

Northern Michigan University

School of Health and Human Performance

PROJECT TITLE*:* The Effects of Cryotherapy on Ankle Strength IRB Approval Number: HS17-917

Please read this consent document carefully before you decide to participate in this study. Purpose of the research study:

The purpose of this study is to...

What you will be asked to do in the study:

* Five-minute warm-up on a stationary bicycle
* Perform 3 tests with your dominant ankle only. A total of 4 ankle motions (plantar flexion, dorsiflexion; inversion, eversion) will be tested at two different test speeds (slow and fast) 30 degrees per second and 60 degrees per second. Test will be performed on an isokinetic machine.
* Place your dominant ankle in a whirlpool tub filled with ice and cold water for 10 minutes.
* You will again be tested for ankle strength using the identical procedure described above.
* At the conclusion of the test session, you will perform a series of stretches. Including calf shin quad and hamstring.

Time required:

Up to one hour Risks and Benefits:

The risks of the study are [*describe the risks].*

Risks to this study are minimal. Risks to this study may involve muscle soreness associated with the physical activities. Participants may experience pain or discomfort during icing for the first four to six minutes.

The potential benefits of the study include *[describe the benefits to the field, as well as to the participant, if applicable]*.

Benefits of this study could be a better understanding of recovery methods for lower body joints after physical activity.

Incentive or Compensation:

There is no extra credit or other incentive for participating; therefore, you will not be adversely affected in any way if you choose not to participate.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. Your information will be de-identified by an assigned code number. Your name will not be used in any report or publication.

Voluntary participation:

Your participation in this study is completely voluntary. You have the right to withdraw from the study at any time without consequence or penalty.

Whom to contact if you have questions about the study:

If you have any further questions regarding your rights as a participant in a research project you may contact Dr. Lisa Schade Eckert of the Human Subjects Research Review Committee of Northern Michigan University (906-227-2300) leckert@nmu.edu. Any questions you have regarding the nature of this research project will be answered by the principal researcher who can be contacted as follows: Dr. XXX (906-227-XXXX) XXXX@nmu.edu.

Agreement:

If you wish to participate in this study, please sign the form below. A signature will indicate agreement to participate.

Participant’s Name: (Print)

Signature (Date)

I understand that I will be [*audio or video recorded digitally*] by the researcher(s). These files will be kept by the researcher(s) on a password protected computer. I understand that only the researcher(s) will have access to these files.

# Video recording of study activities

Interviews may be video recorded to assist with the accuracy of your responses. You have the right to refuse the recording. Please select one of the following options:

I consent to video recording: Yes No

# Audio Recording of Study Activities

Interviews may be using audio recorded to assist with the accuracy of your responses. You have the right to refuse the audio recording. Please select one of the following options:

I consent to audio recording: Yes

# Photographing of study activities / participants

No

Photographs of participants may be taken to preserve an image related to the research. You have the right to refuse to allow photographs to be taken. Please select one of the following options:

I consent to photographs: Yes No