

# ICMJE DISCLOSURE FORM

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**Date:** 26. februar 2021

**Your name:** Anne Møller

**Manuscript title:** Lænderygsmerter. Paradigmeskifte I forståelse og behandling

**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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**Date:** 29. maj 2025

**Your name:** Berit Schiøttz-Christensen

**Manuscript title:** Lænderygsmerter. Paradigmeskifte I forståelse og behandling

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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	
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**Date:** 29. maj 2025

**Your name:** Jan Hartvigsen

**Manuscript title:** Lænderygsmerter. Paradigmeskifte I forståelse og behandling

**Manuscript number** (if known):

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	JH holds grants from Danish and international foundations and funding sources: Danish Strategic Research Council, The European Union Horizon Program, Danish Regions, Dutch Belgian Research Institute, Swiss Science Foundation, Danish Ministry of Higher Education,

			ZonMw Dutch Healthfunding Agency. JH does not hold grants or contracts from any private companies.
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	JH have received payments for lectures for professional organizations and conferences including private companies Dansk Sundhedssikring, FysioDanmark and Pension Danmark. No single payments above 5000 DKR, all payments made to University of Southern Denmark.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	JH has received reimbursement for travel (train and flight) and accommodation (hotel 1 or 2 nights) in connection with invited lectures from Danish Regions, World Congress for Low Back and Pelvic Pain, British Columbia Chiropractic Association, Norwegian Chiropractic Association, Swedish Chiropractic Association, International McKenzie Association, Sportscongress, Steno Diabetes Center Copenhagen, Norwegian National Musculoskeletal Network
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	JH is on advisory boards for: Chronic non-cancer pain issues in Denmark: Epidemiological aspects, prevention, and interpretation. Project funded by Novo Nordisk Foundation. No honoraria. PRIME Back Study A multilevel intervention for low back pain in primary care. Project funded by Swiss National Science Foundation. . No honoraria. SALuBRITY: Spinal manipulation versus lumbar nerve root injections. A randomized clinical trial. Funded by the Swiss National Science Foundation. No honoraria.

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
			JH is on the International Executive Committee for the Forum for Research in Back and Neck Pain in Primary Care
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	
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**Date:** 26. februar 2021

**Your name:** Nanna Rolving

**Manuscript title:** Lænderygsmerter. Paradigmeskifte i forståelse og behandling

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Municipality of Køge	Honoraria for lecture on evidence-based practice
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Danish Physiotherapy Association	Chairman of steering committee for "Enhed for Kvalitet og Modernisering". Paid role, paid to my employer (Aarhus University Hospital)
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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