

## ICMJE DISCLOSURE FORM

**Date:** 2/7/2022

**Your Name:** Estela Capelas Barbosa

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

**Manuscript Number (if known):** ACR-21-0679.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.

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)						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Women's Aid	Training and design for data analysis
		Imkaan	Training and design for data analysis
		IRISi	Return and Social Return on Analysis
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 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	<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)
	board, society, committee or advocacy group, paid or 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:** 2/7/2022

**Your Name:** Vikki Wylde

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

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## ICMJE DISCLOSURE FORM

**Date:** 2/7/2022

**Your Name:** Joanna Thorn

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

**Manuscript Number (if known):** ACR-21-0679.R1

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## ICMJE DISCLOSURE FORM

**Date:** 2/8/2022

**Your Name:** Emily Sanderson

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

**Manuscript Number (if known):** ACR-21-0679.R1

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**Date:** 2/7/2022

**Your Name:** Erik Lenguerrand

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

**Manuscript Number (if known):** ACR-21-0679.R

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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:** 2/7/2022

**Your Name:** Dr Neil Artz

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

**Manuscript Number (if known):** ACR-21-0679.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.

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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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:** 2/8/2022

**Your Name:** Ashley Blom

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement:

**Manuscript Number (if known):** ACR-21-0679

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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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:** 2/7/2022

**Your Name:** Elsa M R Marques

**Manuscript Title:** Cost-effectiveness of group-based outpatient physical therapy after total knee replacement: results from the economic evaluation alongside the ARENA multicentre randomised controlled trial

**Manuscript Number (if known):** ACR-21-0679.R1

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