INFORMED CONSENT FORM

Name of principal investigator: Eluemuno Lauretta Ndionuka

Department: Physiotherapy

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Title of Research: Interrupted direct current stimulation for neuromuscular recovery and return to walking after traumatic spinal cord injury: a randomized control trial

Name (s) and affiliation (s) of researcher (s) of applicant (s):

This study is being conducted by **Mrs. Ndionuka** of the University of Lagos, Physiotherapy Department, College of Medicine and being supervised by **Professor O .A Olawale** and **Dr. C. A .O Gbiri** of the same Department.

Sponsor (s) of research:

This study is self-sponsored

Purpose (s) of research:

To explore the effectiveness of interrupted direct current for neuromuscular recovery and return to walking in individuals with traumatic spinal cord injury.

Procedure for the research: You are kindly required to participate in a series of exercise regimen targeted at strengthening muscles and restoring your ability to walk after your injury. Your progress will be documented every six (6) weeks for a total of 24 weeks and you may be approached later for further interview by the researcher if need be.

Expected duration of research and of participant(s)' involvement: Involvement in this study will be for about 60 to 90 minutes for each exercise session, three (3) times a week, on alternate days for a period of twenty-four (24) weeks. An additional 10 to 15 minutes may be required for an interview with the researcher if need be.

Risk(s): There will be minimal to no (risks) or harm to study participants but any unforeseen harm to study participants will be effectively treated by the principal researcher.

Costs to the participants: Your participation in this research will not cost you anything.

Benefits: This study will serve to prevent the occurrence of conditions secondary to spinal cord injury like pressure ulcers, muscle atrophy or joint stiffness, as well as provide useful data that may provide insight into improving outcomes of rehabilitation in individuals with spinal cord injury by limiting the period of hospitalization. It may also help to improve the formation of medical strategies to achieve the best clinical outcomes in spinal cord injury rehabilitation.

Confidentiality: The information collected in this study will be coded and no name will be recorded. This study cannot be linked to you in anyway and your name or any identity will not be used in any publication or reports from it. However your name will only appear on the consent form which will be signed and kept separately from the study documents for ethical purposes and for identification in case you will be found with some neuromuscular problems that merit further intervention and/or interview with the researcher.

Voluntariness: Your participation in this research is entirely voluntary.

Alternatives to participation: If you decide not to participate, this will not affect your treatment in any way.

Due inducement(s): You will not be paid any fees for participating in this research.

Consequences of withdrawal: You can also choose to withdraw from this study at any time and this does not attract any penalty or disadvantage. After reading these explanations, do not hesitate to ask any questions in case you need clarifications.

Research Outcome and Feedback: The researcher will make public the outcome of the study through local and international journals. During the course of this study and afterwards you are assured of the researcher's availability to address any questions that will be of interest to you.

Any apparent of potential conflict of interest: None

Statement of person obtaining informed consent:

I have fully explained this research to ……. And have given sufficient information, including risks and benefits of participation, to help in making an informed decision.

Date …… Signature ……

Name ……

Statement of participant giving consent:

I _____ _____ have read the description of the research and fully understood it. I have also talked it over with the researcher to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research to decide that I want to take part in it. I understand that I may freely stop being part of this study at any time. I hereby give my consent to participate.

SIGNATURE: _____ DATE: _____

Detailed contact information of Researcher: This research has been approved by the Health Research Ethics Committee of the College of Medicine, University of Lagos, National Orthopaedic Hospital, Igbobi, Lagos State University Teaching Hospital, Ikeja and Federal Medical Centre, Ebute Meta, Lagos. In addition, if you have any question about your participation in this research you can contact the researcher at: **Physiotherapy Department, Lagos University Teaching Hospital, Idi-Araba, Lagos State, Nigeria. Phone: 08028436085. Email: eluendionuka@gmail.com**

You can also contact the Head of Department at the Department of Physiotherapy, Lagos University Teaching Hospital, Idi-Araba, Lagos.

PLEASE KEEP A COPY OF THE SIGNED INFORMED CONSENT FORM.