



UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE

RISK ASSESSMENT FORM – PROCEDURES INVOLVING HUMAN SUBJECTS

Procedure No

Title of Procedure

Name of Assessor Assessment date

Does this procedure already have ethical approval ?

If so, enter ethical number and expiry date

1

In this procedure the ability of healthy adult volunteer subjects to balance on one leg will be assessed using a force plate. The procedure is similar in many respects to the Romberg test. The test will be performed for a period of 30 – 60 seconds under two conditions: eyes open and eyes closed. The tester will observe the subject throughout the period of the test and should the subject appear to lose balance and begin to fall, the subject will be instructed to stop, open their eyes and regain their balance. The force plate will be used to obtain a variety of indices of balance, e.g. centre of pressure (COP) 95% confidence ellipse area, sd of COP loci, etc.

Note: Standard Operating Procedure for the AMTI Force platforms are available on the [PESS Sharepoint](#)

2

Others, please specify

3

x	PESS student (U.G. or P.G.)
x	University of Limerick staff or campus personnel

Others, please specify

Fit and healthy adults or athlete volunteers engaged in research projects granted ethical approval

4

Potential risks. To be explained before obtaining consent

None, or minimal discomfort only

In some trials where simultaneous 3D motion analysis also takes place, subjects may be required to wear exercise clothing or swimming costumes so that anatomical landmarks can be easily identified and marked with retroflective markers or tape.

A third party, preferably of the same sex as the subject, will be present during periods of physical contact between experimenter and subject.

Video recordings will be kept safe and secure and destroyed if necessary at the end of the teaching programme or research project.

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

PESS lecturing or research staff, PESS teaching assistants

PESS postgraduate researcher

Others, please specify

Trained undergraduate or postgraduate student

7

Other documentation required for this assessment ?

PESS standard pre-test questionnaire

Participant Information Sheet

Others, please specify

Participant Consent Form

For office use only

PROCEDURES INVOLVING HUMAN SUBJECTS

Procedure No SS012

Title of Procedure Balance assessment using force plates

Name of Assessor Dr. Drew Harrison Assessment date

November
2018


End Date: December 2028

[TI] Committee approval for experiment

[KJ] Granted
B _____

Others, please specify -----
D _____

Comments/conditions


Signed _____
(Head of Department)

Date (5J