ClinicalTrials.gov Cover Page

Official Study Title: What are the isokinetic strength and self-reported functional outcomes (ATRS) at 12 months after non-surgical management of Achilles tendon rupture using the SMART protocol?

NCT Number: NCT07391553

Document: Informed Consent Form

Version: 2

Date: 10 June 2026

Sponsor: Liverpool University Hospitals NHS Foundation Trust

Responsible Party: Chief Investigator Jeff Morton

IRAS ID: 357432

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Centre Number:

Study Number:

Participant Identification Number for this trial:

Liverpool University Hospitals NHS Foundation Trust

CONSENT FORM

Title of Project: What are the isokinetic strength outcomes and self-reported functional outcomes (ATRS) at 12 months following non-surgical management of Achilles tendon rupture using the SMART protocol?

Name of Researcher: Raymond Healy

Please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the research team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
4. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. ☐
5. I understand what taking part in this study involves, including completing questionnaires, clinical assessment, and strength testing. ☐
6. I understand that the information held and maintained by Liverpool University Hospitals NHS Foundation Trust may be used to help contact me or provide information about my health status. ☐
7. I agree to take part in the above study. ☐

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.

Name of Participant	Date	Signature
Name of Person seeking consent	Date	Signature