

## SAMPLE INFORMED CONSENT FORM – LIST FORMAT

PROTOCOL TITLE: THE EFFECTS OF CRYOTHERAPY ON ANKLE STRENGTH  
UNIVERSITY OF TENNESSEE AT CHATTANOOGA

Please read this consent document carefully before you decide to participate in this study. This research has been approved by the University Institutional Review Board.

### Purpose of the research study:

The purpose of this study is to examine the effects of cold therapy on ankle strength.

### What you will be asked to do in the study:

Following a brief 5 minute warm-up on a stationary bicycle, you will be asked to volunteer to perform several stretching exercises. You will then be asked to sit on a kinetic testing device with your dominant ankle and lower leg securely fastened to the footplate attachment. You will be given a series of warm-up repetitions to familiarize yourself with the appropriate ankle motion to be tested. Following the warm-up you will be asked to perform 3 tests with your dominant ankle only. A total of 4 ankle motions will be tested at two different test speeds (slow and fast). The speed is controlled by the computer in the kinetic testing device. Following the test you will be asked to place your dominant ankle in a whirlpool tub filled with ice and cold water for 10 minutes. At the conclusion of the procedure you will again be tested for ankle strength using the identical procedure described above. At the conclusion of the test session, you will be asked to perform a series of stretches.

### Time required:

1 hour

### Risks and Benefits:

You may experience some mild muscle soreness in your calf muscles at a period of 24-48 hours after the test. If you have any cold allergies, you will be excluded from the study. We do not anticipate that you will benefit directly by participating in this experiment.

### Compensation:

You will be paid \$5.00 to cover parking expenses.

### Confidentiality:

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file in my faculty supervisor's office. When the study is completed and the data have been analyzed, the list will be destroyed. Your name will not be used in any report.

Voluntary participation:

Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study:

You have the right to withdraw from the study at anytime without consequence.

Whom to contact if you have questions about the study:

Dr. Jane Doe (address, telephone number, and email). If this is a student project, include contact information for the student researcher and faculty advisor.

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact Dr. Bart Weathington, Chair of the Institutional Review Board, at 423-425-4289. Additional contact information is available at [www.utc.edu/irb](http://www.utc.edu/irb)