

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pelin

2. Surname (Last Name)
Batur

3. Date
24-June-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians

6. Manuscript Identifying Number (if you know it)

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Dr. Batur has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Cooney

3. Date
01-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Amir Qaseem MD, PhD, MHA, FACP

5. Manuscript Title
"Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians"

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Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Crandall

3. Date
13-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) nick	2. Surname (Last Name) fitterman	3. Date 25-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians"	_____	
6. Manuscript Identifying Number (if you know it) M19 3602	_____	

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1. Given Name (First Name) Mary Ann	2. Surname (Last Name) Forcica	3. Date 25-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Non pharm management of acute low back pain		
6. Manuscript Identifying Number (if you know it) M19-3602		

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Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lauri

2. Surname (Last Name)
Hicks

3. Date
30-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
"Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians"

6. Manuscript Identifying Number (if you know it)
M19-3602

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Hicks has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) carrie	2. Surname (Last Name) horwitch	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Non-pharmacologic and pharmacologic management of acute pain for low back pain		
6. Manuscript Identifying Number (if you know it) M19-3602		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. horwitch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Devan	2. Surname (Last Name) Kansagara	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians		
6. Manuscript Identifying Number (if you know it) M19-3602		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kenneth

2. Surname (Last Name)

Lin

3. Date

22-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians

6. Manuscript Identifying Number (if you know it)

M19-3602

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Lin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
MICHAEL

2. Surname (Last Name)
MAROTO

3. Date
10-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians

6. Manuscript Identifying Number (if you know it)
M19-3602

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) McLean	3. Date 05-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians		
6. Manuscript Identifying Number (if you know it) M19-3602		

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Dr. McLean has nothing to disclose.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Reem	2. Surname (Last Name) Mustafa	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mustafa has nothing to disclose.

Evaluation and Feedback

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ICMJE DISCLOSURE FORM

Date: Updated Jan 31 2023 for work e-published August 18 2020

Your Name: Reem Mustafa

Manuscript Title: Nonpharmacologic and Pharmacologic Management of Acute Pain From Non–Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline From the American College of Physicians and American Academy of Family Physicians.

Manuscript Number (if known): _____

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								
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%;">The work for this manuscript was funded by ACP but I did not receive any funding</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	The work for this manuscript was funded by ACP but I did not receive any funding				Click the tab key to add additional rows.	
The work for this manuscript was funded by ACP but I did not receive any funding								
Click the tab key to add additional rows.								
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">ASH</td> <td style="width: 40%;">Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.</td> </tr> <tr> <td>ACR</td> <td>Conducting systematic reviews. This work is unrelated to this article.</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical</td> </tr> </table>	ASH	Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.	ACR	Conducting systematic reviews. This work is unrelated to this article.	Boehringer Ingelheim	I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical
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		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)
			Center Research institute which manages grants for the University of Kansas Medical Center. My salary and compensations were not funded by this grant. This work is unrelated to this article.
		The National Institute of Diabetes and Digestive and Kidney Disease, U54 Polycystic Kidney Disease Research and Resources consortium (PKD-RRC). Role: Co- Investigator, Co-Director of the clinical core.	Role: Co- Investigator, Co-Director of the clinical core. This work is unrelated to this article.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		WHO	Methodological support. This work is unrelated to this article.
		Evidence foundation	Methodological support. This work is unrelated to this article.
		AGA	Evidence reviews and methodological support. This work is unrelated to this article.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Evidence foundation	Honoraria for teaching. This work is unrelated to this article.
		ICER	Honoraria for public meetings. This work is unrelated to this article.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Boehringer Ingelheim	Travel to Duke Clinical Research Institute. This work is unrelated to this article.

		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)
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	
		The SURVENT trial- NIH	This work is unrelated to this article.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Evidence Foundation- Board of Directors	This work is unrelated to this article.
		Medical Advisory Board- NKF	This work is unrelated to this article.
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	
		Methods committee- KDIGO	This work is unrelated to this article.
		Clinical Guideline Committee-CSN	This work is unrelated to this article.
		Chair- ICER Midwest CEPAC	This work is unrelated to this article.

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) O'Gurek	3. Date 22-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians		
6. Manuscript Identifying Number (if you know it) M19-3602		

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Dr. O'Gurek has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amir

2. Surname (Last Name)
Qaseem

3. Date
24-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians

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Dr. Qaseem has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Janice

2. Surname (Last Name)
Tuft

3. Date
24-June-2020

4. Are you the corresponding author? Yes No

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Dr. Tufte has nothing to disclose.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sandeep	2. Surname (Last Name) Vijan	3. Date 16-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians		
6. Manuscript Identifying Number (if you know it) M19-3602		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 following relationships/conditions/circumstances are present (explain below):
- 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.

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. Vijan has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Williams	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qaseem A
5. Manuscript Title Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline from the American College of Physicians and American Academy of Family Physicians		
6. Manuscript Identifying Number (if you know it) M19-3602		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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Dr. Williams has nothing to disclose.

Evaluation and Feedback

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