, article processing charges, etc.)		Click TAB in last row to add extra rows	
Time	materials, medical writing, article processing charges, etc.)  No time limit for this item.		Click TAB in last row to add extra rows	
Time	materials, medical writing, article processing charges, etc.)		Click TAB in last row to add extra rows	
Time	materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ X None	Click TAB in last row to add extra rows	
ı	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	□ X None	Click TAB in last row to add extra rows	

4	Consulting fees	☐ X None		
5	Payment or honoraria for	☐ X None		
	lectures, presentations,	- A None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Downant for ownert			
0	Payment for expert testimony	☐ X None		
	testimony			
7	Support for attending	☐ X None		
	meetings and/or travel			
8	Patents planned, issued or	☐ X None		
	pending	- A None		
_				
9	Participation on a Data	☐ X None		
	Safety Monitoring Board or Advisory Board			
	Advisory Board			
10	Leadership or fiduciary role	☐ X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	☐ X None		
	otton or otton options	A None		
12	Receipt of equipment,	☐ X None		
	materials, drugs, medical writing, gifts or other services			
<u> </u>	23000			
13	Other financial or non- financial interests	☐ X None		
DI-				
Please place an "X" next to the following statement to indicate your agreement:				
$\square$ X 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