

INFORMED CONSENT FORM – MOVE CLINICAL STUDY

Protocol ID: MOVE-001/2025 | Version 1.0 | Date: June 15, 2024

Study Title: Movement-Oriented Velocity of Engagement (MOVE) Protocol

Principal Investigator: Dr. Neeraj Mehta, Ph.D. | MMSx Authority

Ethics Approval: Institutional Research Ethics Board (IREB Approval No: IREB/2024/067)

Organization: MMSx Authority – Institute for Movement Mechanics & Biomechanics Research

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Participant Informed Consent Form

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Study Title & Sponsor

M.O.V.E. Protocol — Movement-Oriented Velocity of Engagement

Sponsor: MMSx Authority (with BodyGNTX USA, GFFI India, IIKBS Affiliate; academic collaboration with ASFU)

Purpose of the Study

To evaluate the safety and effectiveness of an early-mobilization rehabilitation approach (MOVE) for musculoskeletal pain and recovery.

Procedures

- Assessment at baseline, week-2, week-4, and week-8 (pain, function, balance, activity tolerance).
- Participation in MOVE sessions: Mobilize, Optimize Load, Validate Neural Control, Energize Recovery.
- Home program: brief daily mobility and walking/cycling (20–30 minutes as tolerated).

Risks & Discomforts

Temporary soreness or symptom flare may occur. Serious risks are unlikely but include falls or strain. You should report any symptoms to your investigator immediately.

Benefits

Potential reduction in pain, improved function, and faster return to activities. Benefits are not guaranteed.

Alternatives

Usual care, rest/medication, or other rehabilitation options. You may discuss alternatives with your clinician.

Confidentiality

Your data will be de-identified for analysis. Records may be reviewed by the MMSx IREB for monitoring.

Voluntary Participation & Withdrawal

Participation is voluntary. You may withdraw at any time without penalty or loss of benefits.

Compensation & Costs

No direct payment is offered. There are no costs beyond your usual travel/time.

Contacts for Questions

Study team: info@mmsxauthority.com. For rights as a participant, contact MMSx IREB.

Consent & Authorization

Participant Signature / Date

Witness Signature / Date

Investigator / Authorized Designee Signature / Date

By signing, I confirm I have read and understood this consent form and agree to participate.

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