

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Afrim Iljazi

Manuscript Title: Discontinuing the recommendation of hip precautions does not increase the risk of early dislocation after primary total hip arthroplasty – A population-based study from the Danish Hip Arthroplasty Register

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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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Michala Skovlund Sørensen

Manuscript Title: Discontinuing the recommendation of hip precautions does not increase the risk of early dislocation after primary total hip arthroplasty – A population-based study from the Danish Hip Arthroplasty Register

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

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Matilde Winther-Jensen

Manuscript Title: Discontinuing the recommendation of hip precautions does not increase the risk of early dislocation after primary total hip arthroplasty – A population-based study from the Danish Hip Arthroplasty Register

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

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Your Name: Søren Overgaard

Manuscript Title: Discontinuing the recommendation of hip precautions does not increase the risk of early dislocation after primary total hip arthroplasty – A population-based study from the Danish Hip Arthroplasty Register

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Your Name: Michael Mørk Petersen

Manuscript Title: Discontinuing the recommendation of hip precautions does not increase the risk of early dislocation after primary total hip arthroplasty – A population-based study from the Danish Hip Arthroplasty Register

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3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Cancers (Scientific journal)</td> <td>Travel support</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Cancers (Scientific journal)	Travel support						
Cancers (Scientific journal)	Travel support										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>President of the Danish Orthopedic Society</td> <td></td> </tr> <tr> <td>Topic editor in <i>Cancers</i> (scientific journal)</td> <td></td> </tr> <tr><td></td><td></td></tr> </table>		President of the Danish Orthopedic Society		Topic editor in <i>Cancers</i> (scientific journal)					
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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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.