



CONSENT FORM

Project ID: 30397

Project title: The Shoulder HD Pilot Trial: The efficacy of high load-volume exercise versus low load-volume exercise for rotator cuff tendinopathy

Chief Investigator: Associate Professor Peter Malliaras

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Participating in baseline and follow up clinical assessment including shoulder strength tests (which may be video recorded) and questionnaires related to my shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>
Being randomised to receive one of two exercise based treatments for shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>
Undertaking a 12 week long exercise based intervention for my shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>
Attending face to face or telehealth physiotherapy sessions to supervise and oversee the exercise program	<input type="checkbox"/>	<input type="checkbox"/>
Wearing the required activity tracking sensors throughout the project according to the instructions provide	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in a 30-40 minute interview to understand my experience of the intervention	<input type="checkbox"/>	<input type="checkbox"/>
The above interview being audio recorded for transcription and analysis	<input type="checkbox"/>	<input type="checkbox"/>
Audio and / or video recording of treatment sessions for the purpose of the research team checking the intervention is delivered in accordance with the trial protocol	<input type="checkbox"/>	<input type="checkbox"/>
Anonymous data from this project being submitted to a data repository	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that:

- I have read and understand the Explanatory Statement
- I believe I understand the aims and requirements of the research study and agree to complete all required activities in this study
- I understand the possible risks of involvement in this research study
- I voluntarily consent to take part in this research study

Name of Participant _____

Participant Signature _____ Date _____