Supplementary Table 1: Demographics and outcome measures of the trial groups at baseline

	VARIABLES	Active Control (N=10)	Yoga group (N=7)	Test significance
SOCIODEMOGRAPHICS AND POTENTIAL CONFOUNDERS	Age of the participants (mean ± SD)	23.8 ± 4.5	23.0 ± 1.8	0.667[a]
	Females, Males (n)	8,2	4,3	0.115 (0.113[c])
	Asian or Pacific Islander; Whites; Others (n)	5; 3; 2	2; 4; 1	0.529[b] (0.527[c])
	Course of study BDENT; BOH (n)	4; 6	5; 2	
	Mean duration of facial pain in months ± SD	11.7 ± 22.5	13.4 ± 22.3	0.878 [a]
	Medication for facial pain	0	0	
	Medication intake for mental health	0	0	
	Exercise and physical activity (n/total number in the group)	2/6	1/2	
PAIN	Mean characteristic pain intensity[#] (CPI1) score ± SD	22.33 ± 19.87	22.85 ± 22.96	1.0
	Mean total pain mapping area[#] (Pmap1) ± SD	7579.5 ± 6622.1	10223.21 ± 8326.54	0.601
	Mean total pain-related disability[#] ± SD	0 ± 0	0.14 ± 0.37	0.669
JAW FUNCTION	Mean jaw function limitation[#] (JFL1) score ± SD	15.9 ± 21.8	7± 7.7	0.74
ORAL HEALTH QUALITY OF LIFE	Mean oral health quality of life -14[#] (OHIP1) scores ± SD	11.6 ± 7.0	10.57 ± 8.5	0.887
PSYCHOSOCIAL FACTORS	Mean stress score in DASS[#] (DASS stress1) ± SD	8.4 ± 6.9	8.3 ± 10.2	0.669
	Mean anxiety scores in DASS[#] (DASS anxiety1) ± SD	8 ± 8.9	8.4 ± 6.9	0.813
	Mean depression scores in DASS[#] (DASS depression1) ± SD	7.8 ± 7.3	10.29 ± 11.04	0.813
	Mean pain catastrophising[#] score (PCS1) ± SD	9.5 ± 9.8	16.57 ± 9.6	0.161
	Mean pain self-efficacy[# #] score (PSEQ1) ± SD	55 ± 7.1	46.1 ± 8.8	**0.025***
CLINICAL JAW MOBILITY & JAW PAIN PARAMETERS	Mean pain free opening measurements (Painfree1) ± SD	44.2 ± 6	48.7.9 ± 11.2	0.364
	Mean maximum unassisted opening measurements (Max.unassisted1) ± SD	51.4 ± 4.1	58.5 ± 8.7	0.109
	Mean maximum assisted opening measurements (Max.assisted1) ± SD	54.1 ± 3.9	62.2 ± 8.7	**0.07***
	Mean total palpation score [#] (Palpation1) ± SD	5.2 ± 2.8	7.1 ± 4.4	0.315

Notes: p values were calculated from [a] independent t test to compare age and duration of facial pain symptoms; [b] chi square test to compare gender and ethnicity; and mann whitney test for the five core jaw muscle pain outcome measures (pain, jaw function, oral health quality of life, cognitive factors and clinical parameters of jaw mobility and pain) between yoga and active control group. Association with significance $p < 0.05$ are indicated in bold with Asterisk. Positive responses to potential confounders are reported with question on exercise and physical activity responded by 8 participants (C-6; Y-2).

[# #] Higher values indicate better status

[#] Lower values indicate better status

CORE OUTCOMES	CHANGE IN OUTCOME MEASURES (day28- day1)	GROUP	MEAN (SD)	MEDIAN (IQR)	BETWEEN-GROUP DIFFERENCE (95% CONFIDENCE INTERVAL)	TEST SIGNIFICNACE (p)
PAIN	Change in characteristic pain intensity score	C	-2.7 (14.0)	1.7 (-13.3 to 7.5)	11.6 (-11.0 to 34.3)	0.536
		Y	-14.3 (29.4)	-3.3 (-40.0 to 10.0)		
	Change in Total pain mapping area	C	-3905.4 (7539.9)	-1447.5 (-10368.0 to 951.8)	6317.9 (-1942.4 to 14578.2)	0.161
		Y	-10223.2 (8326.5)	-13495.0 (-17515.0 to 0)		
	Change in total pain-related disability	C	0.0 (0)	0.0	0.1 (-0.1 to 0.4)	0.669
		Y	-0.1 (0.4)	0.0 (0 to 0)		
JAW FUNCTION	Change in jaw function limitation score	C	-4.2 (9.4)	-1.5 (-11.0 to 1.0)	1.9 (-7.1 to 11.0)	0.601
		Y	-6.1 (7.3)	-3.0 (-15.0 to 0)		
ORAL HEALTH QUALITY OF LIFE	Change in oral health quality of life - 14 scores	C	-4.0 (2.9)	-2.0 (-6.5 to -2.0)	4.7 (-1.6 to 11.0)	0.364
		Y	-8.7 (8.8)	-8.0 (-12.0 to 0)		
PSYCHOSOCIAL FACTORS	Change in stress score in DASS	C	-3.4 (5.1)	-2.0 (-6.5 to 0.5)	-.8 (-7.6 to 5.9)	1
		Y	-2.6 (8.1)	-2.0 (-10.0 to 4.0)		
	Change in anxiety scores in DASS	C	-4.8 (7.6)	-2.0 (-8.0 to 0.0)	-3.1 (-11.6 to 5.5)	1
		Y	-1.7 (8.9)	-4.0 (-8.0 to 10.0)		
	Change in depression scores in DASS	C	-5.2 (4.9)	-5.0 (-8.0 to 0)	-1.2 (-8.4 to 6.0)	0.417
		Y	-4.0 (8.9)	0.0 (-16.0 to 2.0)		
	Change in Pain catastrophising score	C	-3.1 (3.7)	-2.0 (-5.8 to 0.0)	5.2 (-0.2 to 10.5)	0.055
		Y	-8.3 (6.7)	-8.0 (-9.0 to -3.0)		
	Change in pain self efficacy score	C	-3.2 (12.1)	0.0 (-2.8 to 3.0)	-14.3 (-25.0 to -3.7)	**<0.001***
		Y	11.1 (5.8)	12.0 (4.0 to 16.0)		
CLINICAL JAW MOBILITY & JAW PAIN PARAMETERS	Change in pain free opening measurements	C	1.5 (6.0)	2.0 (-3.5 to 6.3)	-8.7 (-16.6 to -0.8)	**0.043***
		Y	10.2 (9.4)	8.0 (4.0 to 22.0)		
	Change in maximum unassisted opening measurements	C	-0.4 (2.8)	-0.5 (-2.5 to 1.5)	-3.0 (-6.8 to 0.8)	0.161
		Y	2.6 (4.5)	1.0 (0.5 to 8.0)		
	Change in maximum assisted opening measurements	C	-0.4 (2.5)	0.0 (-1.8 to 2.0)	-1.3 (-4.3 to 1.6)	0.536
		Y	0.9 (3.3)	0.5 (-2.0 to 3.0)		
	Change in total palpation score	C	-1.8 (2.7)	-3.0 (-4.0 to 1.0)	1.8 (-2.1 to 5.7)	0.601
		Y	-3.6 (4.9)	-3.0 (-6.0 to 1.0)		
POST STUDY FEEDBACK	Benefit or harm level of intervention on -10 to 10 scale	C	3.0 (3.4)	2.0 (0 to 5.0)	-3.6 (-6.8 to -0.4)	**0.03*$_a$**
		Y	6.6 (2.4)	7.0 (4.0 to 8.0)		
	Number of days activity was performed	C	19.0 (6.1)	19.0 (14.8 to 23.8)	-6.2 (-11.6 to -0.8)	**0.027*$_a$**
		Y	25.0 (3.2)	26.0 (21.0 to 27.0)		

Supplementary Table 2: Outcome measures assessed 28-days post-intervention commencement [Primary End Point (PEP)] with N =17 (C=10; Y=7)

Notes: p values were calculated using independent t test for post study feedback outcomes indicated by $_a$ and Mann Whitney test for all other potential outcome measures for a full RCT. Associations with significance $p < 0.05$ are indicated in bold with Asterisk. Control group (C); Yoga group (Y). For the total palpation score, the pain scores on masseter and temporalis muscle palpation on both right and left side were added together and analysed. Primary End Point (PEP) is 28 days post-intervention commencement for post study feedback.

Supplementary table 3: Consort checklist for randomised pilot and feasibility trials

CONSORT CHECKLIST

Section/Topic	Item No	Extension for Pilot checklist	Reported on Page No (Pg)
Title and abstract			
	1a	Identification as a pilot or feasibility randomised trial in the title	Pg1,2 - Abstract
	1b	Structured summary of pilot trial design, methods, results, and conclusions (for specific guidance see CONSORT abstract extension for pilot trials	Pg 2,3 Abstract
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale for future definitive trial, and reasons for randomised pilot trial	Pg 5 main document
	2b	Specific objectives or research questions for pilot trial	Pg 6
Methods			
Trial design	3a	Description of pilot trial design (such as parallel, factorial) including allocation ratio	Pg 8 allocation ratio 1:1
	3b	Important changes to methods after pilot trial commencement (such as eligibility criteria), with reasons	reasons are mentioned in the results Pg 14
Participants	4a		
	4b		
	4c	How participants were identified and consented	Pg 7,8
Interventions	5		Pg 10,11
Outcomes	6a	Completely defined prespecified assessments or measurements to address each pilot trial objective specified in 2b, including how and when they were assessed	Pg 17 Table 1
	6b	Any changes to pilot trial assessments or measurements after the pilot trial commenced, with reasons	no
	6c	If applicable, prespecified criteria used to judge whether, or how, to proceed with future definitive trial	

Sample size	7a	Rationale for numbers in the pilot trial	Pg 12
	7b		
Randomisation:			
Sequence generation	8a	Type of randomisation(s); details of any restriction (such as blocking and block size)	Pg 8
	8b		
Allocation concealment mechanism	9		
Implementation	10		
Blinding	11a		
	11b		
Statistical methods	12a	Methods used to address each pilot trial objective whether qualitative or quantitative	Pg 10,11,12
	12b	Not applicable	
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were approached and/or assessed for eligibility, randomly assigned, received intended treatment, and were assessed for each objective	Mentioned in the figure 2
	13b		
Recruitment	14a		
	14b	Why the pilot trial ended or was stopped	Not applicable
Baseline data	15		
Numbers analysed	16	For each objective, number of participants (denominator) included in each analysis. If relevant, these numbers should be by randomised group	change in number after first intervention session is mentioned, Table 3
Outcomes and estimation	17a	For each objective, results including expressions of uncertainty (such as 95% confidence interval) for any estimates. If relevant, these results should be by randomised group	Pg 14-17, Table 3
	17b	Not applicable	
Ancillary analyses	18	Results of any other analyses performed that could be used to inform the future definitive trial	yes, as supplementary table (analysis excluding one participant who was under care for mental health and facial pain)
Harms	19		

	19a	If relevant, other important unintended consequences	not relevant
Discussion			
Limitations	20	Pilot trial limitations, addressing sources of potential bias and remaining uncertainty about feasibility	Pg 17,18,19
Generalisability	21	Generalisability (applicability) of pilot trial methods and findings to future definitive trial and other studies	Pg 22,23
Interpretation	22	Interpretation consistent with pilot trial objectives and findings, balancing potential benefits and harms, and considering other relevant evidence	Pg 19-22
Other information			
Registration	23	Registration number for pilot trial and name of trial registry	Pg 7
Protocol	24	Where the pilot trial protocol can be accessed, if available	Pg 7
Funding	25	Ethical approval or approval by research review committee, confirmed with reference number	Pg 7