ICMJE DISCLOSURE FORM

Date: 9/19/2025

Your Name: Jonathan Hugo Jürgens-Lahnstein

Manuscript Title: Systematic review of inducible displacement recorded with radiostereometric analyses of primary knee arthroplasties

Manuscript Number (if known): 1

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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		Inger og Asker Larsens Fond	
		Sofus Carl Emil Frris	
		Forskningsfond I Aarhus, Guildal Fonden	Click the tab key to add additional rows.
		Kong Christian d. 10 Fond	
		Guildal Fonden	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Young Board Member International radiostereometry society	Non Paid

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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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.

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Date: 9/19/2025

Your Name: Johanne Frost Teilmann

Manuscript Title: Systematic review of inducible displacement recorded with radiostereometric analyses of primary knee arthroplasties

Manuscript Number (if known): 1

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ICMJE DISCLOSURE FORM

Date: 9/19/2025

Your Name: Emil Toft Petersen

Manuscript Title: Systematic review of inducible displacement recorded with radiostereometric analyses of primary knee arthroplasties

Manuscript Number (if known): 1

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ICMJE DISCLOSURE FORM

Date: 9/19/2025

Your Name: Søren Rytter

Manuscript Title: Systematic review of inducible displacement recorded with radiostereometric analyses of primary knee arthroplasties

Manuscript Number (if known): 1

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		Guildal Fonden	
Time frame: past 36 months			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 9/19/2025

Your Name: Maiken Stilling

Manuscript Title: Systematic review of inducible displacement recorded with radiostereometric analyses of primary knee arthroplasties

Manuscript Number (if known): 1

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		Inger og Asker Larsens Fond	The Funding was granted to cover project related
		Sofus Carl Emil Frris	expenses such as image analyses.
		Forskningsfond I Aarhus, Guildal Fonden	Click the ey to add additional rows.
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8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		President of the International RSA Society	Non-paid work
		Board member of the Danish Society for Surgery of the Hand.	Non-paid work

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ICMJE DISCLOSURE FORM

Date: 9/19/2025

Your Name: Elise Laende

Manuscript Title: Systematic review of inducible displacement recorded with radiostereometric analyses of primary knee arthroplasties

Manuscript Number (if known): 1

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Member of the International RSA Society	Non-paid work

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