

ICMJE DISCLOSURE FORM

Date: 9/17/2024

Your Name: Nefyn Williams

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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Time frame: Since the initial planning of the work									
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	society, committee or advocacy group, paid or unpaid	Deputy chair of NIHR HTA funding committee (commissioned research)	
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: Click or tap to enter a date.

Your Name: Monica Busse

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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	society, committee or advocacy group, paid or unpaid	Non-executive board member Bridges CIC (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: 9/2/2024

Your Name: Rachael Cooper

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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 type="checkbox"/> None	Trial Steering Committee member for MATILDA study funded by NIHR.
10	Leadership or fiduciary role in	<input type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Date: 9/6/2024

Your Name: Jacob Davies

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Dr Susanna R Dodd

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

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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: 9/2/2021

Your Name: Shanaz Dorkenoo

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Miss Kodchawan Doungsong

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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ICMJE DISCLOSURE FORM

Date: 8/30/2024

Your Name: Rhiannon Tudor Edwards

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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ICMJE DISCLOSURE FORM

Date: 9/11/2024

Your Name: Victory Ezeofor

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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ICMJE DISCLOSURE FORM

Date: 8/30/2024

Your Name: Miriam Golding-Day

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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: 8/30/2024

Your Name: Jessica Green

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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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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: 05/09/2024

Your Name: Ben Hardwick

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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: 8/29/2024

Your Name: Kathryn Harvey

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Funded by NIHR for an academic clinical fellow post (not related to this study)	

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: 9/9/2024

Your Name: Sophie Hennessy

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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: 9/2/2021

Your Name: Andrew Lemmey

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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: 9/2/2024

Your Name: Philippa Anne Logan

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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: 8/29/2024

Your Name: Prof Val Morrison

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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ICMJE DISCLOSURE FORM

Date: 8/30/2024

Your Name: Penny Ralph

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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ICMJE DISCLOSURE FORM

Date: 9/11/2024

Your Name: Cath Sackley

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">University of Nottingham</td> <td>Salary</td> </tr> <tr> <td>NIHR grant for FEMUR</td> <td>Institution</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	University of Nottingham	Salary	NIHR grant for FEMUR	Institution	Click the tab key to add additional rows.	
University of Nottingham	Salary								
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Time frame: past 36 months									
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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> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>							
6	Payment for expert testimony	<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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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,	<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	NIHR funding committees, 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: 9/2/2024

Your Name: Benjamin Smith

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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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: 8/29/2024

Your Name: Professor Toby Smith

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		I am committee member on the National Institute for Health and Care Excellence – Technology Appraisal Committee – B. This is an unpaid role.	
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 type="checkbox"/> None	
		I am employed by the University of Warwick and the Norfolk and Norwich University Hospital in academic and clinical roles respectively.	

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.

29-08-20ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Dr Llinos Haf Spencer

Manuscript Title: A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)

Manuscript Number (if known): NIHR135972

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Time frame: past 36 months			
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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 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	<input checked="" type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
11	Stock or stock options	<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	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 9/17/2024

Your Name: Suzanne Temple

Manuscript Title: **A definitive multi-centre randomised controlled trial and economic evaluation of a community-based rehabilitation package following hip fracture. Acronym: Fracture in the Elderly Multidisciplinary Rehabilitation - Phase III (FEMuR III)**

Manuscript Number (if known): NIHR135972

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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)
	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.