

ICMJE DISCLOSURE FORM

Date: 10/10/2025

Your Name: Simon Storgaard Jensen

Manuscript Title: Postoperative decline in pre-fracture mobility is associated with risk of reoperation and mortality after hip fracture: a nationwide cohort study of 33,486 patients

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.

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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: 10/14/2025

Your Name: Per Hviid Gundtoft

Manuscript Title: Postoperative decline in pre-fracture mobility is associated with risk of reoperation and mortality after hip fracture: a nationwide cohort study of 33,486 patients

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ICMJE DISCLOSURE FORM

Date: 10/14/2025

Your Name: Jan-Erik Gjertsen

Manuscript Title: Postoperative decline in pre-fracture mobility is associated with risk of reoperation and mortality after hip fracture: a nationwide cohort study of 33,486 patients

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

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Your Name: Alma Becic Pedersen

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