## UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE

## <u>RISK ASSESSMENT FORM – PROCEDURES INVOLVING HUMAN SUBJECTS</u>

		Procedure No	SS 017	
<b>Title of Procedure</b>	Analysis of Weightlifting E	Exercises		
Name of Assessor(s)	Ross Anderson	Assessment Date	October 2000	
.,				
Does this procedure alr	eady have ethical approval?	(Delete as appropriate)	NO	
If <b>YES</b> , enter ethical nu	imber and expiry date	Approval No:		
1 Please provide	a <u>brief</u> description of the p	rocedure		
All lifters will either be	ubjects will be videotaped du experienced or be trained b The subjects may also be loca the lift.	y the investigator as to the	proper	
2 Location in which the procedure may take place				
X		ory (Room No: PG040) ory (Room No: PG043)		
Others, 1	please specify			
3 Eligibility of su	bject(s) to be used			
x	PESS student (U.C	G. or P.G.)		
X	University staff or	campus personnel		
X	_	eneral public engaged in granted ethical approval.		

	For Office Use Only: ULREC No:/		
4 Potential risks. To be explained <u>before</u> obtaining consent			
X	None, or minimal discomfort only		
will complete a standard lab que muscular injuries would be as Final Year Project work would which would explain the risks.	f muscular strain in those who are susceptible. The subjects restionnaire prior to participation, and no one with a history of ked to undertake this procedure. Additionally, all labs and dutilise an informed consent document prior to participation, The risk of muscular injuries are minimal, no subject will be eir maximum achievable, calculated in the lab using a 1RM		
It should be noted that in teaching labs, weightlifting is currently undertaken by students of Sports Science and PE, who are usually exercise tolerant. In final year projects, all subjects would be healthy adults.			
5 Action to be taken in the event of a foreseeable emergency			
The procedure will be terminated if the volunteer shows any sign of distress. Personnel in the lab would attempt CPR. First aid personnel would be contacted, and an ambulance would be requested if necessary. The University Medical Centre number is 2534 (9:00 am to 5:00 pm) The University emergency number is 3333			
6 Level of supervision required for procedure			
X	lecturing/research staff		
X	postgraduate researcher		
Others, please specify			
7 Other documentation required for this assessment?			
, one documentation			
X	Pre-test subject questionnaire		

## **UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE**

Detailed protocol

Others, please specify