**Appendix II**

The supine participant crossed and put his/her fingers behind the neck. The clinician stood opposite the side to be manipulated and sidebent the participant’s trunk toward the side of the pelvis to be manipulated, rotated the trunk in the opposite direction, and then delivered a high-velocity, low-amplitude thrust to the pelvis in a posteroinferior direction. The clinician delivered spinal manipulative therapy (SMT) to both sides in each session. A second SMT was allowed for each side if the first SMT did not yield cavitation.9