**Comments**



**Chiropractic Management of Adults with Cervicogenic or Tension-Type Headaches: a Systematic Review and Clinical Practice Guideline**

You are free to comment **on as many or as few** statements as you would like. BUT please indicate the **STATEMENT ID** for your comment. We also ask that you provide citations to support your comments—see below for instructions. **PLEASE COMPLETE THIS FORM ELECTRONICALLY. DO NOT WRITE IN ANSWERS MANUALLY.**

When you have completed all your comments, please send this form as an **ATTACHMENT** to Project Coordinator Cathy Evans (cathyevans14@gmail.com ) by **April 28th, 2024**

**Your profession (place X or response in white spaces):**

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|  | DC |
|  | Other health profession; please list:  |  |
|  | I am not a health professional |

**Your location:**

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|  | U.S. State  |  |
|  | Outside U.S.; please list:  |  |

**General comments (not specific to any statement): (BOX WILL EXPAND TO ANY SIZE)**

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**Please comment on ONE statement per box. Each set of comments includes 1 box for the statement number; 1 (expandable) box for the comment(s) and 1 box for any citations.**

**YOU MAY COMMENT ON AS MANY OR FEW STATEMENTS AS YOU WISH. If you run out of boxes, please copy and paste additional boxes OR fill out an additional Comment Form.**

**EXAMPLE:**

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| **Statement ID** | G1 |
| **Comment(s)** |  |
| **Citation(s)** |  |

**Enter statement number, your comment(s) and citation(s):**

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**MORE BOXES on next page. When you are done, SAVE and email as attachment to** **cathyevans14@gmail.com** **by April 28th, 2024**

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**April 28th, 2024**

**Thank you for your input!**