



Partners Human Research Committee  
Partners Human Research Office  
116 Huntington Avenue, Suite 1002  
Boston, MA 02116  
Tel: (617) 424-4100  
Fax: (617) 424-4199

## Amendment: Notification of IRB Approval/Activation

Protocol #: 2009-P-000329/43; BWH

Date: 02/11/2013

To: Nitin Jain, MD, MSPH  
Orthopedics

From: Isabel Middleton Suzarte  
PHS Research Management  
HN116

Title of Protocol: Rotator Cuff Tears: Optimizing Diagnosis and Treatment Strategies  
Version Date: 02/10/2009  
Sponsor/Funding Support: Foundation for Physical Medicine and Rehabilitation  
IRB Amendment #: 31  
IRB Review Type: Expedited  
Minimal Risk: 45 CFR46.110 and 21 CFR56.110  
Expedited Category/ies: (4) Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves; using medical devices cleared/approved for marketing.  
(5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).  
IRB Approval Date: 02/01/2013  
Approval Effective Date: 02/11/2013  
IRB Expiration Date: 02/07/2014

This Amendment to ongoing approved project has been reviewed and approved by the BWH IRB. During the review of this Amendment to ongoing approved project, the IRB specifically considered (i) the risks and anticipated benefits, if any, to subjects; (ii) the selection of subjects; (iii) the procedures for securing and documenting informed consent; (iv) the safety of subjects; and (v) the privacy of subjects and confidentiality of the data.

### NOTES:

- *Adding optional testing of selected biomechanical factors for enrolled subjects including scapular kinematics, measure of subacromial space, and scapular muscle activity.*
- *Subjects electing this additional assessment will be compensated an additional \$50 for their participation each time the procedures are performed (\$100 total).*
- *The revised Protocol Summary (December 2012), Detailed Protocol (10/2/12) and the Consent Forms have been approved.*

As Principal Investigator you are responsible for the following:

Official Version Generated from the Partners Human Research Committee Database  
02/11/2013 09:30 AM





Partners Human Research Committee  
Partners Human Research Office  
116 Huntington Avenue, Suite 1002  
Boston, MA 02116  
Tel: (617) 424-4100  
Fax: (617) 424-4199

1. Submission in writing of any and all changes to this project (e.g., protocol, recruitment materials, consent form, study completion, etc.) to the IRB for review and approval prior to initiation of the change(s), except where necessary to eliminate apparent immediate hazards to the subject(s). Changes made to eliminate apparent immediate hazards to subjects must be reported to the IRB.
2. Submission in writing of any and all adverse event(s) that occur during the course of this project in accordance with the IRB's policy on adverse event reporting.
3. Submission in writing of any and all unanticipated problems involving risks to subjects or others.
4. Use of only IRB approved copies of the consent form(s), questionnaire(s), letter(s), advertisement(s), etc. in your research. Do not use expired consent forms.
5. Informing all physicians listed on the project of changes, adverse events, and unanticipated problems.

The IRB can and will terminate projects that are not in compliance with these requirements. Direct questions, correspondence and forms (e.g., continuing reviews, amendments, adverse events, safety reports) to Isabel Middleton Suzarte, 617-424-4115.

cc: Catherine E. Sutherland, CIP, Research Management, 125 Nashua Street Boston, MA 02114  
Nitin Jain, MD, MSPH, Orthopedics  
Peter Douglass



Partners Human Research Committee  
Partners Human Research Office  
116 Huntington Avenue, Suite 1002  
Boston, MA 02116  
Tel: (617) 424-4100  
Fax: (617) 424-4199

## Continuing Review: Notification of IRB Approval/Activation

Protocol #: 2009-P-000329/43; BWH

Date: 02/11/2013

To: Nitin Jain, MD, MSPH  
Orthopedics

From: Isabel Middleton Suzarte  
PHS Research Management  
HN116

Title of Protocol: Rotator Cuff Tears: Optimizing Diagnosis and Treatment Strategies  
Version Date: 02/10/2009  
Sponsor/Funding Support: Foundation for Physical Medicine and Rehabilitation  
IRB Continuing Review #: 4  
IRB Review Type: Expedited  
Minimal Risk: 45 CFR46.110 and 21 CFR56.110  
Expedited Category/ies: (4) Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves; using medical devices cleared/approved for marketing.  
(5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).  
IRB Approval Date: 02/07/2013  
Approval Effective Date: 02/07/2013  
IRB Expiration Date: 02/07/2014

This Project has been reviewed and approved by the BWH IRB. During the review of this Project, the IRB specifically considered (i) the risks and anticipated benefits, if any, to subjects; (ii) the selection of subjects; (iii) the procedures for securing and documenting informed consent; (iv) the safety of subjects; and (v) the privacy of subjects and confidentiality of the data.

NOTES: Reviewed and approved by the IRB: Detailed Protocol 8/17/12, Protocol Summary July 2011, Consent Form and Enrollment Report.

As Principal Investigator you are responsible for the following:

1. Submission in writing of any and all changes to this project (e.g., protocol, recruitment materials, consent form, study completion, etc.) to the IRB for review and approval prior to initiation of the change(s), except where necessary to eliminate apparent immediate hazards to the subject(s). Changes made to eliminate apparent immediate hazards to subjects must be reported to the IRB.
2. Submission in writing of any and all adverse event(s) that occur during the course of this project in accordance with the IRB's policy on adverse event reporting.



Partners Human Research Committee  
Partners Human Research Office  
116 Huntington Avenue, Suite 1002  
Boston, MA 02116  
Tel: (617) 424-4100  
Fax: (617) 424-4199

3. Submission in writing of any and all unanticipated problems involving risks to subjects or others.
4. Use of only IRB approved copies of the consent form(s), questionnaire(s), letter(s), advertisement(s), etc. in your research. Do not use expired consent forms.
5. Informing all physicians listed on the project of changes, adverse events, and unanticipated problems.

The IRB can and will terminate projects that are not in compliance with these requirements. Direct questions, correspondence and forms (e.g., continuing reviews, amendments, adverse events, safety reports) to Isabel Middleton Suzarte, 617-424-4115.

cc:

Catherine E. Sutherland, CIP, Research Management, 125 Nashua Street Boston, MA 02114  
Nitin Jain, MD, MSPH, Orthopedics  
Peter Douglass