**Consent Form**

**Department of Health, Physical Education, and Recreation,**

**Texas State University, San Marcos**

**The Effect of Kinesiotape on Shoulder Impingement Syndrome**

The principle investigators are Aya Takaoka and Dr. Jack Ransone at Texas State University. If you have any questions or concerns regarding this research, please contact us by email or phone.

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Dr. Jack Ransone e-mail: [ransone@txstate.edu](mailto:ransone@txstate.edu), phone (512) 245-8176

**Introduction and purpose of research**

The purpose of this research is to assess the effect of Kinesiotape on individuals with shoulder pain. Kinesiotape is a thin elastic tape recognized form of athletic tape approved by the FDA to assist in enhancing joint range of motion. This project is investigating whether Kinesiotape will increase shoulder joint sense in the individual with shoulder pain. You are being asked to participate in this investigation to enhance our understanding of the effectiveness of Kinesiotape.

**Procedures**

You will be instructed to wear a tank top which allows unrestricted shoulder movements. The following procedures for this experimental study will be conducted in the Athletic Training Research Lab at Texas State University in the Jowers center room D108. It will take approximately 10-15 minutes to complete the tests.

1. A three-dimensional (3D) accelerometer sensors will be attached behind the neck, the elbow and the wrist to measure the shoulder range of motion.
2. You will wear headphone (music will be provided) and your shoulder will be covered by a curtain to minimize auditory and visual stimuli.
3. You will be instructed to move your shoulder in a variety of motions (flexion, extension, internal and external rotation)
4. Two strips of Kinesiotape will be applied to your shoulder. (Kinesiotape is a elastic form of tape commonly used to support and treat joint injuries.)
5. You will be asked to perform the previously describe shoulder movements with the Kinesiotape applied.
6. You will state perception of pain from 1 (best) through 10 (worst) during these movements.

**Possible Benefits**

● The subjects will have a complete orthopedic examination of their shoulder by certified athletic trainer.

● The subjects will be able to see the benefits of Kinesiotape from enhanced joint position sense.

**Potential Risks**

● The subjects may experience pain in his/her shoulder while performing shoulder movements.

● The subject may feel discomfort during tape removal.

● The subject may have mild skin irritation at the tape application site.

The potential risk will be minimized by removing the tape as slowly as possible by a licensed healthcare provider. If a subject experiences skin irritation after tape removal, he/she will be referred the Student Health Center for follow-up care.

No other physical or psychological risks are associated with this investigation. In case of emergency, the university student health center will be contacted.

**Confidentiality**

The data collected during this project will be kept confidential by issuing each subject a number. This number will be used for tracking the subjects’ record throughout the study. All the data will be kept in the principle investigators’ office locked in the cabinet within a restricted area. All the data with the personal information will be destroyed immediately after the study is completed.

**Participation**

Your participation is voluntary and you will not be penalized if you decide not to participate. You are also free to withdraw at any point of time without penalty. If you withdraw from the study, the information sheets provided will be returned to you, and the data will be destroyed. Questions regarding participants’ rights and/or questions about research-related injuries can be answered by contacting the IRB chair, Dr. Jon Lasser, (512) 245-3413, [lasser@txstate.edu](mailto:lasser@txstate.edu) or Compliance Specialist, Ms Becky Northcut, (512) 245-2102.

**Authorization**

I have received a copy of this consent form, and I have read and fully understood the consent form. I have been given sufficient opportunity to ask any questions about this study. I also understand that I am free to withdraw from the project and end my participation at any time.

Please contact Aya Takaoka at (530)-519-5821 or e-mail at [at1271@txstate.edu](mailto:at1271@txstate.edu) if you have any questions and/or concerns.

IRB application#: 2009Q2547

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Participant Name (Please print) Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principle Investigator Signature Date

**Medical History Question**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_ Height \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_

* Do you experience chest discomfort with activities?

Yes No

* Do you experience unreasonable breathlessness or unusual fatigue at rest, with mild exertion, or during usual activities?

Yes No

* Do you experience dizziness, fainting, or blackouts?

Yes No

* Do you experience forceful or rapid heartbeats?

Yes No

* Do you experience numbness in legs or arms from time to time?

Yes No

* Do you have other health issues that may warrant physician approval before engaging in physical activity?

Yes No

* Have you ever been told not to exercise by a health care provider?

Yes No

* Are you allergic to the material of adhesive tapes?

Yes No

* Do you have sensitive skin?

Yes No

* Have you had surgery in your shoulder?

Yes No

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month, year)

* Do you have pain in your shoulder?

Yes No

If yes, how long ago did pain start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you play any sports?

Yes No

If yes, what sports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_