LETTER OF INTRODUCTION / CONSENT FORM

IRB# 2009K7294

**Purpose**

The purpose of this research study will be to determine the extent to which there is a relationship between three tests and measures related to the affective, cognitive and psychomotor learning domains used by physical therapists and the patient’s ability to perform correctly and demonstrate home exercises taught by the physical therapist. Also, a corollary purpose will be to ascertain to what extent this relationship can be used when the physical therapist develops home exercise programs, possibly leading to improved patient outcomes.

My name is Beverly Newman and I am a Ph.D. student in the Education Department (Adult Professional Community Education) at Texas State University – San Marcos. I am also a faculty member at Houston Community College (HCC) in the Physical Therapist Assistant Program and can be contacted at HCC at 713 718-7682. You are being asked to be in this study because you have been referred to physical therapy at Texas Orthopedic Hospital, have a hip or knee disorder, are between the ages of 18 and 55, are not a competitive athlete, and do not have a diagnosed neurological deficit. I hope to have 75 patients in this study. If you have any questions, please ask the scheduling coordinator at Texas Orthopedic Hospital.

**Voluntary Participation**

Participation in this research project is completely voluntary. **You** are deciding if you want to be a part of this project. You should be between 18 and 55 and referred to physical therapy at Texas Orthopedic Hospital by your physician. Your physical therapist will conduct tests during your initial physical therapy visit designed to measure your cognition, affect, and psychomotor skills. Your therapist will continue your physical therapy treatment according to the physician referral and the therapist’s assessment. The interventions will include instruction in a home exercise program. At discharge your therapist will conduct a test to determine how well you perform your home exercise program. The results of these 4 tests (cognition, affective, psychomotor and performance) of the home exercise program will be recorded and the scores provided to me. You will be assigned a case number and this is how I will receive the results of your tests. I will not have your name or any other identifying information. Your therapist will provide demographics on your age, sex and diagnosis. The number of physical therapy visits will be determined by your referring physician in consultation with your physical therapist. This research will not influence the number or physical therapy visits you receive or the type of physical therapy you receive. You can choose not to participate in this study. Just tell the scheduling coordinator at any time that you do not want to participate. If you decide to participate now and later decide you don’t want to remain in the study, that’s okay. In that case, I will not use your information. If at any time during the study, you feel uncomfortable you may quit. Participation is entirely voluntary and you may withdraw from the study at any time without prejudice or jeopardy to your standing with this university or any other organization.

**Confidentiality**

All information will be held in strictest confidentiality and the data collection procedure is anonymous. Once you agree to participate you will be assigned a case number and all tests results will be recorded using this case number. I will not have access to any medical information or personal information. Your therapist will provide the results of the tests to me using your case number. Your physical therapist will also provide demographics on your sex, age and diagnosis. Once all of the data is completed and analyzed, my dissertation will be based on the study and further educational conference papers or professional journal articles may be generated. No indications of your actual identity will be made in any of these documents. Results will be reported using the assigned case numbers. However, if you are interested in the findings of this research study, a summary of the findings will be provided to you if requested. You may choose to offer your email to the scheduling coordinator at Texas Orthopedic Hospital as a means of obtaining the completed results. I will release the results to the scheduling coordinator and the scheduling coordinator will contact you. Your email address will not be provided to me. All confidential information, including consent forms, results of the test and demographic will be stored in a locked file cabinet in the researcher's office, which is also secure. The computer files will also be in password protected computers. The documents and data will be maintained for a period of five years. On September 1, 2014 all forms and data will be destroyed. Should you decide to, you may withdraw from the study at any time.

**Potential Benefits and Risks**

It is anticipated that your participation in this project will be meaningful and rewarding to you and will require no additional physical therapy visits or interventions other than those based on you physician’s referral and your physical therapists assessment. The tests and measures for cognition and affect are paper and pencil tests on forms that physical therapist or assistant will assist you in completing. The psychomotor test requires you to identify physical activities you participate in on a regular basis and to score yourself on your ability to participate in these activies at the time of your physical therapy initial visit. The home exercise return demonstration test involves repeating home exercise taught to you by your physical therapist. It is possible, but not anticipated, these tests may increase the time you are in physical therapy, but it will not take away from your physical therapy time and you will not incur any additional physical therapy charges. In addition, you will be helping me and others’ physical therapists to identify a relationship between the initials tests and measures and performance of the home exercise program. It is my hope that this relationship will help all physical therapists design better home exercise programs specifically for each patient. Little or no risk to you is anticipated.

**Contact Information**

If you have any questions about the research, your rights, and/or research-related injuries to participants, please contact the IRB chair, Dr. Jon Lasser (512-245-3413 – JL@txstate.edu) or the OSP Administrator, Ms. Becky Northcut, at 512-245-2102.

Dr. Steve Furney, Texas State University-San Marcos, Health, PE & Recreation, is the principle professor. He can be contacted at 512 245-2939 or sf02@txstate.edu

If you have any other questions or concerns about this project, please feel free to ask the scheduling coordinator at Texas Orthopedic Hospital.

Thank you for your consideration for participation in this research project. If you agree to participate, please bring this authorization form to the scheduling coordinator at Texas Orthopedic Hospital Physical Therapy. You will be asked to sign the authorization notice below before your first physical therapy visit.

**Authorization:** I have read and understood the description of the above study. I have asked for and received satisfactory explanation of any language that I did not fully understand. I agree to participate in this study, and I understand that I may withdraw my consent at any time. I also understand that the data collected from my tests and measures is intended to be used strictly for analytical, research and educational purposes. I have received a copy of this consent form if requested.

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Signature of participantDate

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Print name of participant

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Signature of Principle Investigator Date

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Printed name of Principle Investigator