

UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE

RISK ASSESSMENT FORM – PROCEDURES INVOLVING HUMAN SUBJECTS

		Procedure No	SS 008		
Title of Procedure	Muscle testing on an isokinetic dynamometer				
Name of Assessor	Alan Donnelly	Assessment date			
Does this procedure all	ready have ethical approval?		Yes		
If so, enter ethical number and expiry date		Approval No: S End Date: Dece			
Please provide a brief description of the procedure This procedure involves testing muscle contractile properties on the con-trex isokinetic system. The con-trex machine allows eccentric, concentric or isometric movement around a joint for a number of joint systems: these include knee, elbow and ankle. In all cases, the volunteer is secured on the contrex by a seatbelt system which prevents lateral movement, so that the volunteer can safely activate the muscles required for the particular movement being assessed. Where concentric and eccentric contractions are undertaken, the machine requires a range of motion to be set before forces are measured, to allow testing to be undertaken through a comfortable and safe range of movement. An additional level of protection is given by an abort switch which the volunteer holds whilst testing is undertaken: this switch will cut the power to the motor which moves the limb, allowing the volunteer to terminate any unpleasant testing.					
Standard Operating Pro	ocedures for Contrex available to P		S Sharepoint <u>here</u>		
2 Location i	n which the procedure may take j	place			
X	PESS Teaching Facilities				
X	PESS Research Facilities				
Others, please sp	есну				

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			
	X	Members of the general public engaged in research projects granted ethical approval.		
4 Potential risks. To be explained before 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 **061-20**2534
 - 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, please specify	PESS postgraduate researcher		
	X 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		
Omers, j	x	Participant Information Sheet		
	X	Participant Consent Form		

For office use only

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8 I Committe	ee approval for experiment
Others, pleæe s	The second state of the se
Comments/condition	ons

(Head of Department)