



A streamlined approach to identifying adults suited to orthopedic musculoskeletal physiotherapy management acutely following concussion: a feasibility study.

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CONSENT FORM FOR HEALTH CARE PARTICIPANTS

Following signature and return to the research team this form will be stored in a secure place for ten years.

Name of participant:.....

1. I have read the Information Sheet concerning this study and understand the aims of this research project.
2. I have had sufficient time to talk with other people of my choice about participating in the study.
3. I confirm that I meet the criteria for participation which are explained in the Information Sheet.
4. All my questions about the project have been answered to my satisfaction, and I understand that I am free to request further information at any stage.
5. I know that my participation in the project is entirely voluntary, and that I am free to withdraw from the project before its completion (31/07/2024).
6. I know that as a participant I will attend a focus group and possibly a one-on-one interview with the principal investigator. I can nominate to attend either of these sessions, or both via zoom.
7. During these sessions I know I will be asked questions related to how feasible I feel using the screening tool is for identification of adults post-concussion most suited to musculoskeletal physiotherapy.
8. I know that if any questioning involved with with being in the study develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s), and /or may withdraw from the project without disadvantage of any kind.
9. I understand the nature and size of the risks of discomfort or harm which are explained in the Information Sheet.
10. I know that when the project is completed all personal identifying information will be removed from the paper records and electronic files which represent the data from the project, and that these will be placed in secure storage and kept for at least ten years.
11. I understand that the results of the project may be published and be available in the University of Otago Library, but that either (i) I agree that any personal identifying

information will remain confidential between myself and the researchers during the study, and will not appear in any spoken or written report of the study

- 12. I know that there is remuneration of a \$120 voucher for reasonable costs associated with attending the session (I will receive 1 voucher per session I complete).
- 13. I understand that no commercial use will be made of the data.

Signature of participant:

Date:

Name of person taking consent

Date: