

## *Informed Consent Form for Participation in a Research Study*

---

1. *Title of the study:* Imagery Effectiveness in Trigger Point Treatment
2. *Aim of the Study:* To judge the effectiveness of a short guided imagery script on trigger point release.
3. *Description of research activities:* You will be read an imagery or relaxation script to keep in mind during the course of treatment. The therapist will then examine your neck for trigger points: tight knots of muscle that refer pain to the back of the skull, to the forehead or to the face. Upon finding one, the therapist will treat it through pressure while you focus on what was in your script. Once the trigger point is treated, the therapist will flush the area out with general massage. A few measurements will be taken before, during, and after treatment, including audio-recording the treatment itself so the therapist can verbally mark how long it takes to resolve your trigger point. The recording will be destroyed immediately following its analysis and your anonymity will be preserved. **Please do not share your script with other participants.**
4. *Risks/ discomfort involved:* There are no known risks involved in this study outside of the normal, sometimes painful trigger point release therapy. In fact, this study is anticipated to increase the effectiveness of the resolution of your trigger point.
5. *Expected impact:* The outcomes of this research are twofold: first, you may benefit from leading edge physical therapy research to arrive at a healthier state faster. Secondly, the database to which you contribute will lead to a richer, more effective protocol for future trigger point release therapy.
6. *Dissemination of results:* Results gathered will be collected and presented in a thesis paper and possibly in a journal article. Your participation will remain anonymous and any details that might identify you will not be made public. Where names will be required (eg, to facilitate reading), pseudonyms will be used.
7. *Further Information:* You are encouraged to inquire about anything regarding this study. The researcher's contact will be provided so you will be able to follow-up on points during or following the study as well.
8. *Freedom of consent:* As a volunteer, you are free to withdraw from this study at any point, no questions asked. If ever you feel uncomfortable with continuing the study—during or after treatment, up until the publication of the study as a master's thesis in June 2015, you retain full rights to having your data erased from all records. In this case, your data will not be used and will be permanently deleted from all places where it was stored. Should you decide to withdraw, please contact me, Paul Sulżycki.

### *Participant's declaration:*

I have read this form and understand the procedures involved. I agree to participate in this study.

*Participant:* ..... *Signature:* ..... *Date:* dd·mm·yyy

*Researcher:* ..... *Signature:* ..... *Date:* dd·mm·yyy