ASSESSMENT OF DIFFERENT PHYSIOTHERAPY TREATMENTS FOR PATELLOFEMORAL CHONDROPATHY

Informed Consent Form

Document Type: Participant Information Sheet

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Principal Investigator: Cristina Pellicer Casajuana

Institution: Universitat Rovira i Virgili (URV)

INFORMED CONSENT FORM

The investigator Cristina Pellicer Casajuana informs the participant Mr./Ms. ..... of the existence of a research project on Patellofemoral Pain Syndrome and requests their participation.

"ASSESSMENT OF DIFFERENT PHYSIOTHERAPY TREATMENTS FOR PATELLOFEMORAL CHONDROPATHY"

The objective of this project is to carry out a physiotherapy intervention protocol to treat Patellofemoral Pain Syndrome. It is necessary to work with certain clinical history data of the participant, perform a physical examination, complete a series of questionnaires assessing pain, functionality, physical activity, psychological status, and sleep quality, and undertake a non-invasive treatment.

The study poses no risk to the participant.

The benefit of the study is to deepen the understanding of Patellofemoral Pain Syndrome to improve its
prevention, diagnosis, and treatment. In the short term, the results obtained from the study are expected to benefit the subject by reducing pain and increasing functionality.

Those responsible for the study, and consequently for the data, are researchers from the Universitat Rovira I Virgili, who may establish scientific collaborations with other academic institutions or private companies. In the case of private companies, they may obtain financial benefits derived from discoveries made using the study results. Collaboration with other institutions may involve sharing part of the results for joint scientific publications, a procedure that will be conducted under the confidentiality and security standards outlined above.

The research team guarantees confidentiality regarding the identity of the participant, and the results derived from the research will be used solely for the specified purposes and no others.

I have been informed of the nature of the study summarized in this sheet, I have had the opportunity to ask questions to clarify my doubts, and I have made the decision to participate, knowing that this decision does not affect my therapeutic care at the center and that I can withdraw from the study at any time.

Participant Full Name: .....

Date: .....

Signature: .....

Investigator / Informant
Name: Cristina Pellicer Casajuana

Date: .....

Signature: .....