

## ICMJE DISCLOSURE FORM

**Date:** 7/30/2024

**Your Name:** Ali Yalcinkaya

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

**Manuscript Number (if known):** AO-0-0 - (17985)

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	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)						
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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:** 7/30/2024

**Your Name:** Maria Tirta

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

**Manuscript Number (if known):** AO-0-0 - (17985)

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## ICMJE DISCLOSURE FORM

**Date:** 7/30/2024

**Your Name:** Jette Frost Jepsen

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

**Manuscript Number (if known):** AO-0-0 - (17985)

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**Your Name:** Ole Rahbek

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

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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	
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		Vicepresident Danish Orthopedic Society	

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## ICMJE DISCLOSURE FORM

**Date:** 4/8/2024

**Your Name:** Michael Skovdal Rathleff

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

**Manuscript Number (if known):** AO-0-0 - (17985)

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## ICMJE DISCLOSURE FORM

**Date:** 7/30/2024

**Your Name:** Christopher Iobst, MD

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						



		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)
4	Consulting fees	<input type="checkbox"/> None	
		Orthofix	
		Smith and Nephew	
		Globus	
		OrthoPediatrics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Hospital for Special Surgery Visiting Professor	
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 type="checkbox"/> None	
		President, Limb Lengthening and Reconstruction Society of North America	
		Past Chairman, Educational Courses Committee Pediatric Orthopedic Society of North America	

		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:** 7/30/2024

**Your Name:** Søren Kold

**Manuscript Title:** Outcomes and Outcome Measurement Instruments in Lower-Limb Lengthening Surgery: A Scoping Review to Inform Core Outcome Set Development

**Manuscript Number (if known):** AO-0-0 - (17985)

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)						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Educational activity for NuVasive	
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 type="checkbox"/> None	
		President of Nordic Orthopaedic Federation	

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