**Texas State University Consent Form – IRB #** 2009E4626

**Title of Project:** The Effects of Ankle Taping on Dynamic Postural Control after Acute Ankle Sprains

**Principal Investigator**:

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**Purpose of the Study:**

The purpose of this research study is to compare dynamic balance in participants with acute ankle sprains with the use of ankle tape and no support. You have been chosen to participate in this study because you have reported that you are physically active and that you have recently injured your ankle.

**Procedues to be Followed:**

After completing a university approved consent form for participation, you will be tested to ensure you meet the inclusion criteria and have no exclusion characteristics. You will be asked to complete a form with some basic personal and health information including questions about your physical activity, history of injury, current state of health, etc. Then, a Certified Athletic Trainer will perform tests to assess the severity of your ankle sprain. If any of these tests receive a positive response you will be excluded from the study to ensure your safety. Next, your range of motion and function will be tested to ensure that your pain during activity does not exceed a pre-determined pain level. After all inclusion criteria have been met and exclusion characteristics ruled out, your height, weight and leg length in centimeters will be measured.

Following these measurements and tests, you will be taught the two balance tests and given opportunity to practice. You will then perform 9 trials of one of the balance tests and 4 trials of the other with your ankle taped and then without external tape support on both legs. After each test you will be asked to complete a short questionnaire about your pain and confidence with the balance task at two separate times for each leg tested.

**Discomforts and Risks:**

There are few minor risks or possible discomforts associated with this study. There is a small chance that you would lose balance during the test and fall. You may also experience some mild levels of pain with the balance activity but the researcher will take every precaution to minimize the risks and discomforts by making sure that pain levels with simple functional tasks is minimal prior to participating in the study. If at any time you are uncomfortable with participating in the study you may withdraw from the study with no fear of repercussions.

**Benefits:**

By participating in this study you will receive a take home rehabilitation program and piece of Theraband to help yourself return to full function more easily and quickly as well as for helping the researchers better understand the effects of ankle taping on dynamic postural balance in participants with acute ankle sprains.

**Duration/Time:**

Your participation in this study will consist of one session lasting less that 60 minutes in the EndZone Athletic Training Room.

**Statement of Confidentiality:**

Your participation in this study is confidential. Only the principal investigators will have access to your personal identifiers and to any information that may be linked with your identity. All information that you complete will have an identification number rather than your name to ensure your confidentiality. All data will be stored in a locked cabinet in the Athletic Training Research Lab for seven years. In the event of this study being published, none of your personal identifying information will be disclosed.

**Right to Ask Questions:**

You may ask questions about the research procedures at any time and will receive immediate responses. If you have any further questions, please direct these to Megan Haynes at [MH1220@txstate.edu](mailto:MH1220@txstate.edu) or (361) 532-9897 or Luzita Vela at [lv19@txstate.edu](mailto:lv19@txstate.edu) or (512)245-1971.

**Voluntary Participation:**

Your participation in this study is completely voluntary. You may withdraw from this study at any time without any negative consequences from anyone associated with the study. Please notify Megan Haynes of your intent to withdraw from the study at any time.

**Request for Further Information:**

You are encouraged to discuss and/or express any concerns or questions regarding this study with the investigators at any time. You should feel confident and secure about your involvement in this study. You may also contact the IRB chairperson Dr. Jon Lasser at 51-245-3413.

**Compensation Statement:**

All participants and potential participants who are excluded from the study or choose to withdraw from the study will be given an at-home rehabilitation program and a piece of Theraband for use with the rehabilitation program.

**Medical Treatment:**

Please be advised that medical treatment is available upon the event of physical injury resulting from the study. Medical treatment will be limited to first aid and ice. In the event that you sustain an injury needing medical treatment beyond that of first aid and ice, you will need to seek appropriate medical attention. Texas State University-San Marcos students may choose to go to the Student Health Center free of charge (512-245-2161). The investigators will report any adverse events per institutional policy. In the event that you believe you have suffered injury not apparent immediately after testing, please contact the IRB chairperson Dr. Jon Lasser at 51-245-3413, who will review the matter with you and identify any other resources that may be available to you.

**Disclosure and Funding:**

The researcher has no financial or other potential conflict of interest in performing this project. Summary findings will be provided to the participants upon request.

**Approval:**

This study has been approved by the Texas State University Institutional Review Board (IRB #2009E4626)

You have been given an opportunity to ask any questions that you may have and all have been answered to your satisfaction.

You must be 18 years of age or older to consent to this study. If you consent to participate in this study and to the above state terms, please sign your name and date below.

You will be given a copy of this consent form for your records.

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Participant Name (please print in all caps)

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Participant Signature Date

I, the undersigned, verify that the above informed consent procedure has been followed.

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Investigator Signature Date