ICMJE DISCLOSURE FORM

Date: 4/3/2026

Your Name: Miriam G Wadström

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability

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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		The time for writing and revising the manuscript was financially supported through the ALF agreement provided by Region Uppsala, Sweden.	
			Click the tab key to add additional rows.
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**	

		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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ICMJE DISCLOSURE FORM

Date: 2/4/2024

Your Name: Anders Stålman

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability

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

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ICMJE DISCLOSURE FORM

Date: 2/8/2026

Your Name: Tobias Wörner

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability

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

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ICMJE DISCLOSURE FORM

Date: 8/2/2026

Your Name: Frida Eek

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability

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

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3	Royalties or licenses	☒ **None**	

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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**	
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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: 2/6/2026

Your Name: Nils P. Hailer]

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability]

Manuscript Number (if known):)

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<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☒ None

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<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☐ None

<table>
<tr><td>Swedish research council (VR 2019-00436; VR 2021-00980)</td><td>Institutional support</td></tr>
<tr><td>Stiftelsen Promobilia</td><td>Institutional support</td></tr>
<tr><td>Skobranschens utvecklingsfond</td><td>Institutional support</td></tr>
</table></td></tr>
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		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)
3	Royalties or licenses	☐ **None**	
		Waldemar Link GmbH Co KG, Hamburg, Germany	
4	Consulting fees	☒ **None**	
		DePuySynthes, Stockholm, Sweden]	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Waldemar Link GmbH Co KG, Hamburg, Germany	Honoraria for lectures/educational events
		Zimmer Biomet, Warsaw, USA	Honoraria for lectures/educational events
		Heraeus Medical, Wehrheim, Germany	Honoraria for lectures/educational events
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**	
		STOP Leg Clots trial	
10	Leadership or fiduciary role in other board,	☐ **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)
	society, committee or advocacy group, paid or unpaid	– Scientific advisor to the Swedish National Board of Health and Welfare – Board member of Swedish Arthroplasty Register – Chairman of Nordic Association of Arthroplasty Registers (NARA) – Chairman of Swedish Orthopaedic Professors' Convent – Chairman of Biobank Sweden (National infrastructure funded by Swedish Research Council)	No payments received
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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ICMJE DISCLOSURE FORM

Date: 2/4/2024

Your Name: Jesper Kraus-Schmitz

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 2/22/2026

Your Name: Yasmin D Hailer

Manuscript Title: Hip Arthroscopy in Sweden — A national registry study of socioeconomic profile, regional variation, and workability

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

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