

#### **Instructions**

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Batur 1



| Section 1. Identifying Inform   | mation                           |  |  |
|---|----------------------------------|--|--|
| 1. Given Name (First Name)<br>Pelin   | 2. Surname (Last Name)<br>Batur  | 3. Date<br>24-June-2020  |  |
| 4. Are you the corresponding author?  | Yes ✓ No                         | Corresponding Author's Name  |  |
| _   | merican College of Physicia      | e Pain from Non-Low Back, Musculoskeletal Injuries in<br>ns and American Academy of Family Physicians                              |  |
| Section 2. The Work Under 0   | Consideration for Public         | ation  |  |
|   | g but not limited to grants, dat | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation, |  |
| Section 3. Relevant financia  | l activities outside the s       | ubmitted work.   |  |
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| Section 4. Intellectual Prope   | erty Patents & Copyrig           | hts  |  |
| Do you have any patents, whether pla  |                                  |  |  |

Batur 2



| Section 5. Polationships not severed above   |
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| Dr. Batur has nothing to disclose.   |

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Cooney 1



| Section 1.  | Identifying Inform       | nation                           |  |
|---|--------------------------|----------------------------------|--|
| 1. Given Name (Fii<br>Thomas  | rst Name)                | 2. Surname (Last Name)<br>Cooney | 3. Date<br>01-July-2020  |
| 4. Are you the cor  | responding author?       | ☐ Yes ✓ No                       | Corresponding Author's Name<br>Amir Qaseem MD, PhD, MHA, FACP  |
| Adults: A Clinical  | ogical and Pharmacolo    | nerican College of Physicia      | ate Pain from Non-Low Back, Musculoskeletal Injuries in ans and American Academy of Family Physicians"                             |
| M19-3602  |                          |                                  |  |
| Section 2.  | The Work Under Co        | onsideration for Publi           | cation   |
| any aspect of the s<br>statistical analysis,  | ubmitted work (including | but not limited to grants, da    | n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3.  |                          |                                  |  |
| Dettion 5.  | Relevant financial       | activities outside the           | submitted work.  |
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|   | l                        |                                  |  |
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| Do you have any   | patents, whether plan    | ned, pending or issued, b        | roadly relevant to the work? Yes V No  |

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| Section 5. Belationships not solvered above  |  |  |  |  |
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Crandall 1



| Section 1. Identifying Information  |     |  |  |
|---|-----|--|--|
| 1. Given Name (First Name) 2. Surname (Last Name) 3. Date Carolyn Crandall 13-February-2020   |     |  |  |
| 4. Are you the corresponding author?  Yes  Yes  Corresponding Author's Name  Amir Qaseem  |     |  |  |
| 5. Manuscript Title<br>Non-Pharmacological and Pharmacological Management of Acute Pain from Non-Low Back, Musculoskeletal Injuries in<br>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 <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) 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   | for |  |  |
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| Intellectual Property Patents & Copyrights  |     |  |  |

Crandall 2



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fitterman 1



| Section 1.  | Identifying Inform      | ation                            |   |   |
|---|-------------------------|----------------------------------|---|---|
| 1. Given Name (Firs   | t Name)                 | 2. Surname (Last Name) fitterman |   | 3. Date<br>25-June-2020   |
| 4. Are you the corre  | esponding author?       | Yes ✓ No                         | Corresponding Author's Nar                                      | me  |
| Adults: A Clinical C<br>6. Manuscript Ident   | _                       | erican College of Physicia       | te Pain from Non-Low Back<br>ns and American Academy            | , Musculoskeletal Injuries in of Family Physicians"                   |
| M19 3602  |                         |                                  | -   |   |
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| any aspect of the sul<br>statistical analysis, e  | bmitted work (including | but not limited to grants, da    | a third party (government, cor<br>ta monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation, |
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fitterman 2



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| 4. Are you the cor  | responding author?         | Yes ✓ No                          | Corresponding Author's Name Amir Quaseem   |
| 5. Manuscript Title<br>Non pharm man  | e<br>agement of acute low  | back pain                         |  |
| 6. Manuscript Ider<br>M19-3602  | ntifying Number (if you kr | now it)                           |  |
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| Dr. Forciea has nothing to disclose.  |  |  |  |

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Forciea 3



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Hicks 1



| Section 1.  | Identifying Inform         | nation                          |  |
|---|----------------------------|---------------------------------|--|
| 1. Given Name (Fi<br>Lauri  | rst Name)                  | 2. Surname (Last Name)<br>Hicks | 3. Date<br>30-June-2020  |
| 4. Are you the cor  | responding author?         | Yes ✓ No                        | Corresponding Author's Name<br>Amir Qaseem   |
|   | ogical and Pharmacolo      |                                 | te Pain from Non-Low Back, Musculoskeletal Injuries in ns and American Academy of Family Physicians"                               |
| 6. Manuscript Ide<br>M19-3602   | ntifying Number (if you kr | now it)                         |  |
|   |                            |                                 |  |
| Section 2.  | The Work Under Co          | onsideration for Public         | ation  |
| any aspect of the s<br>statistical analysis,  | submitted work (including  | but not limited to grants, da   | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation, |
| Section 3.  | Relevant financial         | activities outside the s        | ubmitted work.   |
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| Section 4.  | Intellectual Proper        | rty Patents & Copyrig           | ıhts   |
| Do you have any   |                            |                                 | oadly relevant to the work? ☐ Yes ✓ No   |

Hicks 2



| Section 5. Polationships not sovered above  |           |  |  |  |
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| Relationships not covered above   |           |  |  |  |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appeara potentially influencing, what you wrote in the submitted work?   | nce of    |  |  |  |
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horwitch 1



| Section 1. Identifying Inform                            | nation  |  |
|--|---|--|
| Given Name (First Name)  carrie                          | 2. Surname (Last Name)<br>horwitch                            | 3. Date<br>02-July-2020  |
| 4. Are you the corresponding author?                     | Yes Vo  | Corresponding Author's Name Amir Qaseem  |
| 5. Manuscript Title<br>Non-pharmacologic and pharmacolog | ic management of acute pa                                     | ain for low back pain  |
| 6. Manuscript Identifying Number (if you k<br>M19-3602   | now it)   |  |
|  |   |  |
| Section 2. The Work Under C                              | Consideration for Public                                      | cation   |
|  | g but not limited to grants, da                               | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,   |
| Section 3. Relevant financial                            | activities outside the s                                      | submitted work.  |
| of compensation) with entities as desc                   | ribed in the instructions. Use<br>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 re present during the 36 months prior to publication. |
| Section 4. Intellectual Prope                            |   |  |
| Intellectual Prope                                       | rty Patents & Copyrig   | ghts   |
| Do you have any patents, whether plan                    | nned, pending or issued, br                                   | oadly relevant to the work? Yes V No   |

horwitch 2



| Section 5. Polationships not sovered above   |
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| Relationships not covered above  |
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Kansagara 1



| Section 1. Identifying Inform                       | nation   |   |
|---|--|---|
| 1. Given Name (First Name)<br>Devan                 | 2. Surname (Last Name)<br>Kansagara                              | 3. Date<br>24-June-2020   |
| 4. Are you the corresponding author?                | ☐ Yes ✓ No   | Corresponding Author's Name<br>Amir Qaseem  |
|   | nerican College of Physicia                                      | e Pain from Non-Low Back, Musculoskeletal Injuries in ns and American Academy of Family Physicians  |
| Section 2. The Work Under Co                        | onsideration for Public  | tation  |
| Did you or your institution <b>at any time</b> rece | ive payment or services from<br>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            | ibed in the instructions. Us<br>port relationships that wer<br>— | ether you have financial relationships (regardless of amount<br>se one line for each entity; add as many lines as you need by<br>e <b>present during the 36 months prior to publication</b> . |
| Section 4. Intellectual Proper                      | to Determine O. Comming  |   |
| Intellectual Proper                                 | rty Patents & Copyrig  | ints ———  |
| Do you have any patents, whether plan               | ned, pending or issued, br                                       | oadly relevant to the work? Yes V No  |

Kansagara 2



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|--|
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Lin 1



| Section 1. Iden  | tifying Information  |                      |   |   |
|--|--|----------------------|---|---|
| 1. Given Name (First Name<br>Kenneth                     | e) 2. Surnar<br>Lin  | ne (Last Name)       |   | 3. Date<br>22-July-2020   |
| 4. Are you the correspond                                | ling author? Yes   | ✓ No                 | Corresponding Author's Nan                                  | me  |
|  |  |                      | Pain from Non-Low Back,<br>as and American Academy          | Musculoskeletal Injuries in of Family Physicians  |
| <ol><li>6. Manuscript Identifying<br/>M19-3602</li></ol> | Number (if you know it)  |                      |   |   |
|  |  |                      |   |   |
| Section 2. The V   | Work Under Considera   | ion for Publica      | ation   |   |
| Did you or your institution                              | at any time receive paymened work (including but not lim                                     | t or services from a | third party (government, cor                                | mmercial, private foundation, etc.) for<br>sign, manuscript preparation,                            |
| Section 3. Relev   | vant financial activities  | outside the su       | ubmitted work   |   |
| Place a check in the app<br>of compensation) with e      | oropriate boxes in the table<br>entities as described in the<br>c. You should report relatio | to indicate whe      | ther you have financial rela<br>one line for each entity; a | ationships (regardless of amount<br>dd as many lines as you need by<br>conths prior to publication. |
| Section 4. Intell  | ectual Property Pate   | nts & Copyrigl       | hts   |   |
| Do you have any patent                                   | s, whether planned, pendi  | ng or issued, bro    | adly relevant to the work?                                  | Yes ✓ No  |

Lin 2



| Section 5.                 | Relationships not covered above  |
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|                            | Relationships not covered above  |
|                            | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?   |
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MAROTO 1



| Section 1.   | Identifying Inform   | nation   |   |   |                        |                      |
|--|--|--|---|---|------------------------|----------------------|
| 1. Given Name (Fi<br>MICHAEL                         | rst Name)  | 2. Surname (La   | ast Name)                                     |   | 3. Date<br>10-July-202 | 20                   |
| 4. Are you the cor                                   | responding author?   | ✓ Yes  | No  |   |                        |                      |
|  | e<br>ogical and Pharmacolog<br>I Guideline from the An   |  |   |   |                        |                      |
| 6. Manuscript Ide<br>M19-3602                        | ntifying Number (if you kr   | now it)  |   |   |                        |                      |
|  |  |  |   |   |                        |                      |
| Section 2.   | The Work Under C   | onsideration   | for Publication                               |   |                        |                      |
| any aspect of the s<br>statistical analysis,         | stitution <b>at any time</b> rece<br>submitted work (including<br>etc.)?<br>evant conflicts of intere  | but not limited t  |   |   |                        |                      |
| Section 3.   | Relevant financial   | activities out   | cido the cubusitte                            | d work                                    |                        | ı                    |
| Place a check in a of compensation clicking the "Add | the appropriate boxes in with entities as described +" box. You should repeated to the conflicts of interesting the conflicts of interesting the conflicts of t | n the table to ir<br>bed in the instr<br>port relationship | ndicate whether you<br>ructions. Use one line | have financial rela<br>for each entity; a | dd as many             | lines as you need by |
| Section 4.   | Intellectual Proper  | ty Patents a   | & Copyrights                                  |   |                        |                      |
| Do you have any                                      | patents, whether plan  | <u> </u>   |   | vant to the work?                         | Yes                    | ✓ No                 |

MAROTO 2



| Section 5.                   |  |
|------------------------------|--|
| Re                           | elationships not covered above   |
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| Yes, the following           | g relationships/conditions/circumstances are present (explain below):  |
| ✓ No other relation          | ships/conditions/circumstances that present a potential conflict of interest   |
|                              | script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>s may ask authors to disclose further information about reported relationships. |
| Section 6. Di                | sclosure Statement   |
| Based on the above of below. | disclosures, this form will automatically generate a disclosure statement, which will appear in the box  |
| Dr. MAROTO has not           | thing to disclose.   |

#### **Evaluation and Feedback**

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

MAROTO 3



#### **Instructions**

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## 4. Intellectual Property.

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

McLean 1



| Section 1.  | Identifying Inform   | ation  |   |
|---|--|--|---|
| 1. Given Name (Fi<br>Robert                                       | rst Name)  | 2. Surname (Last Name)<br>McLean                           | 3. Date<br>05-July-2020   |
| 4. Are you the cor  | responding author?   | Yes ✓ No   | Corresponding Author's Name<br>Amir Qaseem  |
| Adults: A Clinical  | ogical and Pharmacolog   | nerican College of Physicia                                | e Pain from Non-Low Back, Musculoskeletal Injuries in<br>ns and American Academy of Family Physicians   |
| Section 2.  | The Work Under Co  | onsideration for Public                                    | ation   |
| any aspect of the s<br>statistical analysis,<br>Are there any rel | stitution <b>at any time</b> recei<br>ubmitted work (including | ive payment or services from but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,  |
| Section 3.  | Relevant financial   | activities outside the s                                   | ubmitted work.  |
| of compensation clicking the "Add                                 | ı) with entities as descri                                     | bed in the instructions. Us<br>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 e present during the 36 months prior to publication. |
| Section 4.  | Intellectual Proper  | ty Patents & Copyrig                                       | hts   |
| Do you have any   | patents, whether plan  | ned, pending or issued, br                                 | oadly relevant to the work? ☐ Yes ✓ No  |

McLean 2



| Section 5. Polationships 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?   |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest   |
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| Section 6. Disclosure Statement   |
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| Dr. McLean has nothing to disclose.   |

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McLean 3



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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

Mustafa 1



| Section 1. Identify  | ring Information  |   |
|--|---|---|
| 1. Given Name (First Name)<br>Reem   | 2. Surname (Last Nam<br>Mustafa   | 3. Date<br>24-June-2020   |
| 4. Are you the corresponding   | author? Yes V   | Corresponding Author's Name   |
|  | from the American College of Phy  | Acute Pain from Non-Low Back, Musculos celescal Injuries in visicians and American Academy of Tamily Paysicians   |
|  |   |   |
| Section 2. The Wo  | k Under Consideration for Pu  | ublication  |
| any aspect of the submitted w<br>statistical analysis, etc.)?<br>Are there any relevant conf | ork (including but not limited to grant                                       | from a third party (government, commercial, private foundation, etc.) for the data monitor proboard, study design, manuscript preparation,  |
| Section 3. Relevan   | t financial activiers of tside the  | he submitted work.  |
| of compensation) with enti   | ties as described in the instructions<br>ou should in port relationships that | e whether you have financial relationships (regardless of amount as. Use one line for each entity; add as many lines as you need by a were <b>present during the 36 months prior to publication</b> . |
| Section 4 Intelle  | al Property Patents & Cop   | vrights   |
| Interies   | Jan Property Tracents & Cop   |   |
| Do you have a coat ofts, w   | hether planned, pending or issued   | d, broadly relevant to the work? Yes V No   |

Mustafa 2



| Section 5. Polotional in a 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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| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, up late their declosure statements. On occasion, journals may ask authors to disclose further information about reported records and some statements. |
| Section 6. Disclosure Statement   |
| Based on the above disclosures, this form will automatically generate attaclosure statement, which will appear in the box below.  |
| Dr. Mustafa has nothing to disclose.  |
| Evaluation and Fe 20  |
| Please visit http://www.html.completing this form.  |

Mustafa 3

#### **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):  |   |  |
| content of your manuscript. "Rela<br>affected by the content of the ma | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily 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, | None  The work for this manuscript was funded by ACP but I did not receive any funding       |  |
| medical writing, article processing charges, etc.) No time limit for this item. |  |  | Click the tab key to add additional rows.  |
|   |  | Time frame: past 36 month  | าร   |
| 2   | Grants or contracts from   | □ None   |  |
|   | any entity (if not indicated in item #1 above).                                      | 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 |

|   |  | 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)   |
|---|--|---|---|
|   |  | 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. | 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.  Role: Co- Investigator, Co-Director of the clinical core. This work is unrelated to this article. |
| 3 | Royalties or<br>licenses   | None None   |   |
| 4 | Consulting fees  | □ None  WHO  Evidence foundation  AGA   | Methodological support. This work is unrelated to this article.  Methodological support. This work is unrelated to this article.  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 | None  Evidence foundation  ICER   | Honoraria for teaching. This work is unrelated to this article.  Honoraria for public meetings. This work is unrelated to this article.   |
| 6 | Payment for expert testimony   | None  |   |
| 7 | Support for<br>attending<br>meetings and/or<br>travel  | 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,<br>issued or<br>pending   | None  |   |  |
| 9   | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board  | The SURVENT trial- NIH  | This work is unrelated to this article.   |  |
| 10  | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid    | Evidence Foundation- Board of Directors  Medical Advisory Board- NKF  | This work is unrelated to this article. This work is unrelated to this article.   |  |
| 11  | Stock or stock<br>options  | None  |   |  |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                       | None  |   |  |
| 13  | Other financial or<br>non-financial<br>interests   | Methods committee- KDIGO Clinical Guideline Committee-CSN Chair- ICER Midwest CEPAC   | This work is unrelated to this article. This work is unrelated to this article. 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. |  |   |   |  |
|   | The certify that i have answered every question and have not altered the wording of any of the questions on this form. |   |   |  |

3 12/13/2021 ICMJE Disclosure Form



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1

O'Gurek



| Section 1.  | Identifying Inform         | nation                            |   |  |
|---|----------------------------|-----------------------------------|---|--|
| 1. Given Name (Fi<br>David  | rst Name)                  | 2. Surname (Last Name)<br>O'Gurek | 3. Date<br>22-July-2020   |  |
| 4. Are you the cor  | responding author?         | Yes ✓ No                          | Corresponding Author's Name<br>Amir Qaseem  |  |
|   | ogical and Pharmacolog     |                                   | e Pain from Non-Low Back, Musculoskeletal Injuries in<br>ns and American Academy of Family Physicians |  |
|   | ntifying Number (if you kr |                                   | , , ,   |  |
|   |                            |                                   |   |  |
| Section 2.  | The Work Under Co          | onsideration for Public           | ation   |  |
| Did you or your institution <b>at any time</b> 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 s          | ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |                            |                                   |   |  |
| Section 4.  | Intellectual Proper        | rty Patents & Copyrig             | ıhts  |  |
| Do you have any   |                            |                                   | oadly relevant to the work? Yes V No  |  |

O'Gurek 2



| Section 5. Relationships not sovered above   |
|--|
| Relationships not covered above  |
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| Dr. O'Gurek has nothing to disclose.   |

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O'Gurek 3



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Qaseem 1



| Section 1.  | Identifying Inform  | ation                            |                              |                         |
|---|---------------------|----------------------------------|------------------------------|-------------------------|
| 1. Given Name (Fi<br>Amir   | rst Name)           | 2. Surname (Last Name)<br>Qaseem |                              | 3. Date<br>24-June-2020 |
| 4. Are you the cor  | responding 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   |                     |                                  |                              |                         |
|   | l                   |                                  |                              |                         |
| Section 2.  | The Work Under Co   | onsideration for Publi           | cation                       |                         |
| Did you or your institution <b>at any time</b> 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |                     |                                  |                              |                         |
| Section 4.  | Intellectual Proper | ty Patents & Copyri              | ghts                         |                         |
| Do you have any   |                     |                                  | roadly relevant to the work? | ? ☐ Yes 🗸 No            |

Qaseem 2



| Section 5. Polationships not sovered above   |
|--|
| Relationships not covered above  |
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| Dr. Qaseem has nothing to disclose.  |

## **Evaluation and Feedback**

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Qaseem 3



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### 3. Relevant financial activities outside the submitted work.

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# 4. Intellectual Property.

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

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Tufte 1



| Section 1.  | Identifying Inform     | ation  |                         |  |
|---|------------------------|--|-------------------------|--|
| 1. Given Name (Fi   | rst Name)              | 2. Surname (Last Name)<br>Tufte                    | 3. Date<br>24-June-2020 |  |
| 4. Are you the cor  | responding 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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| Did you or your institution <b>at any time</b> 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   |                        |  |                         |  |
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| Section 4.  | Intellectual Proper    | ty Patents & Copyrights                            |                         |  |
| Do you have any   | patents, whether plani | ned, pending or issued, broadly relevant to the wo | rk? Yes 🗸 No            |  |

Tufte 2



| Section 5. Relationships not sovered above   |
|--|
| Relationships not covered above  |
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| Disclosure statement   |
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Vijan 1



| Section 1. Identifying Inform   | nation  |   |  |
|---|---|---|--|
| 1. Given Name (First Name)<br>Sandeep   | 2. Surname (Last Name)<br>Vijan                               | 3. Date<br>16-July-2020   |  |
| 4. Are you the corresponding author?  | Yes ✓ No  | Corresponding Author's Name   |  |
|   | nerican College of Physicia                                   | e Pain from Non-Low Back, Musculoskeletal Injuries in<br>ns and American Academy of Family Physicians                             |  |
| Section 2. The Work Under Co  | onsideration for Public                                       | ation   |  |
| Did you or your institution <b>at any time</b> rece   | ive payment or services from a but not limited to grants, dat | a third party (government, commercial, private foundation, etc.) for<br>a monitoring board, study design, manuscript preparation, |  |
| Section 3. Relevant financial   | activities outside the s                                      | ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |   |   |  |
| Section 4. Intellectual Proper  | rty Patents & Copyrig   | hts   |  |
|   |   |   |  |
| Do you have any patents, whether plan   | nea, penaing or issued, bro                                   | oadly relevant to the work? ☐ Yes ✓ No  |  |

Vijan 2



| Section 5. Polationships not solvered above   |                                    |
|---|------------------------------------|
| Relationships not covered above   |                                    |
| Are there other relationships or activities that readers could perceive to have influenced, potentially influencing, what you wrote in the submitted work?                          | or that give the appearance of     |
| Yes, the following relationships/conditions/circumstances are present (explain below  | <i>y</i> ):                        |
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| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessa On occasion, journals may ask authors to disclose further information about reported rel |                                    |
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Williams 1



| Section 1.  | Identifying Inform  | ation                              |   |                         |
|---|---------------------|------------------------------------|---|-------------------------|
| 1. Given Name (First Name)<br>John  |                     | 2. Surname (Last Name)<br>Williams |   | 3. Date<br>24-June-2020 |
| 4. Are you the corresponding author?  |                     | Yes ✓ No                           | Corresponding Author's Name<br>Qaseem A |                         |
| 5. Manuscript Title<br>Non-Pharmacological and Pharmacological<br>Adults: A Clinical Guideline from the Americ  |                     |                                    |   |                         |
| 6. Manuscript Identifying Number (if you know it) M19-3602  |                     |                                    |   |                         |
|   | ı                   |                                    |   |                         |
| Section 2. The Work Under Consideration for Publication   |                     |                                    |   |                         |
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| Section 3.  | Relevant financial  | activities outside the s           | ubmitted work.                          |                         |
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| Section 4.  | Intellectual Duaman | tu. Datanta 8 Cannia               | .lasa                                   |                         |
|   | intellectual Proper | ty Patents & Copyrig               | nts                                     |                         |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |                     |                                    |   |                         |

Williams 2



| Section 5. Relationships not sovered above   |  |  |  |  |
|--|--|--|--|--|
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