ICMJE DISCLOSURE FORM

Date: 18th May 2021
Your Name: Kenneth Pihl
Manuscript Title: Prognostic factors for health outcomes after exercise therapy and education in people with knee and hip osteoarthritis with or without comorbidities: a study of 37,576 patients treated in primary care
Manuscript number (if known): ________________________________

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 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.

| Item | 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) |
|------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                           |
|      | No time limit for this item.                                                                   |                                                                                  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None                                                                           |
| 3    | Royalties or licenses                                                                         | X None                                                                           |
| 4    | Consulting fees                                                                               | X None                                                                           |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer  |
|---|-----------------------------------------------------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | X None  |
|   | manuscript writing or educational events                                    |         |
| 6 | Payment for expert testimony                                               | X None  |
| 7 | Support for attending meetings and/or travel                                | X None  |
| 8 | Patents planned, issued or pending                                         | X None  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None  |
| 10| Leadership or fiduciary role in other board, society, committee or         | X None  |
|   | advocacy group, paid or unpaid                                              |         |
| 11| Stock or stock options                                                      | X None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | X None  |
|   | services                                                                    |         |
| 13| Other financial or non-financial interests                                  | X None  |

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Date: __________________ May 17, 2021 ____________________________
Your Name: _______ Ewa Roos ________________________________
Manuscript Title: Prognostic factors for health outcomes after exercise therapy and education in people with knee and hip osteoarthritis with or without comorbidities: a study of 37,576 patients treated in primary care
Manuscript number (if known): __________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _x_ None                                                                          |
|   | **No time limit for this item.**                                                                   |                                                                                   |
|   |                                                                                                  |                                                                                   |
|  | Time frame: past 36 months                                                                       |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | _x_ None                                                                          |
| 3 | Royalties or licenses                                                                            | _x_ None                                                                          |
| 4 | Consulting fees                                                                                  | _x_ None                                                                          |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_None |
| 6 | Payment for expert testimony                                                | _x_None |
| 7 | Support for attending meetings and/or travel                                | _x_None |
| 8 | Patents planned, issued or pending                                          | _x_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _x_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_None |
| 11| Stock or stock options                                                      | _x_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | x_None |
| 13| Other financial or non-financial interests                                  | ____None |

I am Deputy editor of the scientific journal Osteoarthritis and Cartilage, the developer of Knee injury and Osteoarthritis Outcome Score (KOOS) and several other freely available patient-reported outcome measures, and co-founder of the Good Life with Osteoarthritis in Denmark (GLA:D), a not-for profit initiative to implement clinical guidelines in primary care hosted by Unniversity of Southern Denmark.

Please place an “X” next to the following statement to indicate your agreement:

_x 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: 11th May 2021  
Your Name: Prof Rod Taylor  
**Manuscript Title:** Prognostic factors for health outcomes after exercise therapy and education in people with knee and hip osteoarthritis with or without comorbidities: a study of 37,576 patients treated in primary care  
**Manuscript number (if known):**

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|   | **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. | __X__ None                                                                      |
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|   | **2** Grants or contracts from any entity (if not indicated in item #1 above).              | __X__ None                                                                       |
|   | **3** Royalties or licenses                                                                   | __X__ None                                                                       |
|   | **4** Consulting fees                                                                        | __X__ None                                                                       |
|   | Description                                                                 |  Answer |   |
|---|------------------------------------------------------------------------------|---------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XXnone  |   |
| 6 | Payment for expert testimony                                                 | xnone   |   |
| 7 | Support for attending meetings and/or travel                                  | xnone   |   |
| 8 | Patents planned, issued or pending                                           | xnone   |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | xnone   |   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | xnone   |   |
|11 | Stock or stock options                                                        | xnone   |   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | xnone   |   |
|13 | Other financial or non-financial interests                                    | xnone   |   |

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**ICMJE DISCLOSURE FORM**

**Date:** ___May 12th 2021________________________

**Your Name:** __Dorte Thalund Grønne_____________________

**Manuscript Title:** Prognostic factors for health outcomes after exercise therapy and education in people with knee and hip osteoarthritis with or without comorbidities: a study of 37,576 patients treated in primary care

**Manuscript number (if known):** ___________________________________________

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X__None |
| 3 | Royalties or licenses | X__None |
| 4 | Consulting fees | X__None |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                  | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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Date: 11-05-2021
Your Name: Søren T. Skou

Manuscript Title: Prognostic factors for health outcomes after exercise therapy and education in people with knee and hip osteoarthritis with or without comorbidities: a study of 37,576 patients treated in primary care
Manuscript number (if known): ____________________________________________________________________________________

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| 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 |
|   | The Danish Physiotherapy Association’s fund for research, education and practice development | Payment to the university, the grant was partly funding the initiation of GLA:D® Denmark |
|   | The Danish Rheumatism Association | Payment to the university, the grant was partly funding the initiation of GLA:D® Denmark |
|   | The Physiotherapy Practice Foundation | Payment to the university, the grant was partly funding the initiation of GLA:D® Denmark |
|   |                                                                                       |                                                                                   |
| 2 | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| Grants or contracts from any entity (if not indicated in item #1 above) | European Research Council | Payment to the university, from the European Union's Horizon 2020 research innovation program (grant agreement No 801790) |
|---------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------|
| European Union's Horizon 2020 research innovation program | Payment to the hospital, grant agreement No 945377 |
| Region Zealand | Payment to the hospital, program grant from Region Zealand (Exercise First). |
| The Lundbeck Foundation | Payment to the university, for a meniscal tear trial |
| 3 Royalties or licenses | None | Munksgaard Royalties paid to me for book chapters |
| 4 Consulting fees | None | X None |
| 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | X None |
| 6 Payment for expert testimony | None | X None |
| 7 Support for attending meetings and/or travel | None | X None |
| 8 Patents planned, issued or pending | None | X None |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board | None | X None |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | X None |
| 11 Stock or stock options | None | X None |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | X None |
| 13 Other financial or non-financial interests | 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. |
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.