

ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Kushang Patel

Manuscript Title: Remotely Delivered Exercise to Rural Older Adults with Knee Osteoarthritis: A Pilot Study

Manuscript Number (if known): ACROR-21-209

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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	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: 2/14/2022

Your Name: Elise Hoffman

Manuscript Title: Remotely Delivered Exercise to Rural Older Adults with Knee Osteoarthritis: A Pilot Study

Manuscript Number (if known): ACROR-21-209

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Date: 2/14/2022

Your Name: Elizabeth Phelan

Manuscript Title: Remotely Delivered Exercise to Rural Older Adults with Knee Osteoarthritis: A Pilot Study

Manuscript Number (if known): ACROR-21-209

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Date: 2/14/2022

Your Name: Nancy M. Gell

Manuscript Title: Remotely Delivered Exercise to Rural Older Adults with Knee Osteoarthritis: A Pilot Study

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