**PARTICIPANT INFORMED CONSENT FORM**

**PROJECT TITLE:**

A bike pedalling based protocol after total knee replacement surgery compared to a standard multi-exercise physiotherapy program: a randomised control trial.

**BUHREC PROTOCOL NUMBER: 0000015631**

**Participant Informed Consent:**

I agree to take part in this Bond University Research Project.

I have read the Explanatory Statement. I am willing to:

* Be randomly allocated to one of two different Physiotherapy Treatment Groups.
* Participate in twice daily physiotherapy sessions for approximately 20 minutes per session while I am a patient at Pindara Hospital.
* Continue with a home exercise program prescribed to me on discharge from hospital.
* Complete the physical tests and written surveys described on the Explanatory Statement in conjunction with my routine Orthopaedic Surgeon Reviews at 12 days and 4 months after my total knee replacement

I understand that my identity and all data will be kept confidential.

I understand that my participation is voluntary and that I can choose not to participate at any time and can withdraw freely at any stage of the research without any negative consequences to me. If I do choose to withdraw from this study I will still be entitled to the standard practice of post-operative physiotherapy care provided by Pindara Private Hospital.

Participant Name: ………………………………………………………………………………………………………………………

Signature: ……………………………………………………….. Date: ………………………………………………………..

Witness Name: …………………………………………………………………………………………………………………………..

Signature: ……………………………………………………….. Date: ………………………………………………………..

Should you have any complaints concerning the manner in which this research is being conducted please make contact with:

**Bond University Human Research Ethics Committee,**

**c/o Bond University Office of Research Services.**

**Bond University, Gold Coast, 4229**

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