

ICMJE DISCLOSURE FORM

Date: 5/1/2024

Your Name: Dr Ukachukwu Abaraogu

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): Click or tap here to enter text.

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									
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Time frame: past 36 months									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <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" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 5/29/2024

Your Name: Dr Philippa Dall

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table>									

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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	
		UK Chief Medical Officers	Member of the Expert Working group on Communication and Surveillance for the UK CMOs 2019 Physical Activity Guidelines update for which travel expenses were reimbursed
		UK Chief Medical Officers	Core Committee Member (2020) UK Physical Activity Expert Committee for Surveillance for which travel expenses were reimbursed
<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: 5/30/2024

Your Name: Chris Seenan

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Dr Sarah Rhodes

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): Click or tap here to enter text.

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	other board, society, committee or advocacy group, paid or unpaid	Will be member of NIHR RfPB North West panel from September 2024	Voluntary
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/30/2024

Your Name: Professor Trish Gorely

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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									
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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">NIHR HTA funding NIHR130664</td> <td style="width: 50%; padding: 2px;">Payments to my institution (University of the Highlands and Islands) for research time</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>		NIHR HTA funding NIHR130664	Payments to my institution (University of the Highlands and Islands) for research time			<small>Click the tab key to add additional rows.</small>	
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		IDEAS fund	Payments to my institution (University of the Highlands and Islands) for research time. Project: OUT and About in the Highlands
		North Cancer Alliance	Payments to my institution (University of the Highlands and Islands) for research time. Project: prehabilitation during cancer treatment
3	Royalties or licenses	<input type="checkbox"/> None	
		Taylor Francis	Royalties from Textbook: Psychology of Physical Activity
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 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	

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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>							
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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: 5/29/2024

Your Name: Dr Joanna McParland

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote physical activity in people with intermittent claudication (OPTIMA project)

Manuscript Number (if known): Click or tap here to enter text.

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 617"> <tr> <td>Editor of Health Psychology Open</td> <td>Honorarium received this for journal editing work.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Editor of Health Psychology Open	Honorarium received this for journal editing work.						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 825 1516 930"> <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 1041 1516 1146"> <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 1260 1516 1365"> <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 Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1476 1516 1581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" data-bbox="386 1667 1516 1900"> <tr> <td>Co-Chair of the International Association for the Study of Pain Social Aspects of Pain Special Interest Group</td> <td></td> </tr> <tr> <td>Lead of academic group for British Psychological Society Division of Health Psychology Scotland</td> <td></td> </tr> <tr> <td>Member of Scottish Network of Pain Psychologists</td> <td></td> </tr> </table>		Co-Chair of the International Association for the Study of Pain Social Aspects of Pain Special Interest Group		Lead of academic group for British Psychological Society Division of Health Psychology Scotland		Member of Scottish Network of Pain Psychologists			
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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: 6/4/2024

Your Name: Professor Julie Brittenden

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/30/2024

Your Name: Ebuka Miracle Aniето

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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: 5/29/2024

Your Name: Dr Lorna Booth

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): Click or tap here to enter text.

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 the work								
1	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>NIHR HTA funding NIHR130664</td> <td>Payment to my institution to pay for research assistant role.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	NIHR HTA funding NIHR130664	Payment to my institution to pay for research assistant role.				Click the tab key to add additional rows.	
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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

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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.

JICMJE DISCLOSURE FORM

Date: 5/30/2024

Your Name: Cathy Gormal

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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JICMJE DISCLOSURE FORM

Date: 5/30/2024

Your Name: Jeremy Dearing

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 5/1/2024

Your Name: Candida Fenton

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/2/2024

Your Name: Dr Sarah E Audsley

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviour change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Orthopedic Research UK</td> <td style="width: 50%; padding: 2px;">Payments to my institution (Northumbria University) for research consumables and time (Keep Exercising and Stay Steady)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Orthopedic Research UK	Payments to my institution (Northumbria University) for research consumables and time (Keep Exercising and Stay Steady)				
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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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	<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: 8/29/2024

Your Name: Kimberley Fairer

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>BACPAR (British Association of Chartered Physiotherapists in limb Absence Rehabilitation) executive committee</td> <td>Education officer – since 2020 – voluntary, unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	BACPAR (British Association of Chartered Physiotherapists in limb Absence Rehabilitation) executive committee	Education officer – since 2020 – voluntary, unpaid							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <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" style="width: 100%; margin-top: 10px;"> <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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>NIHR Oxford BRC Research Internship</td> <td>Funded research internship, within NHS employment to learn research processes, and completed an initial review of current exercise interventions for claudication 2023</td> </tr> <tr> <td>Vascular Society ASM organizing committee (BACPAR programme)</td> <td>Voluntary role, supporting the programme management for ASM planning. 2023-2024</td> </tr> <tr><td></td><td></td></tr> </table>		NIHR Oxford BRC Research Internship	Funded research internship, within NHS employment to learn research processes, and completed an initial review of current exercise interventions for claudication 2023	Vascular Society ASM organizing committee (BACPAR programme)	Voluntary role, supporting the programme management for ASM planning. 2023-2024		
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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: 5/31/2024

Your Name: Lindsay Bearne

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behavior change interventions to promote Physical activity in people with Intermittent claudication (OPTIMA project).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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		National Institute for Health and Care Research NIHR INSIGHT: Inspiring Students into Research (South London Collaboration)	No payment
		NIHR RfPB Preventing kidney injury using carbon dioxide in patients with Peripheral Arterial Disease (PAD) and Chronic Kidney Disease (CKD) having arterial intervention: the KID trial.	Payment to institution
		NIHR infrastructure Community Rehabilitation Research incubator hub	No payment for my time Infrastructure costs to institution
		Part time secondment to NIHR Evidence and dissemination team	Payment to institution
		NIHR evidence (CCF CED) research contract Exploring engagement, understanding and perceived value of NIHR Evidence outputs with practitioners and decision makers	Payment to institution
		Health Education England Integrated Clinical Academic (ICA) Awarded to King's College London	No payment
		NIHR HTA Gait interventions for patients newly diagnosed with rheumatoid arthritis of the foot or ankle	Payment to institution
		NIHR evidence (CCF CED) research contract Research Disseminating scientific evidence to healthcare professionals using social media: A review and qualitative study	Payment to institution
		NIHR evidence (CCF CED) research contract Understanding how members of the public from underserved communities' access and use scientific evidence: A scoping review and qualitative study	Payment to institution
		Dunhill Medical Trust A brief physiotherapist-led behaviour-change intervention to facilitate walking in older people with peripheral arterial disease: A randomised controlled trial	Payment to institution
		King's College Hospital Charity A study to scope the feasibility and applicability of remote rehabilitation provision for COVID-19 Survivors	Payment to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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		Member Programme Steering Committee: BOOST Programme of research: Agreement to join the Programme Steering Committee as an independent member and disclosure of potential competing interests	Completed 2021 no payment
		Member steering committee: OTTER: Study Protocol: Osteoarthritis Thumb Therapy Trial II Arthritis Research UK funded Project (ARUK Ref: 21019)	Completed 2019 no payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of the NIHR Pre doctoral academic and practitioner fellowship committee	Current no payment
		Member NIHR Research for Patient benefit London Region panel	Completed 2020 no payment
		Wellcome Trust Global Health Doctoral Fellowship selection panel	Completed 2022 no payment
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Professor Dawn A Skelton

Manuscript Title: Systematic review and integrated report on the quantitative and qualitative evidence base for behaviOur change interventions to promote Physical acTivity in people with InterMittent clAudication (OPTIMA project).

Manuscript Number (if known): Click or tap here to enter text.

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		NIHR ARC National Priority for Ageing, Dementia and Frailty (2021-2025)	Payments to my institution for research time - Evaluating the implementation of the FaME programme - FLEXI								
		European Commission: Horizon 2020 (2021-2024)	Payments to my institution for research time - EC: H2020-MSCA-ITN – Health CASCADE.								
		Baily Thomas Charitable Fund (2021-2023)	Payments to my institution for research time - Toileting Assessment and Toilet Training for Adults with Learning Disabilities with Incontinence.								
		NIHR Health Technology Assessment (2019-2024)	Payments to my institution for research time - Clinical and Cost-Effectiveness of an In-Home Personalised Health Promotion Intervention Enabling Independence in Older People with Mild Frailty (HomeHealth).								
		European Commission: Horizon 2020 (2017-2019)	Payments to my institution for research time - EC: H2020-MSCA-IF-2017 Standard EF Fellowship – Get Ready.								
		Wellcome Public Engagement Fund (2017-2018)	Payments to my institution for research time - A strong and balanced offer.								
		Bailey Thomas Foundation (2016-2018)	Payments to my institution for research time - Reasonable adjustments to provide equitable assessment, screening and treatment of osteoporosis for people with learning disabilities: A feasibility study								
		NIHR Health Technology Assessment (2016-2019)	Payments to my institution for research time - ELECTric Tibial nerve stimulation to Reduce Incontinence in Care homes								
		Innovate UK (2016-2018)	Payments to my institution for research time - Mira Rehab Ltd. A multi-centre, cluster randomised controlled trial comparing falls prevention Exergames with remote monitoring against standard falls prevention programmes for community dwelling older adults at risk of falls.								
		NIHR CLAHRC (Collaboration for Leadership in Applied Health Research and Care) (2015-2018)	Payments to my institution for research time - Physical activity Implementation Study In Community-dwelling Adults (PhISICAL) Implementation of FaME								
3	Royalties or licenses	<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>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Norwegian Research Council</td> <td>Payments to my institution - FALLPREVENT – Consultancy on implementation of national falls prevention programme</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Norwegian Research Council	Payments to my institution - FALLPREVENT – Consultancy on implementation of national falls prevention programme						
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	presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Travel expenses paid to attend Singapore Congress of Physiotherapy in July 2024	Paid by Singapore Congress after the event to myself
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	
		Member of NIHR Advanced Fellowship Selection Committee	Current – No payment
		Chair of Academic Advisory Group, PACES Project, MRC/CSO funded project, University of Glasgow.	Current - No payment
		Member of the Scientific Advisory Board for the Older People and Frailty Policy Research Unit (OPFPRU) funded by the NIHR.	Current – No payment
		Carnegie Research Assessor for the Carnegie Research Incentive Grants for Early Career Researchers	Current – No payment
		Chair of Programme Steering Committee for the NIHR PGfAR Programme RECREATE Study (Development and evaluation of strategies to reduce sedentary behaviour in patients after stroke and improve outcomes)	Current – No payment
		Chair of Trial Steering Committee – Implementation of a Frailty Care bundle (FCB) for older people in acute care settings: an implementation science study (University College Cork).	Completed 2023 – No payment
		Member of the Scientific Advisory Board for the MRC-ARUK Centre for Musculoskeletal Ageing Research at the University of Birmingham	Completed 2023 – No payment

		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)
		Member of Trial Steering Committee for the NIHR-funded Gentle Years Yoga Trial.	Completed 2022 – No payment
		Chair of the Data Monitoring and Ethics Committee for PHR project 13/164/51: The REACT (REtirement in ACTION) study	Completed 2020 – No payment
		Member of the Data Monitoring and Ethics Committee for PreventIT, EC funded study	Completed 2018 – No payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair of N-FIT – National FaME Implementation Team	No payment
		Member of 4 Nations National Falls Prevention Co-ordination Group	Current – No payment
		Member of BEPOP 'Benchmarking Exercise Programmes for Older People' Steering Committee, British Geriatrics Society, AGILE and Age Research Group.	Current – No payment
		Member, ROS Clinical and Scientific Advisory Community (CSAC), Royal Osteoporosis Society	Current - No payment
		Member, UK Stroke Forum	Current - No payment
		Member, Community Rehabilitation Alliance	Current - No payment
		Member of the NHS Lanarkshire Falls Strategy Group	Current – No payment
		Steering Committee Member, British Geriatric Society (BGS) Falls and Bone Health Section.	Current - No payment
		Member of Public Health England Modelling Advisory Group on the Wider Impacts of Covid-19 on Physical Activity, Deconditioning and Falls in Older Adults	Completed 2021 – No payment
		Member of Public Health England's Health Economics commissioning Framework: Falls Prevention Steering Group	Completed 2021 – No payment
		Scientific Co-chair 1st World Congress on Falls and Postural Stability, Kuala Lumpur	Completed 2019 – No payment
		Chair of the Royal Osteoporosis Society Working Group on Exercise and Bone Health to produce Expert Statement on Exercise and Osteoporosis.	Completed 2019 – No payment
		Chair of Older People Panel for update of the CMO Physical Activity Guidelines for Health, Departments of Health of the four nations	Completed 2019 – No payment
11	Stock or stock options	<input type="checkbox"/> None	
		8 shares in Later Life Training Ltd, not for profit training organisation	No dividends to share holders as not for profit company
12	Receipt of equipment, materials, drugs, medical writing,	<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)						
	gifts or other services								
13	Other financial or non-financial interests	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Director of Later Life Training Ltd, not for profit Training Organisation</td> <td>Receive payment only for delivery of training or development of training materials (no dividends)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Director of Later Life Training Ltd, not for profit Training Organisation	Receive payment only for delivery of training or development of training materials (no dividends)				
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<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>									