

ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Siri Bjørgen Winther

Manuscript Title: Self-perceived worse knee function is not consistent with change in KOOS-PS; a 1-year exploratory follow-up study of 2478 primary TKA surgeries

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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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.

ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Anders Sjøstrøm

Manuscript Title: Self-perceived worse knee function is not consistent with change in KOOS-PS; a 1-year exploratory follow-up study of 2478 primary TKA surgeries

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

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ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Sølvi Liabakk-Selli

Manuscript Title: Self-perceived worse knee function is not consistent with change in KOOS-PS; a 1-year exploratory follow-up study of 2478 primary TKA surgeries

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

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Date: 6/4/2024

Your Name: Olav A. Foss

Manuscript Title: Self-perceived worse knee function is not consistent with change in KOOS-PS; a 1-year exploratory follow-up study of 2478 primary TKA surgeries

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Date: 6/4/2024

Your Name: Tina Strømdal Wik

Manuscript Title: Self-perceived worse knee function is not consistent with change in KOOS-PS; a 1-year exploratory follow-up study of 2478 primary TKA surgeries

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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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Jomar Klaksvik

Manuscript Title: Self-perceived worse knee function is not consistent with change in KOOS-PS; a 1-year exploratory follow-up study of 2478 primary TKA surgeries

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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		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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							Click the tab key to add additional rows.
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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