

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants In Research Projects Involving Human Subjects

Title of the Research Study

Changes in walking patterns over time

Principal Investigators

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I. Purpose of this Study

Falls are a major source of injury and medical costs in the United States and around the world. In an effort to understand and ultimately prevent these accidents, numerous researchers study the biomechanics of slips and trips (two major causes of falls) in their experimental laboratories. It is of interest to researchers to understand how slipping affects walking. The purpose of this study is to investigate how slipping affects walking patterns.

Twenty four subjects aged 18-30 will be recruited. Individuals with self-reported injuries within the last six months, or any medical condition that affects their balance or ability to walk, will be excluded from the study.

II. Procedures

The study will take place in the Kevin P. Granata Biomechanics Lab (208 Norris Hall). You will be asked to three experimental sessions for up to 12 weeks, each of which will take approximately one hour to complete. Upon arriving in the lab, you will be briefed of the study protocol, asked if you have any questions, and asked to sign this informed consent form.

All experimental sessions will involve a similar in their procedure. You will be asked to don experimental clothing (tight fitting bicycle shorts and t-shirt), shoes provided by the experimenters, and markers (small reflective balls for motion analysis). You will then be asked to walk back-and-forth along a 9 meter long walkway in our laboratory approximately 20 times while measurements are collected to quantify their gait pattern. You may or may not be slipped in any experimental session throughout the entire study. If you are slipped, you are asked to simply recover you balance and continue walking.

III. Risks

The risks involved in this study are minimal because you will wear a harness suspended from the ceiling during all experimental sessions. This harness will prevent a fall to the ground in the event that you are not able to recover your balance after slipping.

IV. Benefits

The scientific community will benefit through the additional information that is expected to result from the completion of this study. This information will contribute to the body of walking-related biomechanical knowledge.

No promise or guarantee of benefits has been made to encourage you to participate.

V. Extent of Anonymity and Confidentiality

The results of this research study may be presented in reports, publications, and presentations. Subject identity will not be disclosed in any situation. You will only be identified using a unique identifying number assigned during your experiment and not by any personally-identifiable information.

Experiments will be video taped to assist with our analysis, and possibly to show in a report, publication, or presentation. The tapes will be maintained under the supervision of the project PI's, stored in a laboratory with restricted access, and kept for the foreseeable future for documentation.

It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation

You will be paid \$20/week for your participation. Any expenses accrued for medical treatment following participation in this experimental will be your responsibility and not that of the research project, research team, or Virginia Tech.

VII. Freedom to Withdraw

You are free to withdraw from the study at any time without penalty. If you choose to withdraw, you will be compensated for the portion of the study that you completed.

VIII. Subject's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities: accurately report my age, gender, and history of musculoskeletal injuries.

IX. Subject's Permission

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

Subject signature

Date

Witness

Date

Should I have any pertinent questions about this research or its conduct, and research subjects' rights, and whom to contact in the event of a research related injury to the subject, I may contact:

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