

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

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## Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

supplied by the entity, travel paid by the entity, writing assistance,

Delitto 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Anthony	rst Name)	2. Surname (Last Name) Delitto	3. Date 27-April-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Robert Saper
5. Manuscript Title "Yoga, Physical T		or Chronic Low Back Pain:	A Randomized Controlled Noninferiority Trial"
6. Manuscript Ide M16-2579	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Prope	rty Patents & Copyric	jhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?

Delitto 2



Section 5. Relationships not covered above
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Dr. Delitto has nothing to disclose.

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Keosaian 1



Section 1. Identify	ing Information	
1. Given Name (First Name) Julia	2. Surname (Last Name Keosaian	3. Date 01-May-2017
4. Are you the corresponding	author? Yes V No	Corresponding Author's Name Robert Saper
5. Manuscript Title Yoga, Physical Therapy, or l	Education for Chronic Low Back Pai	n: A Randomized Controlled Noninferiority Trial
6. Manuscript ldentifying Nun M16-2579	nber (if you know it)	
Section 2. The Wor	k Under Consideration for Pul	olication
	ork (including but not limited to grants	rom a third party (government, commercial, private foundation, etc.) for s, data monitoring board, study design, manuscript preparation,
Section 3. Relevan	t financial activities outside th	e submitted work.
of compensation) with enti	ties as described in the instructions ou should report relationships that v	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .
Section 4. Intellect		
Intellect	ual Property Patents & Copy	vrights
Do you have any patents, w	hether planned, pending or issued	, broadly relevant to the work? Yes Vo

Keosaian 2



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Stevans 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Joel	2. Surname (Last Name) Stevans	3. Date 09-May-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Rob Saper
5. Manuscript Title Yoga, Physical Therapy, or Education fo	or Chronic Low Back Pain: <i>F</i>	A Randomized Controlled Noninferiority Trial
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Do you have any patents, whether plan		

Stevans 2



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Dr. Stevans has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Gergen Barnett 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Katherine	2. Surname (Last Name) Gergen Barnett	3. Date 15-May-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Saper, Robert
5. Manuscript Title Yoga, Physical Therapy, or Education f	or Chronic Low Back Pain: A	A Randomized Controlled Noninferiority Trial
6. Manuscript Identifying Number (if you l M16-2579	know it)	
Section 2. The Work Under (	Consideration for Public	cation
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Intellectual Prope	erty Patents & Copyric	ghts
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

Gergen Barnett 2



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Dr. Gergen Barnett has nothing to disclose.

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Gergen Barnett 3



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Herman 1



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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Robert Saper	Author's Name
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any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring boo	vernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation, see entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Support?	ther? Comments
NCCIH		<b>V</b>		
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Section 3.	Relevant financial	activities outside th	e submitted wo	rk.
of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should rep evant conflicts of intere	bed in the instructions. port relationships that v est? Yes √ No	Use one line for eavere <b>present durir</b>	financial relationships (regardless of amount ach entity; add as many lines as you need by <b>ng the 36 months prior to publication</b> .
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Herman 2



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Dr. Herman reports grants from NCCIH, during the conduct of the study; .

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Roseen 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Eric	2. Surname (Last Name) Roseen	3. Date 27-April-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Robert Saper
5. Manuscript Title Yoga, Physical Therapy, or Education fo A Randomized Controlled Noninferiori	ty Trial	
6. Manuscript Identifying Number (if you k M16-2579	now it)	-
Section 2. The Weak Under C		
Did you or your institution <b>at any time</b> rece	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Sortion 4		
Section 4. Intellectual Prope	rty Patents & Copyric	hts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Roseen 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Roseen has nothing to disclose.

#### **Evaluation and Feedback**

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Saper

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**Royalties:** Funds are coming in to you or your institution due to your patent

1

administrative support, etc.



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Nai Saper	ne)		3. Date 07-May-201	7	
4. Are you the cor	responding author?	✓ Yes No	✓ Yes No				
5. Manuscript Title Yoga, Physical Th	e nerapy, or Education fo	r Chronic Low Back P	ain: A Randomiz	ed Controlled	Noninferiority	Trial	
6. Manuscript lder M16-2579	ntifying Number (if you kr	now it)					
	I						
Section 2.	The Work Under Co	onsideration for P	ublication				
any aspect of the s statistical analysis, Are there any rela	stitution <b>at any time</b> receing ubmitted work (including etc.)?  evant conflicts of interept the appropriate info	but not limited to gran	nts, data monitorin	g board, study	design, manuscr	ipt preparation,	
	be removed by pressing	•		, , , , , , , , , , , , , , , , , , ,			
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments		
NIH National Center f ntegrative Health	or Complementary and	<b>✓</b>					
Section 3.	Relevant financial	activities outside	the submitted	work.			
of compensation clicking the "Add	the appropriate boxes i	in the table to indicat ibed in the instructio port relationships tha	e whether you h ns. Use one line f t were <b>present c</b>	ave financial r or each entity	/; add as many l	ines as you need by	
Section 4.	Intellectual Proper	ty Patents & Co	oyrights				
Do you have any	patents, whether plan	ned, pending or issue	ed, broadly releva	ant to the wor	rk? Yes	✓ No	

Saper 2



Section 5. Relationships not severed above						
Relationships not covered above						
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						
Yes, the following relationships/conditions/circumstances are present (explain below):						
✓ No other relationships/conditions/circumstances that present a potential conflict of interest						
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Sortion 6						
Section 6. Disclosure Statement						
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.						
Dr. Saper reports grants from NIH National Center for Complementary and Integrative Health during the conduct of the study.						

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Femia 1



Section 1. Identify	Identifying Information					
1. Given Name (First Name) Alexandra	2. Surname (Last Name) Femia	3. Date 17-May-2017				
4. Are you the corresponding	author? Yes ✓ No	Corresponding Author's Name Dr. Robert Saper				
5. Manuscript Title Yoga, Physical Therapy, or E	Education for Chronic Low Back Pain: A	Randomized Controlled Noninferiority Trial				
6. Manuscript Identifying Num	nber (if you know it)					
Section 2. The Wor	k Under Consideration for Public	cation				
	ork (including but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,				
Section 3. Polyage	s financial activities autoide the	when the almost				
Place a check in the approp of compensation) with entit	ies as described in the instructions. Us u should report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.				
Section 4. Intellect	ual Property Patents & Copyrig	ghts				
Do you have any patents, w	hether planned, pending or issued, br	oadly relevant to the work? Yes V No				

Femia 2



Section 5. Relationships not covered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Sadikova 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fire Ekaterina	ne (First Name) 2. Surname (Last Name) Sadikova		3. Date 17-May-2017		
4. Are you the corr	4. Are you the corresponding author?		Corresponding Author's Name Robert Saper		
5. Manuscript Title Yoga, Physical Th		r Chronic Low Back Pain: A	Randomized Controlled Noninferiority Trial		
6. Manuscript Iden M16-2579	tifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation) clicking the "Add	) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se <b>present during the 36 months prior to publication</b> .		
Section 4.	Intellectual Proper	ty Patents & Copyrig	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Sadikova 2



Section 5.						
Section 5.	Relationships not covered above					
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?					
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.					
Section 6.	Disclosure Statement					
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Ms. Sadikova ha	s nothing to disclose.					

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**Royalties:** Funds are coming in to you or your institution due to your patent

Lemaster 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir Chelsey	me (First Name)  2. Surname (Last Name)  Lemaster		3. Date 19-May-2017		
4. Are you the corr	4. Are you the corresponding author?		Corresponding Author's Name Robert Saper		
5. Manuscript Title Yoga, Physical Th		r Chronic Low Back Pain: A	Randomized Controlled Noninferiority Trial		
6. Manuscript Ider M16-2579	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the si statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se <b>present during the 36 months prior to publication</b> .		
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Lemaster 2



Section 5.					
Section 5.	Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
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Faulkner 1



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Carol	2. Surname (Last Name) Faulkner	3. Date 31-May-2017						
4. Are you the corresponding author?	Are you the corresponding author?  Yes No							
5. Manuscript Title "Yoga, Physical Therapy, or Education f	5. Manuscript Title "Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial"							
6. Manuscript Identifying Number (if you kr M16-2579	now it)							
Section 2. The Work Under Co	onsideration for Publication							
	ive payment or services from a third party (government, co y but not limited to grants, data monitoring board, study d est? Yes V No							
Section 3. Relevant financial	activities outside the submitted work.							
of compensation) with entities as descri	In the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b> est?	add as many lines as you need by						
Section 4. Intellectual Proper	ity Datonte & Consuints							
intellectual Proper	rty Patents & Copyrights							
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? Yes 🗸 No						

Faulkner 2



Section 5. Relationships not severed above
Relationships not covered above
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Carol Faulkner has nothing to disclose.

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Faulkner 3



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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#### Definitions.

Weinberg

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**Royalties:** Funds are coming in to you or your institution due to your patent

1

administrative support, etc.



Section 1.	dentifying Informa	ntion						
1. Given Name (First l Janice	Given Name (First Name)  Janice		2. Surname (Last Name) Weinberg		3. Date 27-April-2017			
4. Are you the corres	4. Are you the corresponding author?		☐ Yes    ✓ No		Corresponding Author's Name Robert Saper			
5. Manuscript Title Yoga, Physical Ther	apy, or Education for	Chronic Lov	w Back Pain: /	\ Randomize	ed Contro	lled Noninferiori	ty Trial	
6. Manuscript Identif M16-2579	ying Number (if you kno	w it)						
Section 2. T	he Work Under Co	nsideratio	on for Publi	cation				
any aspect of the substatistical analysis, etc Are there any relevant If yes, please fill out	ution <b>at any time</b> receiv mitted work (including k :.)? ant conflicts of interes the appropriate infor removed by pressing	out not limite et? Yearmation below	ed to grants, da s No ow. If you hav	ita monitoring	g board, st	udy design, manus	script preparation,	
Name of Institution	n/Company	Grant		n-Financial upport	Other?	Comments		
NIH		<b>✓</b>				Funding agency		
Section 3.	elevant financial a	ctivities o	utside the	submitted	work.			
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Section 4. Ir	ntellectual Propert	y Paten	ts & Copyri	ghts				
Do you have any pa	itents, whether plann	ed, pending	g or issued, b	oadly releva	nt to the	work? Yes	✓ No	

Weinberg 2



Section 5. Polationships not sovered above
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Sortion 6
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Weinberg reports grants from NIH, during the conduct of the study; .

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Weinberg 3



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Sherman 1



Section 1.	Identifying Inform	ation						
1. Given Name (First Name) Karen		2. Surname (Last Name) Sherman			3. Date 27-April-2017			
4. Are you the corresponding author?		☐ Yes ✓ No		-	Corresponding Author's Name Robert B. Saper			
5. Manuscript Title Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority			ity Trial					
6. Manuscript Ider M16-2579	ntifying Number (if you kno	ow it)						
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Section 2.	The Work Under Co	nsiderati	on for Publ	lication				
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	etitution <b>at any time</b> receive ubmitted work (including etc.)? evant conflicts of interes out the appropriate info be removed by pressing	but not limit st?	ted to grants, one of the second seco	data monitoring	g board, st	udy design, manus	script preparation,	
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National Institutes of Health		$\checkmark$				received funds fro	om NIH grant	
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Section 4.	Intellectual Propert	ty Pater	nts & Copyr	ights				
Do you have any	patents, whether plann	ed, pendin	g or issued, l	oroadly releva	ant to the	work? Yes	✓ No	

Sherman 2



Section 5.				
Section 5.	Relationships not covered above			
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.			
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1

gardiner



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1. Given Name (First Name) paula	2. Surname (Last Name) gardiner	3. Date 27-April-2017			
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name rob saper			
5. Manuscript Title Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial"					
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Section 3. Polyvant financial					
Place a check in the appropriate boxes of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.			
Section 4. Intellectual Prope	rty Patents & Copyric	yhts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

gardiner 2



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Dr. gardiner has nothing to disclose.				

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Cerrada 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Christian		2. Surname (Last Name) Cerrada		3. Date 01-May-2017
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nan Robert Saper, MD, MPH	ne
5. Manuscript Title Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial			oninferiority Trial	
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Section 3.	Relevant financial	activities outside the s	submitted work	
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that wer	ether you have financial rela se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	ahts	
Do you have any			roadly relevant to the work?	☐ Yes 🗸 No

Cerrada 2



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