

## ICMJE DISCLOSURE FORM

**Date:** 2/15/2024

**Your Name:** Juho Hatakka

**Manuscript Title:** One-year results of lumbar spinal stenosis surgery in Finland: a national FinSpine register study

**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.

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.

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Time frame: Since the initial planning of the work									
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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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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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 2/15/2024

**Your Name:** Inari Laaksonen

**Manuscript Title:** One-year results of lumbar spinal stenosis surgery in Finland: a national FinSpine register study.

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

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Arthrex, Munchen, Knee arthroscopy courses 11/23 and 12/23	
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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## ICMJE DISCLOSURE FORM

**Date:** 2/15/2024

**Your Name:** Joel Kostensalo

**Manuscript Title:** One-year results of lumbar spinal stenosis surgery in Finland: a national FinSpine register study

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

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## ICMJE DISCLOSURE FORM

**Date:** 2/15/2024

**Your Name:** Keijo Mäkelä

**Manuscript Title:** One-year results of lumbar spinal stenosis surgery in Finland: a national FinSpine register study

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

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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	
		Finnish Orthopaedica Association, Chaiman	

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## ICMJE DISCLOSURE FORM

**Date:** 2/15/2024

**Your Name:** Henri Salo

**Manuscript Title:** One-year results of lumbar spinal stenosis surgery in Finland: a national FinSpine register study.

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

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## ICMJE DISCLOSURE FORM

**Date:** 2/16/2024

**Your Name:** Katri Pernaa

**Manuscript Title:** One-year results of lumbar spinal stenosis surgery in Finland: a national FinSpine register study.

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

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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)						
Time frame: Since the initial planning of the work								
<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: 10px;"> <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> <p style="font-size: small; text-align: right; margin-top: 5px;"><a href="#">Click the tab key to add additional rows.</a></p>						
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <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)
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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