

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Hoorntje

3. Date
14-December-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title

Goal Attainment Scaling-based rehabilitation improves satisfaction with performance of work-related activities in younger, active knee arthroplasty patients – results from the randomized controlled ACTION trial

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fonds NutsOhra	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was supported by the Foundation NutsOhra (FNO project number 1403-026). The funding source did not play a role in the investigation

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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Dr. Hoorntje reports grants from Fonds NutsOhra, during the conduct of the study; .

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1. Given Name (First Name)

Leendert

2. Surname (Last Name)

Blankevoort

3. Date

14-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Alexander Hoorntje

5. Manuscript Title

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Dr. Blankevoort has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gino

2. Surname (Last Name)

Kerkhoffs

3. Date

14-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Alexander Hoorntje

5. Manuscript Title

Goal Attainment Scaling-based rehabilitation improves satisfaction with performance of work-related activities in younger, active knee arthroplasty patients – results from the randomized controlled ACTION trial

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Dr. Kerkhoffs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Koen	2. Surname (Last Name) Koenraadt	3. Date 14-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alexander Hoorntje
5. Manuscript Title Goal Attainment Scaling-based rehabilitation improves satisfaction with performance of work-related activities in younger, active knee arthroplasty patients – results from the randomized controlled ACTION trial		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
research grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Our orthopaedic research foundation receives money from several companies (Stryker, ZimmerBiomet, Mathys) to support specific research projects and the foundation in general

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Koenraad reports grants from research grants, outside the submitted work; .

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Paul

2. Surname (Last Name)
Kuijer

3. Date
14-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alexander Hoorntje

5. Manuscript Title

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Dr. Kuijer has nothing to disclose.

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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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Definitions.

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Other: Anything not covered under the previous three boxes

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

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rutger	2. Surname (Last Name) van Geenen	3. Date 14-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alexander Hoorntje
5. Manuscript Title Goal Attainment Scaling-based rehabilitation improves satisfaction with performance of work-related activities in younger, active knee arthroplasty patients – results from the randomized controlled ACTION trial		
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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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"/>	Paid consultant for Zimmer Biomet

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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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

Dr. van Geenen reports personal fees from Zimmer Biomet, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Suzanne

2. Surname (Last Name)
Witjes

3. Date
14-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alexander Hoorntje

5. Manuscript Title

Goal Attainment Scaling-based rehabilitation improves satisfaction with performance of work-related activities in younger, active knee arthroplasty patients – results from the randomized controlled ACTION trial

6. Manuscript Identifying Number (if you know it)

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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

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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. Witjes has nothing to disclose.

Evaluation and Feedback

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