

Supplementary text #1

Regression of CPT an HPT using clinical variables as regressors

CON

The obtained regressions were not significant according to CV-ANOVA.

In detail, for the non-significant CPT regression (one predictive component; $R^2=0.25$, $Q^2=-0.07$, CV-ANOVA p-value: ns) the most important variables ($VIP>1.0$) were HADS ($VIP_{pred}=1.39$; $p(corr)=0.79$) and age ($VIP_{pred}=1.06$; $p(corr)=-0.60$) followed by PCS ($VIP_{pred}=0.88$; $p(corr)=0.50$), QOLS ($VIP_{pred}=0.79$; $p(corr)=-0.45$), and BMI ($VIP_{pred}=0.74$; $p(corr)=0.42$).

For the non-significant regression of HPT (one predictive component; $R^2=0.11$, $Q^2=-0.13$, CV-ANOVA p-value: ns) were found that age ($VIP_{pred}=1.62$; $p(corr)=0.89$) and PCS ($VIP_{pred}=1.20$; $p(corr)=-0.66$), were the most important ($VIP>1.0$) followed by QOLS ($VIP_{pred}=0.77$; $p(corr)=0.42$), HADS ($VIP_{pred}=0.58$; $p(corr)=-0.32$) and BMI ($VIP_{pred}=0.05$; $p(corr)=-0.02$).

CWP

The regression of CPT was not significant. In detail, for the non-significant CPT regression ($R^2=0.38$, $Q^2=0.06$, CV-ANOVA p-value: ns; one predictive component) HADS ($VIP_{pred}=1.47$; $p(corr)=0.78$) and QOLS ($VIP_{pred}=1.25$; $p(corr)=-0.67$), NRS-neck ($VIP_{pred}=1.04$; $p(corr)=0.56$) were the most important ($VIP>1.0$) followed by age ($VIP_{pred}=1.00$; $p(corr)=-0.53$), NRS-shoulders ($VIP_{pred}=0.88$; $p(corr)=0.47$), PCS ($VIP_{pred}=0.60$; $p(corr)=0.32$) and BMI ($VIP_{pred}=0.21$; $p(corr)=0.11$).

For the significant regression of HPT ($R^2=0.67$, $Q^2=0.41$, CV-ANOVA p-value: 0.043; one predictive component) were found that HADS ($VIP_{pred}=1.78$; $p(corr)=-0.85$), QOLS ($VIP_{pred}=1.60$; $p(corr)=0.77$), were the most important and significant variables ($VIP>1.0$) followed by BMI ($VIP_{pred}=0.81$; $p(corr)=-0.39$), NRS-shoulders ($VIP_{pred}=0.48$; $p(corr)=-0.23$), NRS-neck ($VIP_{pred}=0.43$; $p(corr)=-0.21$), PCS ($VIP_{pred}=0.34$; $p(corr)=0.16$) and age ($VIP_{pred}=0.27$; $p(corr)=0.13$).