

ICMJE DISCLOSURE FORM

Date: Aug. 30th, 2023

Your Name: Ni Liu

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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)
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.	<u>Ni Liu</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Ni Liu</u> None	
3	Royalties or licenses	<u>Ni Liu</u> None	
4	Consulting fees	<u>Ni Liu</u> None	

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

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

None.

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

Ni Liu 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: Aug. 30th, 2023

Your Name: Wenying Wu

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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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.	<u>Wenying Wu</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Wenying Wu</u> None	
3	Royalties or licenses	<u>Wenying Wu</u> None	
4	Consulting fees	<u>Wenying Wu</u> None	

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

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

None.

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

Wenying Wu 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: Aug. 30th, 2023

Your Name: Zhuqiao Chen

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yabao Pharmaceutical Group Co.,Ltd.	Employee
3	Royalties or licenses	None	

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

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

Zhuqiao Chen is the employee of Yabao Pharmaceutical Group Co.,Ltd.

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

Zhuqiao Chen 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: Aug. 30th, 2023

Your Name: Jieying Hu

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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

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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.	<u>Jieying Hu</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Jieying Hu</u> None	
3	Royalties or licenses	<u>Jieying Hu</u> None	
4	Consulting fees	<u>Jieying Hu</u> None	

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

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

None.

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

Jieying Hu 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: Aug. 30th, 2023

Your Name: Feng Yang

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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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.	<u>Feng Yang</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Feng Yang</u> None	
3	Royalties or licenses	<u>Feng Yang</u> None	
4	Consulting fees	<u>Feng Yang</u> None	

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

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

None.

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

Feng Yang 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: Aug. 30th, 2023

Your Name: Zhou Yu

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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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.	<u>Zhou Yu</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Zhou Yu</u> None	
3	Royalties or licenses	<u>Zhou Yu</u> None	
4	Consulting fees	<u>Zhou Yu</u> None	

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

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

None.

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

Zhou Yu 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: Aug. 30th, 2023

Your Name: Rongchang Chen

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

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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.	<u>Rongchang Chen</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Rongchang Chen</u> None	
3	Royalties or licenses	<u>Rongchang Chen</u> None	
4	Consulting fees	<u>Rongchang Chen</u> None	

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

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

None.

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

 Rongchang Chen 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: Aug. 30th, 2023

Your Name: Zeguang Zheng

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

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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.	<u>Zeguang Zheng</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Zeguang Zheng</u> None	
3	Royalties or licenses	<u>Zeguang Zheng</u> None	
4	Consulting fees	<u>Zeguang Zheng</u> None	

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

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None.

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

Zequang Zheng 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: Aug. 30th, 2023

Your Name: Yinhuan Li

Manuscript Title: Compliance and rehabilitation effects of Zheng’s supine rehabilitation exercise performed at home among patients with COPD.

Manuscript number JTD-23-779

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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.	<u>Yinhuan Li</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yinhuan Li</u> None	
3	Royalties or licenses	<u>Yinhuan Li</u> None	
4	Consulting fees	<u>Yinhuan Li</u> None	

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

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None.

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