STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract A single-center prospective cohort study
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found An informative abstract has been provided
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported The scientific background for current treatment practice has been outlined
Objectives	3	State specific objectives, including any prespecified hypotheses To study patient-reported outcome 6 months after non-surgical treatment of Neer 2-part surgical neck fractures in a consecutive cohort of patients aged 60 or above
Methods		
Study design	4	Present key elements of study design early in the paper The predefined set-up of the cohort has been outlined. Reference to a predefined protocol
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection Patient selection, recruitment, treatment strategy, and data collection have been described
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Neer 2-part surgical neck fractures in a consecutive cohort of patients aged 60 or above, a Danish university hospital. The four contacts have been described
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed No matching, but population norms have been provided for the relevant age- and sex-group
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable Classification according to AO and Neer, PROs are measured (OSS, EQ-5D-3L), operation rate, and failure rate. The risk of confounding precluded formal comparison to other cohorts.
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group As above, PROs and reoperation and failure
Bias	9	Describe any efforts to address potential sources of bias Patient-administered outcomes only. Pain as an indication for surgery. Evidence and adherence to rehabilitation discussed.
Study size	10	Explain how the study size was arrived at Prospective ongoing cohort. No fixed size of the cohort.
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why No quantitative outcomes. Indication for surgery based on history of pain and alignment of expectations.
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding

		Descriptive statistics.
		(*b*) Describe any methods used to examine subgroups and interactions Differences in outcome between the 10-year age bands were tested statistically using the Kruskal Wallis rank sum test
		(*c*) Explain how missing data were addressed Counted and accounted for
		(*d*) If applicable, explain how loss to follow-up was addressed Accounted for qualitatively
		(*e*) Describe any sensitivity analyses N/A
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed Data from standard care. Patients who refused to complete PRO were accounted for.
		(b) Give reasons for non-participation at each stage All participated (standard care), loss to follow-up accounted for
		(c) Consider use of a flow diagram Has been added
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders Demographic and clinical characteristics are described. No social characteristics.
		(b) Indicate number of participants with missing data for each variable of interest Has been added
		(c) Summarise follow-up time (eg, average and total amount) 6 and 12 months follow-up with PRO. The cohort was validated with discharge diagnoses
Outcome data	15*	Report numbers of outcome events or summary measures over time Reported in table and quantitatively in text
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included Descriptive statistics only, mean/range, median /IQR
		(*b*) Report category boundaries when continuous variables were categorized Mean and range of OSS and EQ-5D reported. Population norms were added, but no formal comparison was planned or performed.
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses Outcomes between 10-year age bands were tested for statistical significance.
Discussion		
Key results	18	Summarise key results with reference to study objectives Has been summarized
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias Limitations discussed 1) single centre study 2) age 60+ 3) classifications not comparable 4) observer variation in classification expected 5) only the 'worst cases'

		were operated which may be to the disadvantage in the surgically treated
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Non-surgical treatment in people with Neer 2-part surgical neck fractures aged 60 or above resulted after 6 months in patient-reported shoulder function and quality of life close to the Danish background population. The number of clinical failures was low, with less than 3% needing surgery.
Generalisability	21	Discuss the generalisability (external validity) of the study results The selection of patients and fractures have been critically discussed. The prevalence of osteoporosis in the cohort has been reported and may add to the external validity
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based. No external funding

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.