

Title:

**ELECTROPHYSIOLOGICAL STUDIES OF INDUCED
FORWARD HEAD POSITION AND HAND
USE OF MOBIL PHONE**

NCT: not yet assigned

Document Date : 12/11/2019

**FACULTY OF PHYSICAL THERAPY
APPLICATION FOR ETHICAL REVIEW**

NOTES:

- Answers to questions must be entered in the space provided.
- An electronic version of the completed form should be submitted to the Research Ethics Officer, at the following email address: ...ethical@pt.cu.edu.eg...... Please **do not** submit paper copies.
- If you have any queries about the form, please address them to the [Research Ethics Team](#).

FACULTY OF PHYSICAL THERAPY APPLICATION FOR ETHICAL REVIEW	OFFICE USE ONLY: Application No: Date Received:
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1. TITLE OF PROPOSAL

ELECTROPHYSIOLOGICAL STUDIES OF INDUCED FORWARD HEAD POSITION AND HAND USE OF MOBIL PHONE

2. THIS PROPOSAL IS:

Physical Therapy Staff Research **Proposal**

Physical Therapy Postgraduate Research (PGR) Student Proposal

Master

Doctoral

Other

Other (Please specify):

3. INVESTIGATORS

a) PLEASE GIVE DETAILS OF Student (FOR PGR STUDENT PROPOSAL) or first author for staff Research Proposal

Name: Title / first name / family name	Karim sami ibrahim
Highest qualification & position held:	MSc. Of Pediatric Physical Therapy, Assistant Lecturer at MTI University
Department/ Faculty/ University	Pediatrics/Physical Therapy/MTI university
Telephone:	+2 01124252525
Email address:	Karim_elsaharty25@yahoo.com

a) PLEASE GIVE DETAILS OF ANY CO-SUPERVISORS OR CO-INVESTIGATORS (FOR PGR STUDENT PROPOSAL) or co- first author for staff Research Proposal b)

Name: Title / first name / family name	Prof. AMIRA EL-TOHAMY
Highest qualification & position held:	Professor
Department/ Faculty/ University	Pediatrics/Physical Therapy/ Cairo University
Telephone:	
Email address:	amiraeltahamy@yahoo.com

Name: Title / first name / family name	Ass.Prof. walaaabdelhakeem
Highest qualification & position held:	Assistant Professor
Department/ Faculty/ University	Pediatrics/Physical Therapy/ Cairo University
Telephone:	
Email address:	Walaa_abdelhakim@gmail.com

Name: Title / first name / family name	DR. MOHAMED HAMED RASHAD
Highest qualification & position held:	Lecturer of Neurology
Department/ Faculty/ University	Pediatrics/Medicine/ Cairo University
Telephone:	
Email address:	

4. SUMMARY OF PROPOSAL

To compare between forward head position and hand use of mobile phone on conduction velocity of upper limb nerves

PURPOSE:

- To compare between forward head position and hand use of mobile phone on conduction velocity of upper limb nerves
- To investigate the F responses of upper limbs nerves.
- To investigate the compound muscle action potential (CMAP) amplitudes of median nerves

BACKGROUND:

Forward head position may affect the cervical nerve root so it can also affect nerve conduction velocity due to continues stretch on nerves, also the over use of smart phone by hand may be affected the hand nerves, so this study determine which one of them has more influence than the other.

If the forward head position has the worst effect on the upper limb nerves we must avoid the incorrect position of the head to avoid stretch and compression of the nerves.

HYPOTHESES:

- There are no statistical difference between forward head position and hand use of mobile phone on conduction velocity of the nerves of upper limb.

RESEARCH QUESTION:

Is there a correlation between forward head position and hand use of mobile phone on electrophysiological parameters of upper limb nerves?

5. CONDUCT OF PROJECT

Please give a description of the research methodology that will be used

- 1-Electromyography (EMG) will be used to measure nerve conduction velocity, F-wave, motor action potential
- 2- Soft collar Will used to fixed the craniocervical angle during used mobile phone
- 3- Universal goniometer Will used to measure craniocervical angle

6. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

Describe the number of participants and important characteristics (such as age, gender, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

Normal three hundred thirty five of both genders will participate in this study, Their ages range from 14-18 years, Not rolled on any regular athletic activity

Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

Inclusion criteria:

Their ages range from 14-18 years.

Not rolled on any regular athletic activity

-Exclusion criteria:

Individual with neck pain

Congenital deformity for upper limb

Peripheral neuropathy due to diabetes mellitus type I

Rheumatoid arthritis

History of surgical intervention at nerves of the upper extremity

8. CONSENT

Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why. If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

9. CONFIDENTIALITY

a)	Will all participants be anonymous?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
b)	Will all data be treated as confidential?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.

10. SIGNIFICANCE/BENEFITS

Outline the potential significance and/or benefits of the research

Delay in the treatment of extended Erb's palsy may result in substantial and chronic impairment due to many causes. One of the causes is the imbalance between the recovery of elbow flexors and elbow extensors where the latter will be delayed. This study will determine if a debilitating tightness and contracture (elbow flexion) can be prevented using the kinesiology tape in infants with Extended Erb's Palsy.

11. RISKS

Outline any potential risks to **INDIVIDUALS** , including research staff, research participants, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap

Risk of Infection: minimizing the risk through adequate sterilization of the treated areas during evaluation and treatment.

12. DECLARATION BY APPLICANTS

I submit this application on the basis that the information it contains is confidential and will be used by the Faculty of Physical Therapy for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

I declare that:

- The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.
- I will report any changes affecting the ethical aspects of the project to the Faculty of Physical Therapy Research Ethics Officer.
- I will report any adverse or unforeseen events which occur to the relevant Ethics Committee via the Faculty of Physical Therapy Research Ethics Officer.

Name of Principal investigator/project supervisor:

Karim sami ibrahim

Prof. Amera El-Tohamy

Date:

12 of novamber, 2019

Preflight Results

Document Overview

Preflight Information

Title: **El Khatib, Yehia (elkhatib)**
Author: **El Khatib, Yehia (elkhatib)**
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