

ICMJE DISCLOSURE FORM

Date: 8/14/2023

Your Name: Lynn McNicoll

Manuscript Title: Clinician perspective on non-operative management of hip fractures during covid-19: an international survey

Manuscript Number (if known): BJO-2023-0069.R1

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.

		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									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None									

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	society, committee or advocacy group, paid or unpaid	AO Trauma FFN Fragility Fracture Network	Lecturer and consultant for Davos Orthogeriatrics course – expenses paid SIG Co-chair for perioperative care - unpaid
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: 8/16/2023

Your Name: Iain Moppett

Manuscript Title: Clinician Perspectives on Non-Operative Management of Hip Fractures: An International Survey

Manuscript Number (if known): BJO-2023-0069.R1

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Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">NIHR-HTA</td> <td>Research grant related to hip fracture</td> </tr> <tr> <td>NIHR-RfPB</td> <td>Research grant related to hip fracture</td> </tr> <tr> <td>National Institute of Health and Care Excellence: Hip Fracture Clinical Guideline Update</td> <td>Member Working party</td> </tr> <tr> <td> </td> <td>Note all monies direct to department</td> </tr> </table>	NIHR-HTA	Research grant related to hip fracture	NIHR-RfPB	Research grant related to hip fracture	National Institute of Health and Care Excellence: Hip Fracture Clinical Guideline Update	Member Working party		Note all monies direct to department
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3	Royalties or licenses	<input type="checkbox"/> None	
		Elsevier	Royalties for book I edited (Anaesthesia)
4	Consulting fees	<input type="checkbox"/> None	
		AstraZeneca	Fees to department; consulting on topic unrelated to hip fracture
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 type="checkbox"/> None	
		Medicolegal opinion	Personal payment. Unrelated to hip fracture.
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Association of Anaesthetists, Royal College of Anaesthetists	Conferences fees and travel when speaking / working at meetings
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	
		Several trials	Unpaid. most unrelated to hip fracture; one chair DMEC is a pre-hospital trial.

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Royal College of Anaesthetists	Director Health Services Research Centre (Money to my employer)
		Anaesthesia Journal	Editor (Personal Honorarium)
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: 8/16/2021

Your Name: Mriganka Singh

Manuscript Title: Clinician Perspectives on Non-Operative Management of Hip Fractures during COVID-19: An International Survey

Manuscript Number (if known): BJO-2023-0069.R1

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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: August 10, 2023

Your Name: Lucille Xiang

Manuscript Title: Clinician Perspectives on Non-Operative Management of Hip Fractures during COVID-19: An International Survey

Manuscript Number (if known): BJO-2023-0069.R1

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 560 1516 699"> <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" data-bbox="386 858 1516 961"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1205 1516 1308"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1467 1516 1570"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1730 1516 1833"> <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	<input checked="" type="checkbox"/> 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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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