

ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Andrew David Duckworth

Manuscript Title: The prevalence risk of surgical intervention following a suspected scaphoid fracture is extremely low

Manuscript Number (if known): BJO-2023-0059.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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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%; margin-top: 5px;"> <tr><td style="width: 30%;">NIHR</td><td>Unrelated research grants</td></tr> <tr><td>OTA</td><td>Unrelated research grant</td></tr> <tr><td>SORT-IT</td><td>Unrelated research grants</td></tr> </table>	NIHR	Unrelated research grants	OTA	Unrelated research grant	SORT-IT	Unrelated research grants	
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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	<input type="checkbox"/> None	
		Taylor and Francis	Unrelated Book Royalties to myself
		Elsevier	Unrelated Book Royalties to myself
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AgNovos Healthvare	Hip Fracture Lecture at BOA 2021 Payment to myself
		Swemac	Elbow Course Payment to myself
		Smith and Nephew	Elbow Masterclass Co-convenor Payment to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
		BJJ, BJR and BJ360	Editorial Board

		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	<table border="1"> <tr><td>Trials</td><td>Associate Editor</td></tr> <tr><td>OTAI</td><td>Associate Editor</td></tr> <tr><td>JBJS Case Connector</td><td>Associate Editor</td></tr> <tr><td>OTA Research Committee</td><td>Member</td></tr> <tr><td>OTS Research Committee</td><td>Member</td></tr> </table>	Trials	Associate Editor	OTAI	Associate Editor	JBJS Case Connector	Associate Editor	OTA Research Committee	Member	OTS Research Committee	Member	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr><td>Stryker</td><td>Unrelated educational/research grant to department</td></tr> <tr><td>Smith and Nephew</td><td>Unrelated educational/research grant to department</td></tr> <tr><td>Acumed</td><td>Unrelated educational/research grant to department</td></tr> </table>		Stryker	Unrelated educational/research grant to department	Smith and Nephew	Unrelated educational/research grant to department	Acumed	Unrelated educational/research grant to department				
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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: 10/1/2023

Your Name: Paul Jenkins

Manuscript Title: Patient-directed follow-up for the clinical scaphoid fracture

Manuscript Number (if known): BJO-2023-0119.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.

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">NHS Golden Jubilee – Centre for Sustainable Delivery</td> <td style="width: 50%;">Payment of article processing fee direct to journal. PJ is the National Clinical Lead for Orthopaedics within this organization.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NHS Golden Jubilee – Centre for Sustainable Delivery	Payment of article processing fee direct to journal. PJ is the National Clinical Lead for Orthopaedics within this organization.			Click the tab key to add additional rows.	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
		Various legal firms	I undertake medicolegal reporting for a variety of legal firms covering personal injury and clinical negligence
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
		RAPSODI Study	I am on the data monitoring committee of this study. It is completely unrelated to the subject of this manuscript

		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	
		British Elbow and Shoulder Society	Trustee/Treasurer
		Scottish Committee for Orthopaedics and Trauma	Chairman
		NHS Golden Jubilee – Centre for Sustainable Delivery	National Clinical Lead
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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Jane E. McEachan

Manuscript Title: The prevalence risk of surgical intervention following a suspected scaphoid fracture is extremely low

Manuscript Number (if known): BJO-2023-0059.R1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
		Trustee, British Society for Surgery of the Hand	

		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	Editor, Journal of Hand Surgery (European Volume)	
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	
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ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Paul Joseph Ryan

Manuscript Title: The prevalence risk of surgical intervention following a suspected scaphoid fracture is extremely low

Manuscript Number (if known): BJO-2023-0059.R1

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