I would like to re-submit the following IRB application titled, “The Effect of Kinesiotape on Shoulder Impingement Syndrome” with the suggested editorial changes complete (attached). This application reflects the suggestions made by reviewers resulting in a stronger proposal in content and description. The comments of the reviewers are supportive of this proposal and lend thoughtful suggestions, which will eventually strengthen the study.

**Synopsis**

* The subjects who have complication will be referred to the Student Health Center.
* Subjects will be recruited on campus by posting a flyer on the campus (please see the attachment)
* The investigator will make appointments with professors in the Department of Health, Physical Education, and Recreation and Department of Physical Therapy, and ask permission to do recruitment in their classes.
* Subjects will be given consent forms prior to the study.

**E-mail**

I went to the writing center to ask for help proofreading the documents.

* The study will take place at the Athletic Training Lab located in Jowers building D108.
* The study will take place by an individual appointment in June, July, and August of 2009.

**Consent form**

* I included in e-mail that the study will be held at Athletic Training Lab, and the subject will sign up the time for the study. This experiment may take 10-15 minutes to complete.
* I changed the word “research” instead of “study”.
* I added the sentence about why a subject has been chosen to participate.
* I added the sentence about being given opportunity to receive copy.
* I added possible pain during study and mild soreness after the study. There is a minimal risk of creating further injuries because all the shoulder motions are performed actively without any weights. The risk of further injury can be minimized by screening the medical history by the investigator, the certified athletic trainer. The individual with high risk of further injury will not participate for this study.
* I included IRB application #

1. Kinesiotape is a thin elastic tape which is approved by the FDA. Kinesiotape allows the skin to lift and increase blood flow and decrease pressure from the nerve, which leads decreasing pain. It is also believed that it helps increase proprioception (joint sense) because the tape gives feedback of the movement.
2. The application and removal of tape does not require training. The researcher will follow the instruction written in the Kinesiotape manual. The faculty advisor will not be present during the test, however he will instruct the tape application and review the protocol of the study prior to the study.
3. There is minimal risk of further injury in the shoulder. These four shoulder movements in the study do not cause much force in their shoulder joint because they are performed actively without weight and without any provocative position.
4. There is minimal possibility to have real medical emergency (such as cardiorespiratory problem) because this study does not involve any hard physical workouts. There is a slight chance that the subjects may feel sublaxing sensation the shoulder during shoulder external rotation. To minimize the risk, the certified athletic trainer will evaluate the subject’s shoulder and indentify lax shoulder prior to the study.
5. Source of the funding… The investigator will purchase the Kinesiotape. The investigator will declare conflict of interest.
6. Treatments and rehabilitations of an injury affect individuals differently. Kinesiotape may affect increasing joint sense or decreasing pain in some people more than the others or may not affect at all. The subjects may visit website of the product and obtain information, however, throughout this study, the subjects are able to feel tape application and how the Kinesiotape would affect their joint sense individually.