

ICMJE DISCLOSURE FORM

Date: 1/10/2026

Your Name: Lisa U. Tønning

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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.

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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: 1/13/2026

Your Name: Teemu Hevonkorpi

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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

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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:

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ICMJE DISCLOSURE FORM

Date: 1/10/2026

Your Name: Antti Launonen

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2026

Your Name: Aleksi Reito

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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

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Date: 1/22/2026

Your Name: Mette Schandorff Skjaerbaek

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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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: 1/22/2026

Your Name: Toni Luukkala

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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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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: 1/10/2026

Your Name: Helle Kvistgaard Østergaard

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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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ICMJE DISCLOSURE FORM

Date: 1/23/2026

Your Name: Minna K Laitinen

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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

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ICMJE DISCLOSURE FORM

Date: 2/3/2026

Your Name: Bernd Grimm

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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

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11	Stock or stock options	<input type="checkbox"/> None	
		BIOS Medica	
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: 1/22/2026

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

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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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ICMJE DISCLOSURE FORM

Date: 1/13/2026

Your Name: Ville Mattila

Manuscript Title: Accelerometer based physical activity of operatively and non-operatively treated distal radius fracture patients – A secondary analysis of the multicenter, randomized, controlled trial

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

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