

## ICMJE DISCLOSURE FORM

**Date:** July 11<sup>th</sup> 2021

**Your Name:** Ali Timucin Atayoglu

**Manuscript Title:** Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Scientific Office, U-merge Ltd.	

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

The author reports that he is from Scientific Office, U-merge Ltd.

**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form

# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Serhat Korhan

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

Manuscript number (if known):

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Erkan Temizkan

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

Manuscript number (if known):

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Mehmet Bora Emenli

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Halil Koc

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Demet Ucar

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

Manuscript number (if known):

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Amine Atac

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Metin Turan

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

Manuscript number (if known):

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# ICMJE DISCLOSURE FORM

Date: August 4<sup>th</sup>, 2020

Your Name: Muharrem Guner

Manuscript Title: Short-term Efficacy of Spinal Manipulation in addition to pharmacological treatment of Acute Low Back Pain in the Emergency Department: A randomized controlled trial

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