

Return to Sport, IKDC Survey

[REDACTED]
Informed Consent to Participate in Research Survey

Study title: [REDACTED]
[REDACTED]

Researcher : [REDACTED]

We're inviting you to take a survey for research. This survey is completely voluntary. You will continue to receive your routine medical care if you choose not to participate. If you start the survey, you can always change your mind and stop at any time.

What is the purpose of this study? We want to understand the outcomes of patients that have had the type of surgery on your knee that you recently had. The surgery you had is called an anterior cruciate ligament reconstruction.

What will I do? This survey will ask questions about pain and function of your knee and details on sporting activities after surgery. If you choose to participate, the researchers will also collect data about your age, sex, injury, diagnosis, and surgery using your medical chart.

Risks

- Online data being hacked or intercepted: anytime you share information online there are risks. We're using a secure system to collect this data, but we can't completely eliminate this risk.
- Breach of confidentiality: There is a chance your data could be seen by someone who shouldn't have access to it. We're minimizing this risk in the following ways:
 - o We will store all electronic data on a password-protected, encrypted computer

Possible benefits: There are no direct benefits for you for participating in this survey. Results of this study may provide benefit to the orthopaedic surgery community through understanding the outcomes of patients that undergo this procedure and how successfully they are able to return to sport.

Estimated number of participants: 100

How long will it take? Approximately 10 minutes

Costs: None

Compensation: None

Future research: De-identified data (all identifying information removed) may be shared with other researchers. You won't be told specific details about these future research studies.

researchers will have access to the data.

Where will data be stored? Data will be stored on the researchers' password protected computers.

How long will it be kept? Up to 5 years after study completion

Who can see my data?

- We (the researchers) will have access to the data. This is so we can analyze the data and conduct the study.
- Agencies that enforce legal and ethical guidelines, such as
 - o The Institutional Review Board (IRB) at UWM
 - o The Office for Human Research Protections (OHRP)
- We may share our findings in publications or presentations. If we do, the results will be grouped with no identifying information presented. If we quote you, we'll use pseudonyms (fake names).

Questions about the research, complaints, or problems: Contact [REDACTED]

Questions about your rights as a research participant, complaints, or problems: Questions about the rights of research participants may be addressed to the [REDACTED]

Agreement to Participate: Your participation is completely voluntary, and you can withdraw at any time. To take this survey, you must be:

- Someone who has undergone anterior cruciate ligament reconstruction at [REDACTED]

By answering the questions below, you consent to participate in this study.

Study ID

1.1

Symptoms

These questions should be answered thinking of your knee symptoms during the last week.

2. What is the highest level of activity that you can perform without significant knee pain?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing, or tennis
- Moderate activities like moderate physical work, running, or jogging
- Light activities like walking, housework, or yard work
- Unable to perform any of the above activities due to knee pain

3. During the past 4 weeks, or since injury, how often have you had pain?

0	1	2	3	4	5	6	7	8	9	10
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Never

Constant

4. If you have pain, how severe is it?

0	1	2	3	4	5	6	7	8	9	10
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No pain

Worst pain

5. During the past 4 weeks, or since your injury, how stiff or swollen was your knee?

- None at all
- Mildly
- Moderately
- Very
- Extremely

6. What is the highest level of activity that you can perform without significant swelling in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing, or tennis
- Moderate activities like moderate physical work, running, or jogging
- Light activities like walking, housework, or yard work
- Unable to perform any of the above activities due to knee pain

7. During the past 4 weeks, or since your injury, did your knee lock or catch?

- No
- Yes

8. What is the highest level of activity that you can perform without significant giving way in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing, or tennis
- Moderate activities like moderate physical work, running, or jogging
- Light activities like walking, housework, or yard work
- Unable to perform any of the above activities due to knee pain

Sports Activities

9. What is the highest level of activity you can participate in on a regular basis?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing, or tennis
- Moderate activities like moderate physical work, running, or jogging
- Light activities like walking, housework, or yard work
- Unable to perform any of the above activities due to knee pain

10. How does your knee affect your ability to go up stairs?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

11. How does your knee affect your ability to go down stairs?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

12. How does your knee affect your ability to kneel on the front of your knee?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

13. How does your knee affect your ability to squat?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

14. How does your knee affect your ability to sit with your knee bent?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

15. How does your knee affect your ability to rise from a chair?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

16. How does your knee affect your ability to run straight ahead?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

17. How does your knee affect your ability to jump and land on involved leg?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

18. How does your knee affect your ability to stop and start quickly?

- None at all
- Slight
- Moderate
- Extreme
- Unable to do

Function, and activity of daily living

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee.

19. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

Function prior to knee injury:

0	1	2	3	4	5	6	7	8	9	10
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Cannot perform ADL

No limitation of ADL

20. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

Current function of your knee:

0	1	2	3	4	5	6	7	8	9	10
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Cannot perform ADL

No limitation of ADL

Return to Sport Questions

21. Did you return to original sport following your ACL reconstruction?

Yes

No

22. How long after surgery did you return to the same sport you played prior to injury?

23. What position (ex. shortstop, point guard) did you play before your injury?

24. Did you return to the same position (ex. shortstop, point guard) you played prior to injury?

Yes

No

I did not return to play

25. If you started playing a different position (ex. shortstop, point guard) of the same sport, what position did you start playing?

I did not return to this sport

I did not switch positions

Other

26. Did you return to the same level of sport (professional, semi professional, college, high school, intermural/recreational, etc.) as before your injury?

Yes

No

27. How long did you remain in your sport following injury?

I'm still playing my sport

I did not return to sport

Other

28. Have you experienced any further injury to the same knee? If yes, what injury?

No

Other

29. Have you had repeat surgery on the same knee?

Yes

No

30. Have you experienced any further injury to the opposite knee? If yes, what injury?

No

Other

31. Where did you do physical therapy after the surgery?

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