

Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could have direct or potential influence or impart bias on the work. Although an author may not feel there is any conflict, disclosure of all relationships and interests provides a more complete and transparent process, leading to an accurate and objective assessment of the work. Awareness of a real or perceived conflicts of interest is a perspective to which the readers are entitled. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. For examples of potential conflicts of interests *that are directly or indirectly related to the research* please visit:

springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start

All authors of papers submitted to Archives of Orthopaedic and Trauma Surgery
(name of journal) must complete this form and disclose any real or perceived conflict of interest.

Please complete one form per author. The corresponding author collects the conflict of interest disclosure forms from all authors. The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s). Please note that you cannot save the form once completed. Kindly print upon completion, sign, and scan to keep a copy for your files.

The corresponding author should be prepared to send potential conflict of interest disclosure form if requested during peer review or after publication on behalf of all authors (if applicable).

☐ I have no potential conflict of interest.

Category of disclosure	Description of Interest/Arrangement
Potential indirect COI	Institutional educational grant by J&J, Alphamed, Medacta, Implants

Article title Septic complications are on the rise and aseptic loosening has decreased in total joint arthroplasty

Manuscript No. (if you know it) _____

Author name Patrick Sadoghi

Are you the corresponding author? ☐ Yes ☒ No

Herewith I confirm that the information provided is accurate.

Author signature P. Sadoghi Date 09/26/2023

Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could have direct or potential influence or impart bias on the work. Although an author may not feel there is any conflict, disclosure of all relationships and interests provides a more complete and transparent process, leading to an accurate and objective assessment of the work. Awareness of a real or perceived conflicts of interest is a perspective to which the readers are entitled. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. For examples of potential conflicts of interests *that are directly or indirectly related to the research* please visit:

springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start

All authors of papers submitted to **Archives of Orthopaedic and Trauma Surgery** (name of journal) must complete this form and disclose any real or perceived conflict of interest.

Please complete one form per author. The corresponding author collects the conflict of interest disclosure forms from all authors. The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s). Please note that you cannot save the form once completed. Kindly print upon completion, sign, and scan to keep a copy for your files.

The corresponding author should be prepared to send potential conflict of interest disclosure form if requested during peer review or after publication on behalf of all authors (if applicable).

☐ I have no potential conflict of interest.

Category of disclosure	Description of Interest/Arrangement
Potential indirect conflict of interest	Institutional Educational grant by Johnson & Johnson, Alphamed, Medacta, Implantec

Article Restoring tibial obliquity for kinematic alignment in total knee arthroplasty: conventional versus p

Manuscript No. (if you know it)

Author name Univ.- Prof. Dr. Andreas Leithner

Are you the corresponding author? ☐ Yes ☐ No

Herewith I confirm that the information provided is accurate.

Author signature  Date: 09/26/2023

Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could have direct or potential influence or impart bias on the work. Although an author may not feel there is any conflict, disclosure of all relationships and interests provides a more complete and transparent process, leading to an accurate and objective assessment of the work. Awareness of a real or perceived conflicts of interest is a perspective to which the readers are entitled. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. For examples of potential conflicts of interests *that are directly or indirectly related to the research* please visit:

springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start

All authors of papers submitted to Archives of Orthopaedic and Trauma Surgery
(name of journal) must complete this form and disclose any real or perceived conflict of interest.

Please complete one form per author. The corresponding author collects the conflict of interest disclosure forms from all authors. The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s). Please note that you cannot save the form once completed. Kindly print upon completion, sign, and scan to keep a copy for your files.

The corresponding author should be prepared to send potential conflict of interest disclosure form if requested during peer review or after publication on behalf of all authors (if applicable).



I have no potential conflict of interest.

Category of disclosure	Description of Interest/Arrangement

Article title Septic complications are on the rise and aseptic loosening has decreased in total joint arthroplasty

Manuscript No. (if you know it) _____

Author name Laura Rasic

Are you the corresponding author? ☐ Yes ☒ No

Herewith I confirm that the information provided is accurate.

Author signature L. Rasic Date 09/26/2023



Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could have direct or potential influence or impart bias on the work. Although an author may not feel there is any conflict, disclosure of all relationships and interests provides a more complete and transparent process, leading to an accurate and objective assessment of the work. Awareness of a real or perceived conflicts of interest is a perspective to which the readers are entitled. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. For examples of potential conflicts of interests *that are directly or indirectly related to the research* please visit:

springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start

All authors of papers submitted to Archives of Orthopaedic and Trauma Surgery
(name of journal) must complete this form and disclose any real or perceived conflict of interest.

Please complete one form per author. The corresponding author collects the conflict of interest disclosure forms from all authors. The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s). Please note that you cannot save the form once completed. Kindly print upon completion, sign, and scan to keep a copy for your files.

The corresponding author should be prepared to send potential conflict of interest disclosure form if requested during peer review or after publication on behalf of all authors (if applicable).



I have no potential conflict of interest.

Category of disclosure	Description of Interest/Arrangement

Article title Septic complications are on the rise and aseptic loosening has decreased in total joint arthroplas

Manuscript No. (if you know it) _____

Author name Sebastian Klim

Are you the corresponding author? ☐ Yes ☒ No

Herewith I confirm that the information provided is accurate.

Author signature  Date 09/26/2023

Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could have direct or potential influence or impart bias on the work. Although an author may not feel there is any conflict, disclosure of all relationships and interests provides a more complete and transparent process, leading to an accurate and objective assessment of the work. Awareness of a real or perceived conflicts of interest is a perspective to which the readers are entitled. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. For examples of potential conflicts of interests *that are directly or indirectly related to the research* please visit:

[springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start](https://www.springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start)

All authors of papers submitted to Archives of Orthopaedic and Trauma Surgery
(name of journal) must complete this form and disclose any real or perceived conflict of interest.

Please complete one form per author. The corresponding author collects the conflict of interest disclosure forms from all authors. The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s). Please note that you cannot save the form once completed. Kindly print upon completion, sign, and scan to keep a copy for your files.

The corresponding author should be prepared to send potential conflict of interest disclosure form if requested during peer review or after publication on behalf of all authors (if applicable).



I have no potential conflict of interest.

Category of disclosure	Description of Interest/Arrangement

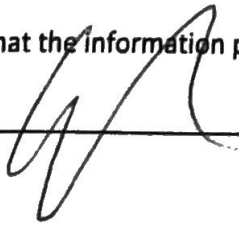
Article title Septic complications are on the rise and aseptic loosening has decreased in total joint arthroplasty

Manuscript No. (if you know it) _____

Author name Georg Hauer

Are you the corresponding author? ☒ Yes ☐ No

Herewith I confirm that the information provided is accurate.

Author signature  Date 09/26/2023

Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could have direct or potential influence or impart bias on the work. Although an author may not feel there is any conflict, disclosure of all relationships and interests provides a more complete and transparent process, leading to an accurate and objective assessment of the work. Awareness of a real or perceived conflicts of interest is a perspective to which the readers are entitled. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. For examples of potential conflicts of interests *that are directly or indirectly related to the research* please visit:

springer.com/gp/authors-editors/journal-author/journal-author-helpdesk/before-you-start

All authors of papers submitted to Archives of Orthopaedic and Trauma Surgery
(name of journal) must complete this form and disclose any real or perceived conflict of interest.

Please complete one form per author. The corresponding author collects the conflict of interest disclosure forms from all authors. The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s). Please note that you cannot save the form once completed. Kindly print upon completion, sign, and scan to keep a copy for your files.

The corresponding author should be prepared to send potential conflict of interest disclosure form if requested during peer review or after publication on behalf of all authors (if applicable).



I have no potential conflict of interest.

Category of disclosure	Description of Interest/Arrangement

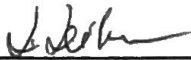
Article title Septic complications are on the rise and aseptic loosening has decreased in total joint arthroplasty

Manuscript No. (if you know it) _____

Author name Lukas Leitner

Are you the corresponding author? ☐ Yes ☒ No

Herewith I confirm that the information provided is accurate.

Author signature  Date 09/26/2023