

## ICMJE DISCLOSURE FORM

Date: 23 June 2022  
 Your Name: Chan Li Yi, Tammy  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> 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 other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:**

There is no conflict of interest to report.

**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: 23 June 2022  
 Your Name: Chua Chong Shan  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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## ICMJE DISCLOSURE FORM

Date: 23 June 2022  
 Your Name: Chou Siaw Meng  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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There is no conflict of interest to report.

**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: 23 June 2022  
 Your Name: Seah Ren Yi Benjamin  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> 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	
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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	
		XCLR8 Technologies Pte Ltd	Consultant – Medical Advisor (unpaid)

**Please summarize the above conflict of interest in the following box:**

Dr Benjamin Seah Renyi reports consulting role for XCLR8 Technologies Pte Ltd in an unpaid role as a medical advisor.

**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: 23 June 2022  
 Your Name: Huang Yilun  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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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 summarize the above conflict of interest in the following box:**

There is no conflict of interest to report.

**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: 23 June 2022  
 Your Name: Luo Yue  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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	
		XCLR8 Technologies Pte Ltd	Paid employee

Please summarize the above conflict of interest in the following box:

Ms Luo Yue reports full-time employment at XCLR8 Technologies Pte Ltd since 2020 with no financial interests related to the submitted work.

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: 23 June 2022  
 Your Name: Lincoln Dacy  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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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4	Consulting fees	<u> X </u> 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 other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	XCLR8 Technologies Pte Ltd CEO and major shareholder.
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 summarize the above conflict of interest in the following box:**

Mr Lincoln Dacy reports stock ownership of XCLR8 Technologies Pte Ltd with no financial interests related to the submitted work.

**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: 23 June 2022  
 Your Name: Hamid Rahmatullah Bin Abd Razak  
 Manuscript Title: Assessment of Shoulder Range of Motion Using a Commercially Available Wearable Sensor – A Validation Study  
 Manuscript number (if known): mHealth-22-7

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		XCLR8 Technologies Pte Ltd	Consultant – Medical Advisor (unpaid)

**Please summarize the above conflict of interest in the following box:**

Dr Hamid Rahmatullah Bin Abd Razak reports consulting role for XCLR8 Technologies Pte Ltd in an unpaid role as a medical advisor.

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