	ICIVIJE DISCLOSURE FORIVI		
Date:	7/12/2022		
Your Name:	Anthony Harris		
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial		
Manuscript Number (if known):	ACR-22-0302		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time		

		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	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.	Medibank Medibank Better Health Foundation Research Fund National Health and Medical Research Council (NHMRC) Centre of Research Excellence (#1079078).	Research grant Research grant Research grant
		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 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
Plea 🖂	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.		

Date:	7/12/2022
Your Name:	Dr Belinda Lawford
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial
Manuscript Number (if known):	ACR-22-0302

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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		Time frame: Since the initial planning of	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.	Medibank Medibank Better Health Foundation Research Fund National Health and Medical Research Council (NHMRC) Centre of Research Excellence (#1079078).	Research grant Research grant Research grant
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
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13	Other financial or non-financial interests	None	
Plea 🖂	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.		

	ICIVISE DISCESSIVE FORM		
Date:	7/12/2022		
Your Name:	Ben Metcalf		
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial		
Manuscript Number (if known):	ACR-22-0302		
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)
		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,	Medibank Medibank Better Health Foundation Research Fund	Research grant Research grant
	article processing charges, etc.) No time limit for this item.	National Health and Medical Research Council (NHMRC) Centre of Research Excellence (#1079078).	Research grant
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

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13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:		<u>-</u>	7/12/2021		
You	r Name:		Courtney Brown		
Manuscript Title:		-	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial		
Mar	nuscript Number (if I	known):	ACR-22-0302		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the mar e in doubt ps/activitie ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th		•	ithout time limit. For all other items, the time	
			entities with whom you have this hip 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	of the work	
	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.		one	I am employed by Medibank who funded the Better Knee, Better Me research trial. Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
Plea [⊠]	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.		

Date:		_	7/11/2022		
You	ır Name:	_	Kim Bennell		
Manuscript Title:		-	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial		
Ma	nuscript Number (if k	nown):	ACR-22-0302		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt is/activitie insion, you entioned i all suppor	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
		relations	hip or indicate none (add rows as needed) Time frame: Since the initial planning	. , ,	
1	All support for the present	relations [No	Time frame: Since the initial planning	. , ,	
1	All support for the present manuscript (e.g.,		Time frame: Since the initial planning one nk Private	. , ,	
1	All support for the present		Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision		Time frame: Since the initial planning one nk Private	Payments made to my institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning one nk Private	Payments made to my institution Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Mediba Nationa	Time frame: Since the initial planning one nk Private I Health and Medical Research Council	Payments made to my institution Click the tab key to add additional rows.	

Payments made to me

Wolters Kluwer

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
Plea [⊠]	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.		

Date:	7/11/2022
Your Name:	Libby Spiers
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial
Manuscript Number (if known):	ACR-22-0302

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		e all entities with whom you have this onship 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	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
Plea [⊠]	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.		

Date:	7/12/2021	
Your Name:	Rana Hinman	
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial	
Manuscript Number (if known):	ACR-22-0302	
content of your manuscript. "Rela affected by the content of the man	e ask you to disclose all relationships/activities/interests listed below that are related to the ited" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.	
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In item #1 below, report all suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time months.	

Name all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., NHMRC Fellowship paid to my institution funding, provision Medibank Grants paid to my institution of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). Royalties or \boxtimes None licenses

ľ		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 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	Journal of Physiotherapy Editorial Board	Unpaid role

		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	
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.			

Date:	7/12/2022
Your Name:	Thorlene Egerton
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial
Manuscript Number (if known):	ACR-22-0302

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		Time frame: past 36 months	S
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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 None	
6	Payment for expert testimony	None	
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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	
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.			

Date:			7/12/2021		
Your Name:			Catherine Keating		
Manuscript Title:			Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial		
Mar	nuscript Number (if k	known):	ACR-22-0302		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities		ript. "Rela of the mar e in doubt os/activitiension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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			entities with whom you have this hip 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	
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.		one	I am employed by Medibank who funded the Better Knee, Better Me research trial. Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	I sit on Advisory Committees at The University of Melbourne (School of Health Science) and Monash University (Centre for Health Economics).
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	
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.			

Date:	7/12/2022
Your Name:	Jonathan Quicke
Manuscript Title:	Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee osteoarthritis within a 12-month randomised trial
Manuscript Number (if known):	ACR-22-0302

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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 Time frame: past 36 month.	Research grant
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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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	
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.			

Date:11.07.22			
Your Name: Priya Sumithran			
Manuscript Title: Cost effectiveness of telehealth-delivered exercise and dietary weight loss programs for knee			
osteoarthritis within a -month randomised trial_			
Manuscript number (if known):ACR-22-0302			

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None National Health and Medical Research Council	Institution
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	None Novo Nordisk	Lecture on obesity (weight regulation)
	speakers bureaus,	NOVO NOTUISK	Lecture on obesity (weight regulation)
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	_XNone	Apart from in relation to #5
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	Not for profit investigator-	unpaid
	Advisory Board	initiated study (dietary	
		intervention, sponsored	
		by University of Adelaide)	
10	Leadership or fiduciary role	None	
10	in other board, society,	ANZ Obesity Society	Council member - unpaid
	committee or advocacy	The Collective (obesity)	Leadership group - unpaid
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	None	
	materials, drugs, medical	Novo Nordisk	Medical writing for manuscript on obesity
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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.