Date	e: 28. juni 2024		
You	r name: Hemant Juneja		
		sons with rheumatic and musc	uloskeletal diseases instructed to get the heart rate up
N / a w			3
iviar	nuscript number (if known): unknown	
are re third comn	elated to the content of yo parties whose interests ma	ur 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup titems, 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 Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
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Time	e frame: past 36 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 28. juni 2024		
You	r name: Brian Clausen		
	Manuscript title: Intensity in per	sons with rheumatic and musc	uloskeletal diseases instructed to get the heart rate up
Mar	nuscript number (if known		
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are re third comr	elated to the content of yo parties whose interests ma	ur 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all suppritems, 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		ones. The street to dad onto rows
	e Trame. past 50 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated in item #1 above).		
2		N7 N1	
3	Royalties or licenses	⊠ None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	■ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	☐ None	
	Safety Monitoring Board	Regional Clinical Quality	Member of expert group in the development of a
	or Advisory Board	program – Denmark	new quality assurance database on quality indicators for treatment of Parkinsons disease.
		White paper on rehabilitation	Member of expert group in development of a new danish version.
10	Leadership or fiduciary	None Non	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
10	Oth and financial and an area		1
13	Other financial or non- financial interests	□ None	Cong/o robobilitation pourse to results with Double or
	manda merests	Health pool funds	Sano's rehabilitation course to people with Parkinon disease is funded through public administered national health pools.

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ICMJE Disclosure Form (Feb2023): http://icmje.org Ugeskrif	ft for Læger / Danish Medical Journal	Page 3 of 3

19-0	06-2024		
You	r name: Ernst A Hansen		
	Manuscript title: Intensity in per	sons with rheumatic and musc	uloskeletal diseases instructed to get the heart rate up
Mai	nuscript number (if known): unknown	
are re third comr	elated to the content of yo parties whose interests ma	ur 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supper 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)
Tim	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.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2 Grants or contracts from None			
_	any entity (if not indicated in item #1 above).		
Royalties or licenses None			

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 1. juli 2024		
You	r name: Josephine Brohu	ıs Jørgensen	
	Manuscript title: Intensity in per	sons with rheumatic and musc	uloskeletal diseases instructed to get the heart rate up
Mar	nuscript number (if known)): unknown	
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. Des/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 n port for the work reporter	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		
1	All support for the present manuscript (e.g., funding, provision of study	None Non	
	materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	None Non	
۷	any entity (if not indicated	M NUITE	
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 1. juli 2024			
You	r name: Lærke Josephse	n		
	Manuscript title: Intensity in persons with rheumatic and musculoskeletal diseases instructed to get the heart rate up			
Mar	nuscript number (if known): unknown		
are re third comn list a The fe	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 tent 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	
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	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 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
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Time	e frame: past 36 months		onok i i ib i i i i ada oki a romo	
111110	e frame. past 30 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	None Non		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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