

ICMJE DISCLOSURE FORM

Date: 12/7/2024

Your Name: Marko Mykkänen

Manuscript Title: Letter to the Editor,Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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.

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Your Name: Anssi Härkönen

Manuscript Title: Letter to the Editor, Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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Your Name: James Stone

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		Zimmer Biomet	Stock ownership
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Date: 12/7/2024

Your Name: Mikko Hautamäki

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ICMJE DISCLOSURE FORM

Date: 12/7/2024

Your Name: Niek Van Dijk

Manuscript Title: Letter to the Editor,Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Smith&Nephew</td> <td style="width: 50%;">Payment or honoraria for lectures, presentations.</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Smith&Nephew	Payment or honoraria for lectures, presentations.							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 12/7/2024

Your Name: Alastair Younger

Manuscript Title: Letter to the Editor,Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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Stryker, Paragon, Acumed, Zimmer, Bioventus, Biocomposites, Arthrex	Grants							
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Stryker, Paragon and Acumed</td> <td style="width: 40%;">Royalties</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Stryker, Paragon and Acumed	Royalties				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 12/7/2024

Your Name: Helka Koivu

Manuscript Title: Letter to the Editor,Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Stryker</td> <td style="width: 50%;">European Micro Advisory Panel Member</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Stryker	European Micro Advisory Panel Member							
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ICMJE DISCLOSURE FORM

Date: 12/7/2024

Your Name: Manfred Thomas

Manuscript Title: Letter to the Editor,Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">EFAS President</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	EFAS President								
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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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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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: 12/7/2024

Your Name: Mark Glazebrook

Manuscript Title: Letter to the Editor, Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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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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 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; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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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 style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <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>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 12/7/2024

Your Name: Christopher W. DiGiovanni; details: AAOS disclosure website.

Manuscript Title: Letter to the Editor, Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Extremity Medical, Inc., JOMI</td> <td>IP Royalties</td> </tr> <tr> <td>S4Carlisle Publishing, Saunders/Mosby-Elsevier, Springer, Wolters Kluwer Health - Lippincott Williams & Wilkins</td> <td>Publishing Royalties</td> </tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Extremity Medical, Inc., JOMI	IP Royalties	S4Carlisle Publishing, Saunders/Mosby-Elsevier, Springer, Wolters Kluwer Health - Lippincott Williams & Wilkins	Publishing Royalties		
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4	Consulting fees	<input type="checkbox"/> None	
		Extremity Medical, Inc., Neatsy, Orthofix, Inc., Ossio	Paid consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> None	
		Bristol-Myers Squibb, CreOsso, Extremity Medical, Inc., GE Healthcare, Johnson&Johnson, Mediflix, Medtronic, Merck, Orthofix, Inc., Ossio, Osso VR, Paragon 28, Pfizer, Procter & Gamble, ROM3 Rehab	
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 type="checkbox"/> None	
		Omega Grant, Paragon 28, Extremity Medical, Inc.	Fellowship support
		Stryker	Other financial or material support

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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: 12/7/2024

Your Name: Masato Takao

Manuscript Title: Letter to the Editor,Regional variation in low-value musculoskeletal surgery: a nationwide study from the Finnish Care Register. (Ponkilainen et al. Acta Orthop 2024;95:553-561.)

Manuscript Number (if known): AO-2024-387 - (18179)

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4	Consulting fees	<input type="checkbox"/> None	
		Smith & Nephew	HCP consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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	
		Board Director of the Japanese Society for Surgery of the Foot (JSSF)	

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