

ICMJE DISCLOSURE FORM

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Date: 28. juni 2024

Your name: Hemant Juneja

Manuscript title: Intensity in persons with rheumatic and musculoskeletal diseases instructed to get the heart rate up

Manuscript number (if known): unknown

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 current manuscript only.

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		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 frame: Since the initial planning of the work			
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.	<input checked="" type="checkbox"/> None	

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 28. juni 2024

Your name: Brian Clausen

Manuscript title: Intensity in persons with rheumatic and musculoskeletal diseases instructed to get the heart rate up

Manuscript number (if known): unknown

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		Regional Clinical Quality program – Denmark	Member of expert group in the development of a 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 role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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		Health pool funds	Sano's rehabilitation course to people with Parkinson disease is funded through public administered national health pools.

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19-06-2024

Your name: Ernst A Hansen

Manuscript title: **Intensity in persons with rheumatic and musculoskeletal diseases instructed to get the heart rate up**

Manuscript number (if known): unknown

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Date: 1. juli 2024

Your name: Josephine Brohus Jørgensen

Manuscript title: Intensity in persons with rheumatic and musculoskeletal diseases instructed to get the heart rate up

Manuscript number (if known): unknown

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Date: 1. juli 2024

Your name: Lærke Josephsen

Manuscript title: Intensity in persons with rheumatic and musculoskeletal diseases instructed to get the heart rate up

Manuscript number (if known): unknown

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