February 1, 2026

INFORMED CONSENT FORM

STUDY TITLE: The Effect of Kinesiological Taping Applied to the Diaphragm Muscle on Respiratory Functions, Balance, Functional Capacity, and Quality of Life in Stroke Patients

You are being invited to participate in a research study described below. Participation in this study is entirely voluntary. Before deciding whether or not to participate, it is essential that you understand why the research is being conducted, how your information will be used, what the study entails, and the potential benefits, risks, or discomforts involved. Please take the time to read the following information carefully. If you decide to participate, please sign the Study Participation Consent Form. You are free to withdraw from the study at any time. You will not receive any financial payment for participating, nor will you be asked for any financial contribution or material support. All materials to be used in the research and all potential expenses will be covered by the researcher.

SUBJECT AND PURPOSE OF THE STUDY

Disruption of the central respiratory rhythm system, damage to motor pathways controlling respiration, and aspiration (resulting from bulbar weakness) can cause respiratory impairment in stroke patients. Consequently, a decrease in lung capacity and weakness in respiratory muscles frequently occur in stroke patients. The aim of this study is to investigate the effect of Kinesiological Taping applied to the diaphragm muscle on respiratory functions, balance, functional capacity, and quality of life in stroke patients.

STUDY PROCEDURES

Assessments:

Participants will undergo the following assessments at baseline (beginning of the study) and at the end of 8 weeks:

- Pulmonary Function Test (PFT)
- Respiratory Muscle Strength
- Functional Capacity
- Balance
- Stroke-Specific Quality of Life Scale
- Functional Independence Measure (Modified Barthel Index)
- Fatigue Severity Scale (FSS)
- Mini-Mental State Examination (MMSE)

Treatment Program:

Study Group Protocol:

Initially, one briefing session will be provided on effective breathing techniques. Subsequently, general physiotherapy sessions will be administered 2 days per week for 8 weeks. Following each general physiotherapy session, Kinesio Tex Taping will be applied to the diaphragm muscle, followed immediately

by respiratory exercises. Patients will be requested to perform the respiratory exercises while the tape is on, 5 days per week, morning and evening. Home respiratory exercises will be monitored using 'Daily Tracking Logs' provided to the patients. These tracking logs will be checked at every patient encounter. The tape will be renewed every 3 days.

Kinesio Tex Taping Application:

The length of the 5 cm wide tape was measured to fit the left and right sides of each subject's body. The lower ribs were wrapped with tape starting from the thoracic vertebrae, and the length to the end of the sternum was measured. The tape was then cut to three-quarters of the measured total length and applied to the same area with 15% tension. The tape was applied during each subject's maximum voluntary expiration in an upright sitting position. Finally, a vertical strip of tape was applied to secure the base of the two tape segments previously affixed to the chest area.

General Physiotherapy Session:

- **20-Minute Exercise Program:** 4-extremity stretching
- 4-extremity unresisted strengthening
- Parallel bar walking, treadmill walking, and stair climbing
- Tandem gait and standing with eyes closed for balance training
- **20-Minute Electrotherapy Application:** Neuromuscular Electrical Stimulation (NMES) applied to the lower extremities

Respiratory Exercises:

- Diaphragmatic Breathing (10 repetitions)
- Thoracic Expansion Exercises (10 repetitions)
- Pursed-Lip Breathing (10 repetitions)
- Sustained Maximal Inspiration / Breath Hold (5 repetitions)

*Patients' oxygen saturation was monitored with a pulse oximeter during respiratory exercises.

At the end of 8 weeks, all baseline assessments will be repeated.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THE STUDY?

Potential benefits of participating include slowing down or halting the impairment of respiratory functions, which is one of the secondary complications of stroke, through the treatment administered by the physiotherapist. Furthermore, we anticipate that this method applied to the diaphragm muscle will positively contribute to balance, functional capacity, and indirectly to overall quality of life.

WHAT IS THE COST OF PARTICIPATING IN THIS STUDY?

Participation in this study will not impose any financial burden on you, nor will you receive any monetary payment.

SHOULD I PARTICIPATE IN THE STUDY?

Participating in this study is entirely up to you. Even if you sign this form now, you remain free to withdraw from the study at any time without giving any reason. If you choose not to participate or decide to withdraw, the most appropriate standard treatment plan will still be provided for you by the researcher. Similarly, the investigator conducting the study may determine that continuing the study is no longer

beneficial for you and may withdraw you from the study; in this case as well, the most appropriate treatment option will be selected for you.

HOW WILL MY PERSONAL INFORMATION BE USED?

Your study investigator will use your personal data to carry out the research and conduct statistical analyses; however, your identifying information will be kept strictly confidential. Your information may only be reviewed by ethics committees or official regulatory authorities where required by law. At the conclusion of the study, you have the right to request information regarding your own results. Study findings may be published in medical literature at the conclusion of the study, but your identity will remain completely anonymous.

PERSONS TO CONTACT FOR QUESTIONS AND INQUIRIES

NAME: MSc. PT. Süheda Hasözdemir

ROLE: Co-Investigator

PHONE: 0531-025-09-14

CONSENT TO PARTICIPATE IN THE STUDY

I have discussed the information above in detail with the relevant investigator, and all of my questions have been answered satisfactorily. I have read and understood this informed consent document. I freely and voluntarily agree to participate in this study and sign this consent form. This consent does not waive or override any applicable laws or legal regulations. The investigator has provided me with a copy of this document to keep.

Volunteer Full Name:		**Date & Signature:**
Phone:		
Legal Guardian Full Name (if applicable):		**Date & Signature:**
Phone:		
Witness Full Name:		**Date & Signature:**
Phone:		
Investigator Full Name:	MSc. PT. Süheda Hasözdemir	**Date & Signature:**
Phone:	0531-025-09-14	