

## ICMJE DISCLOSURE FORM

**Date:** 1/18/2026

**Your Name:** Jens Holm Laigaard

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**Manuscript Number (if known):** NA

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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4	Consulting fees	<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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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7	Support for attending meetings and/or travel	<input type="checkbox"/> None  <table border="1"><tr><td>NOF travel grant</td><td>For attending the NOF 2024 conference</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	NOF travel grant	For attending the NOF 2024 conference					
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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 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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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:** 1/19/2026

**Your Name:** Tazio Maleitzke

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**Manuscript Number (if known):** NA

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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:** 1/19/2026

**Your Name:** Søren T. Skou

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**Manuscript Number (if known):** NA

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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 type="checkbox"/> None	
		Co-founder of GLA:D	GLA:D® is a not-for profit initiative hosted at University of Southern Denmark aimed at implementing clinical guidelines for osteoarthritis in clinical practice.

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:** 1/19/2026

**Your Name:** Prof, PT, MSc, PhD, DMSc Inger Mechlenburg

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**Manuscript Number (if known):** NA

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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 type="checkbox"/> None	
		Danish Hip Arthroplasty Registry	Member of Steering Committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Editorial board: Annals of Physical and Rehabilitation Medicine	Member of Editorial Board

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## ICMJE DISCLOSURE FORM

**Date:** 8/19/2021

**Your Name:** Thomas Bandholm

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**Manuscript Number (if known):** NA

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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> My spouse works at Novo Nordisk and we own company stock. <input type="checkbox"/> <input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> I am a Physical Therapist and Exercise Physiologist. I may have a cognitive exercise bias. <input type="checkbox"/> <input type="checkbox"/>	

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:** 1/19/2025

**Your Name:** Lise Charlotte Berg

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**Manuscript Number (if known):** NA

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)						
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: 5px;"> <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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<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></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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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	

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## ICMJE DISCLOSURE FORM

**Date:** 1/19/2026

**Your Name:** Soren Overgaard

**Manuscript Title:** Surgical and Nonsurgical Treatment of Hip and Knee Osteoarthritis: A 2026 perspective

**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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