

ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Mirthe H W van Veghel

Manuscript Title: Identifying recovery trajectories following primary total shoulder arthroplasty in 3,358 patients from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2024-392/R1 RESUBMISSION - (18186)

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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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: 2/3/2025

Your Name: Liza N van Steenbergem

Manuscript Title: Identifying recovery trajectories following primary total shoulder arthroplasty in 3,358 patients from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2024-392/R1 RESUBMISSION - (18186)

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Please place an "X" next to the following statement to indicate your agreement:

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Date: 2/3/2025

Your Name: Cornelis P.J. Visser

Manuscript Title: Identifying recovery trajectories following primary total shoulder arthroplasty in 3,358 patients from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2024-392/R1 RESUBMISSION - (18186)

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Your Name: B Willem Schreurs

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Date: 2/3/2025

Your Name: Gerjon Hannink

Manuscript Title: Identifying recovery trajectories following primary total shoulder arthroplasty in 3,358 patients from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2024-392/R1 RESUBMISSION - (18186)

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Member of scientific advisory board Dutch Arthroplasty Register (LROI)</td> <td>Payment received for meeting hours</td> </tr> <tr> <td>Member Data Safety Monitoring Board PERSuaDER trial ('PERi-operative Selective Decontamination of the Digestive tract to prevent severe infectious complications after Esophagectomy: a Randomized multicenter clinical trial in patients with primary resectable esophageal carcinoma (cT1-4, N0-3, M0)')</td> <td>No payment received</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Member of scientific advisory board Dutch Arthroplasty Register (LROI)	Payment received for meeting hours	Member Data Safety Monitoring Board PERSuaDER trial ('PERi-operative Selective Decontamination of the Digestive tract to prevent severe infectious complications after Esophagectomy: a Randomized multicenter clinical trial in patients with primary resectable esophageal carcinoma (cT1-4, N0-3, M0)')	No payment received			
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10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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