UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE

PROCEDURES INVOLVING HUMAN SUBJECTS

		Procedure No	SS 008			
Title of Procedure	tle of Procedure Muscle testing on an isokinetic dynamometer					
Name of Assessor	Alan Donnelly	Assessment date				
Does this procedure	already have ethical approval?		Yes			
If so, enter ethical number and expiry date		Approval No: SS008 End Date: December 2028				
1 Please p	rovide a <u>brief</u> description of the p	procedure				
joint systems: these trex by a seatbelt sys the muscles required contractions are under measured, to allow to An additional level of is undertaken: this system to terminate	ows eccentric, concentric or isomet include knee, elbow and ankle. In tem which prevents lateral movement for the particular movement being ertaken, the machine requires a rangesting to be undertaken through a confirmation of protection is given by an abort swell witch will cut the power to the mot te any unpleasant testing.	all cases, the volunt ent, so that the volur assessed. Where co ge of motion to be se omfortable and safe witch which the volu- or which moves the	teer is secured on the conteer can safely activate oncentric and eccentric et before forces are range of movement. Inter holds whilst testing limb, allowing the			
	Procedures for Contrex available to		S Sharepoint <u>here</u>			
2 Location	n in which the procedure may tak	e place				
X	PESS Teaching Facilities					
Others, please	PESS Research Facilities specify					
]			

3	Eligibility of su	bject(s) to be used			
	x PESS student (U.G. or P.G.)				
	X	University of Limerick staff or campus personnel			
Others, please specify					
	Х	Members of the general public engaged in research projects granted ethical approval.			
Potential risks. To be explained <u>before</u> obtaining consent					
	X	None, or minimal discomfort only			

Since muscle testing involves forceful muscle contraction, there exists a small risk of muscle injury. To minimise this, volunteers will complete a standard pre-test questionnaire prior to testing to assess their history of muscle or joint injury. Anyone who has had a recent or recurring injury will not be tested.

5 Action to be taken in the event of a foreseeable emergency

The procedure will be terminated if the volunteer shows any sign of distress.

Standard first aid procedures may be required depending on the severity of the situation. The following standard procedure should be followed in the event of an incident occurring in the PESS building / UL Facility:

- 1. Stop the procedure. Position the subject to prevent self-injury.
- 2. If appropriate, raise the subject's lower limbs to improve blood flow. Should the subject fail to respond summon help immediately.
- 3. Check vital signs airways, breathing and circulation (ABC)
- 4. If required attempt CPR as soon as possible.
- 5. Requesting Help: Emergency Contact telephone numbers are listed on laboratory door:
 - During normal working hours 9am-5pm, use lab phone to contact the Student Health Centre on 061-202534
 - Outside of normal working hours, or if the Student Health Centre number is engaged/busy, use the laboratory phone to dial 3333 for UL security personnel who will then contact the ambulance service. Contact one of the PESS First Aiders names are listed on the PESS laboratory door.
- 6. When contacting the above clearly state: Location, Building, Room Number, Nature of Incident/Accident and provide a contact number.
- 7. Complete the UL 'Accident & Emergency' form (completed by the investigator, not the volunteer). Forms available on UL HR website: https://www.ul.ie/hr/hr-policies-procedures-and-forms-z

6 Level of supervision required for procedure						
X	PESS lecturing, research staff and teaching assistants					
Others, places specify	PESS postgraduate researcher					
Others, please specify x	Trained PESS postgraduate student					
X	Trained PESS undergraduate student					
7 Other documentation required for this assessment ?						
X	Pre-test subject questionnaire					
Others, please specify	Detailed protocol					
X X	Participant Information Sheet					
X	Participant Consent Form					

For office use only

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Name of Assessor	Alan Donnell y	Assessment date	November 2018			
8 Committe	e approval for experiment		τ			
Others, please sp	Granted]]]			
Comments/conditions						
Signed	Head of Department)	Date	(D			