

**PARENT/GUARDIAN
CONSENT FORM**

TITLE: Evaluation of the effectiveness of neuromuscular training in decreasing the risk of sport and recreational injuries and improving healthy outcomes in junior high school students (iSPRINT)

SPONSOR: Alberta Innovates Health Solutions - Collaborative Research and Innovation Opportunities (AIHS-CRIO)

INVESTIGATORS: Dr. Carolyn Emery, PhD, PT, Dr. Tish Doyle-Baker, PhD, DPH, and Sarah Richmond, MSc., PhD, CEP

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your child's participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully, to understand any accompanying information, and to discuss this research project with your child.

BACKGROUND

The health of children and adolescents has decreased dramatically in the past thirty years. Poor nutritional choices and declining levels of physical activity are major contributors to this decrease in health in youth. These individuals are at increased risk for chronic disease, obesity during adulthood, and pose a greater economical burden on our healthcare system.

Although it is important to include physical activity in our daily life in order to help maintain an overall healthy lifestyle, it is still important to note that there are injury risks involved, particularly when participating in sport. As Canadians are encouraged to increase their physical activity, it is important to focus on proper injury prevention strategies, especially in children and youth. An adolescent sport injury will likely reduce future involvement in physical activity, and may also impact their future health.

Neuromuscular training programs have been found to be effective in reducing injury risk in adolescents when they are applied in a sport-specific scenario. A previous randomized control trial, using only two schools, has also found this intervention, along with a high intensity exercise component, to be effective in reducing injuries and improving healthy outcomes when incorporated into a junior high school physical education curriculum as a standardized warm-up delivered by teachers.

The current study will be the same as the previous school study, and will include more participants and schools. Your child's school has been selected to participate in this study. There are expected to be 1940 participants in this study.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to examine the effectiveness of an injury prevention program in junior high schools in the Calgary area. This intervention has been previously delivered to two junior high schools in Calgary, and was effective in decreasing injury risk and improving healthy outcomes. A larger number of students are now needed in order to evaluate the effectiveness of this program on a larger scale in Alberta's physical education curriculum.

Over the next three years, 12 junior high schools from Calgary will be randomized to receive either the intervention program or a control program, which will include standard warm-up exercises. If your child's school is randomized into the control group, they will be able to receive the intervention program the following year.

WHAT WOULD MY CHILD HAVE TO DO?

An information package has been provided to you via your child, which includes this consent form, a baseline questionnaire (which includes demographic information, physical activity participation, and injury history), and the Pre-Activity Readiness-Questionnaire (PAR-Q+). If you decide to consent to your child's participation, you and your child will be required to complete these forms and return them to the PE teacher before they are collected by the research coordinator. Within the next few weeks, your child will also be emailed a Knowledge and Behavioral Questionnaire and the EQ-5D-Y, which is a quality of life questionnaire, which we ask they complete online as soon as is convenient. In addition, your child will be asked to participate in

a fitness assessment conducted by kinesiology graduates and a Certified Exercise Physiologist (CEP) during a physical education class. Measurements will include height, weight, waist circumference, 20 metre shuttle run (also known as the beep test), vertical jump test, and balance assessments. The fitness assessments will be repeated again at the end of the study along with the Knowledge and Behavioral Questionnaire and the EQ-5D-Y.

In the event your child sustains an injury from any type of physical activity (i.e. PE class, sport participation or training, recreational activity etc.), they will be required to report it to a school representative. The school representative will be asked to submit an injury report form to the study therapist (certified athletic therapist) who will visit the school each week to assess any new injuries. If your child does seek other medical attention, it is requested that the attending medical professional (i.e. physician, physiotherapist, athletic therapist, nurse, etc.) complete a medical practitioner report form, which will be available from the school representative. If your child experiences an injury they will be referred to the assigned therapist for assessment and follow-up recommendations at school. Referral to a sport medicine physician, at the University of Calgary will be offered and arranged by the study therapist for all suspected concussions.

Throughout the research period, study personnel will be observing random Physical Education classes in which your child participates, approximately once per month, to validate data concerning the exercises completed during the warm-up program that your child's class regularly completes as part of this study. Research staff will be recording data regarding the exercises completed by the whole class and will not be observing or recording information on any individuals during these observations.

WHAT ARE THE RISKS?

There are no expected risks to participating in this study. The baseline measurements described above will be done under close supervision and every effort will be made to ensure your child's safety.

ARE THERE ANY BENEFITS FOR MY CHILD?

If you agree for your child to participate in this study there may or may not be a direct medical benefit to your child. His/her health and injury risk may be improved during the study but there is no guarantee that this research will help him/her. If your child experiences an injury from physical activity participation during the study, a study therapist designated to your child's school will be available on a weekly basis for assessment of injuries and recommendations for follow-up treatment. The information we get from this study may help us to provide better programs to improve health and physical activity injury prevention in the future among adolescents.

DOES MY CHILD HAVE TO PARTICIPATE?

No, your child does not have to participate. If you do not consent for your child to participate in this study ask that you to please return this form to your school designate or PE teacher with anonymous responses to the brief demographic questions. This will help us to understand what types of students are not consenting to the study. If you have a visual impairment, please have another adult witness your signature on the copy that you return to us. If you would like a copy of this form for your personal records, it can be downloaded from our website www.ucalgary.ca/siprc or you can call the Research Coordinator and ask for a copy to be sent to your address.

Your child is free to withdraw from the study at any time. Continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your child's participation. If there is new information available through this study period, you will be informed as soon as possible. We will contact you prior to the 2016 school year to see if you are willing to allow your child continued participation in this study, if they are currently in Grade 7 or 8.

Please note that you or your child (if over 18 years of age) may be contacted in the future for invitation to participate in other research studies that may relate to any injuries that your child may sustain within the duration of this study.

WILL WE BE PAID FOR PARTICIPATING, OR DO WE HAVE TO PAY FOR ANYTHING?

There will be no financial compensation to the student or costs to the student as a participant in this study.

WILL MY CHILD'S RECORDS BE KEPT PRIVATE?

All of the information collected will remain strictly confidential. Your child's privacy will be assured. Only the investigators responsible for this study, the research assistant who will be doing the baseline assessments and the data analysis, and the University of Calgary Conjoint Health Research Ethics Board will have access to this information. Confidentiality will be protected by using a study identification number in the database. Any results of the study which are reported will in no way identify study participants.

IF MY CHILD SUFFERS A RESEARCH-RELATED INJURY, WILL WE BE COMPENSATED?

In the event that your child suffers an injury as a result of participating in this research, no compensation will be provided for you by the University of Calgary, Alberta Innovates Health Solutions, the Alberta Health Services, or the researchers. You still have all your legal rights. Nothing said here will in any way alter your rights to seek damages.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and you agree to allow your child to participate as a subject. In no way does consenting your child to participate waive your legal rights nor release the investigators, or involved institutions from their legal and professional responsibilities. Your child is free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

iSPRINT Research Coordinator: (403) 220-8949
or
Dr. Carolyn Emery (Principle Investigator): (403) 220-4608

If you have any questions concerning your rights as a possible participant in this research, or research in general, please contact the Chair of the Conjoint Health Research Ethics Board, University of Calgary, at 403-220-7990.

PARENTS/GUARDIANS, PLEASE COMPLETE THIS BOX IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN THIS STUDY

Child's current age: _____ years	Child's approximate height: ___ feet ___ inches or ___ cm
Child's grade: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Child's approximate weight: _____ pounds or _____ kgs
Has your child had an injury in the previous 12 months, which required medical attention OR at least one day where they couldn't participate in physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
How many hours of sport or recreation (NOT including PE class) has your child participated in, on average each week for the past 6 weeks? Average of _____ hours per week	

PARENTS/GUARDIANS, PLEASE COMPLETE THIS BOX IF YOU DO WANT YOUR CHILD TO PARTICIPATE IN THIS STUDY

_____ Parent/Guardian Name (Please Print)	_____ Signature	_____ Date
_____ Child's Name (Please Print)	_____ Child's School	_____ Child's Grade (7, 8 or 9)
_____ Parent Email	_____ Parent Home Phone	_____ Parent Alternative Phone
_____ Witness Name (Please Print) <small>Only required if parent/guardian providing consent has a visual impairment</small>	_____ Signature	_____ Date

Office use only		
_____ Research Staff	_____ Signature	_____ Date

The University of Calgary Conjoint Health Research Ethics Board has approved this research study. If you would like a copy of this form for your personal records, it can be downloaded from our website www.ucalgary.ca/siprc or you can call the Research Coordinator (403-220-8949) and ask for a copy to be sent to your address.