

# Postural and Muscle Fatigue Analysis of Endodontic Residents

Informed consent form

February 2024

## Informed Consent Form

Study Title: Risk for the development of musculoskeletal disorders in students of the Master's Degree in Advanced Endodontics, Universidad Europea de Madrid.

Sponsor: European University of Madrid

Investigators: Antonio Conde (UEM), Gaizka Loroño (UEM), Ruth Pérez (UEM), Roberto Estévez (UEM), Victor Díaz-Flores García (UEM), Juan Carlos Ortiz-Hugues (Panamá), Carlos G. Adorno (UNA, Paraguay)

Center: European University of Madrid.

In Madrid, at \_\_\_\_ of \_\_\_\_ of 20\_\_\_\_

Dear patient: Your participation is requested in this research project, whose main objective is to determine whether the postures adopted by students of the Master's Degree in Advanced Endodontics during clinical care constitute a risk for the development of temporomuscular disorders (TMD).

During the performance of root canal treatment on an upper or lower molar in the patient, the posture adopted by the student during a part of the treatment will be recorded from 3 different angles (2 lateral and one frontal).

The recording will not interfere with the treatment, which will follow the standard protocols of the clinic. The personal information collected for the study will only be on which tooth the root canal treatment was performed.

No other patient identifiable information will be collected. In case your face appears in the recordings, it will be pixelated or covered from the videos or images that will be used for scientific dissemination in conferences, classrooms and scientific articles, among others.

You will be asked for your consent to participate in the study as a patient of the Advanced Endodontics Master's student. Your participation is completely voluntary, and if you decide not to participate you will receive all the dental care you require and your relationship with the dental team will not be affected.

You must give your informed consent in writing, signing this document so that the tooth to be treated according to the indication is used in the study.

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Mr./Ms. \_\_\_\_\_, aged \_\_\_\_\_, with ID card number \_\_\_\_\_ and address at \_\_\_\_\_.

I have received a satisfactory explanation of the study procedure, its purpose, risks, benefits and alternatives. I have been satisfied with the information received, I have understood it, all

my doubts have been answered and I understand that my participation is voluntary. I give my consent for the proposed procedure and I know my right to withdraw it whenever I wish, with the only obligation to inform the physician responsible for the study of my decision.

In Madrid, on the day \_\_\_\_\_ of \_\_\_\_\_ of 20\_\_\_\_.

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Signature and ID card number of the investigator      Signature and ID card number of the patient

\*In cases of minors between 12 and 18 years of age, a duplicate sheet must be made: one for the minor (with the informative text adapted to the understanding and treatment corresponding to an adolescent) and one for the legal representative of that minor. In the case of minors under 12 years of age, only the legal representative signs the consent. The model for both cases varies in the first line and in the signature, as follows:

Mr./Ms. \_\_\_\_\_, aged \_\_\_\_, with ID card \_\_\_\_\_, legal representative of Mr./Ms. \_\_\_\_\_, aged \_\_\_\_, with ID card \_\_\_\_\_,

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Signature and ID card number of the patient's legal representative