

Consent Form

The effect of instrument assisted spinal manipulation on mechanical pain sensitivity in a healthy population compared to control: A feasibility randomised trial.

1. I agree voluntarily to take part in this study.
2. I have read the Information Sheet provided and been given a full explanation of the purpose of this study, the procedures involved and what is expected of me.
3. I understand that I will be asked to:
 - Attend the Murdoch University Chiropractic Research Facility, located on the South Street campus, on one occasion only.
 - Wear a clinical examination gown which opens towards the back so that my skin can be marked with a non-permanent marker in the following regions:
 - a. Over the shoulder blade,
 - b. Adjacent to the spine in the low back,
 - c. On the calf, and
 - d. On the front of my lower leg
 - Have my sensitivity to pressure tested at 8 different locations on my body, on 5 occasions over a period of roughly 35-40 minutes.
 - Have a spinal manipulation technique applied to my lower back on one occasion.
 - Wait quietly between measurements.
 - The total amount of time required for me to complete the task is estimated to be approximately 45-60 minutes.
4. The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.
5. I understand I am free to withdraw from the study at any time without needing to give any reason.
6. I understand I will not be identified in any publication arising out of this study.
7. I understand that my name and identity will be stored separately from the data, and these are accessible only to the investigators. All data provided by me will be analysed anonymously using code numbers.
8. I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.

Name of participant: _____

Signature of Participant: _____ Date:/...../.....

I confirm that I have provided the Information Letter concerning this study to the above participant; I have explained the study and have answered all questions asked of me.

Signature of researcher: _____ Date:/...../.....