Adolescent Information and Assent Form
Children Age 14-16 years old

Assent form - The effects of Adolescent Idiopathic Scoliosis on human vestibular perception

WHO IS IN CHARGE OF THE STUDY?
The researcher in charge of the study is Dr. Christopher Reilly and Dr. Jean-Sébastien Blouin. Emma Woo is helping him. They will answer any questions I have about the study. I can call them at 778-873-7910.

INVITATION
I am being invited to take part in this research study because I am healthy and have not been diagnosed with Adolescent Idiopathic Scoliosis (AIS) (part of the control group). The control group that is representative of people without AIS. The following pages contain information about the study so that I can decide if I would like to take part or not. It is my decision if I would like to be part of this study or not. No one will make me be part of the study and no one will get mad if I do not want to be part of this study. However, I cannot participate in this study if I am pregnant.

DO I HAVE TO BE IN THIS STUDY?
I do not have to participate in this study if I don’t want to. If I choose to participate, I can stop being in it at any time. The doctors and nurses will take care of me as they have in the past, regardless of whether I am in the study or not.

If I want to participate in this study, I will be asked to sign this form. My parent/guardian will need to sign a consent form before I am enrolled in the study; but I do not have to participate even if they sign the consent form. The researchers will not enrol me into the study unless I agree to do so.

I should take time to read the following information carefully and to talk it over with my family, and if I wish, my doctor, before I decide. I understand that I should feel free to talk to the study doctors if anything below is not clear. I can choose to be in the study, not be in the study, or take more time to decide. Even if I agree now to be part of the study, I can change my mind.
later. I can ask the study doctor or study coordinator any questions I may have at any time during my study participation.

**WHY ARE WE DOING THIS STUDY?**
This purpose of this study is to gain a better understanding of how our “6th sense” (our sense of balance or vestibular system) functions while we move. Recently, researchers have proposed an association between the function of the vestibular system and AIS. The vestibular system is comprised of the vestibular end organs in the inner ear (peripheral) and the brain (central). It codes for movements of head in space and allows us to perceive head movement and maintain balance. A real life example, when I spin around in circles and when I stop I still feel like I’m spinning, that’s my brain perceiving I’m spinning but I’m not. The investigators want to investigate the effects of AIS on the human vestibular system, specifically how much participants feel that they are moving.

**WHY ARE YOU INVITING ME TO BE IN THIS STUDY?**
I am being invited to participate in this study because I am healthy and have not been diagnosed with AIS. If this study finds that there is a difference between when I am moving and when I think I am moving, this will hopefully help researchers in the future develop an assessment or therapy for others like me.

**WHAT WILL HAPPEN TO ME IN THIS STUDY?**
If I agree to be a part of this study, I will come into the lab once for two and a half hours. In the lab, the researchers will apply a topical cream to the back of my ears and maybe a small part of my upper back, so that I will not feel the electrodes. The electrodes will be attached with rubber pads. The researchers will test my skin sensitivity (how well I can feel) of the electrode sites before and after the cream to make sure the cream is working properly. I will sit in a specially designed chair that has a motor in it that will rotate me as needed. Foam cushions will lie on top of my chest arms and legs and I will have a seatbelt. I will put my head into a helmet that is tilted downwards, earplugs and a blindfold so that I cannot see which way I am turning. The researcher will tell me when I am about to turn and I will tell the researcher if I think I am turning to the right or to the left. The first session, the chair will actually be rotating to the left or to the right. The second session, the chair will not be turning but the researchers will trick my brain into thinking my body is spinning by stimulating the area behind my ears.

**CAN ANYTHING BAD HAPPEN?**
The electrodes behind my ears will produce a skin sensation that is a very mild tingling. Very rarely participate have complained of dizziness - such as unsteadiness or woozy feeling. This method of testing has been used a lot in our laboratory before and previous participants have not been dizzy. If I feel discomfort during the experiment I can tell the investigators at any point and they can stop.
There are no known risks associated with this type of testing. Some participants who experience carsickness may possibly feel sick to their stomach for a very short period of time. The chair setup, similar to an amusement park ride, will not spin far or very fast but if I get sick on rides, I could feel sick during the experiment.

There is minimal risk of falling out of the chair because of the seatbelts.

**CAN I GET BETTER BY BEING IN THE STUDY?**
I cannot directly receive any health benefits from being in this study.

**WHO WILL KNOW I AM IN THIS STUDY?**
My privacy will be respected. Unless I allow them to, the study team will not tell anybody else I am or have been a part of this study. They will not release any information to anybody else that could be used to identify me, unless they are required to do so by law. For example, researchers are required to report if a participant is believed to be at risk for harming him/herself or others.

In order to protect my privacy, the study team will remove any information that may be used to identify me from any study documents, and instead of my name appearing on them, I will be identified by a specific study code number that applies only to me. Only this code number will be used on any research-related information collected about me for this study, so that my identity as part of the study will be kept completely private. Only Dr. Christopher Reilly, Dr. Jean-Sébastien Blouin and his co-investigators will have the ability to link this code number with my personal information, and the linking information will be kept in a locked cabinet in Room 3003A of the Sensorimotor Physiology Lab at the University of British Columbia under the supervision and control of Dr. Jean Sébastien Blouin.

**WHAT WILL THE STUDY COST ME?**
This study will not cost me anything. I will receive $10/hr as reimbursement for my time.

**WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT THE STUDY DURING MY PARTICIPATION?**
If I have any questions or desire further information about this study before or during participation, or if I experience any side effects that were not outlined in this assent form, I can contact Dr. Christopher Reilly or Dr. Jean- Sébastien Blouin at (778)-873-7910.

**WHO DO I CONTACT IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT MY RIGHTS AS A PARTICIPANT?**
If I have any concerns or complaints about my rights as a research participant and/or my experiences while participating in this study, I can contact the Research Participant Complaint Line in the University of British Columbia Office of Research Ethics by e-mail at RSIL@ors.ubc.ca or by phone at 604-822-8598 (Toll Free: 1-877-822-8598).
The effects of Adolescent Idiopathic Scoliosis on human vestibular perception

ASSENT TO PARTICIPATE

My signature on this assent form means:

- I have read and understood this adolescent information and assent form.
- I have had enough time to consider the information provided and to ask for advice if necessary.
- I have had the opportunity to ask questions and have had acceptable answers to my questions.
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific objectives.
- I understand that my participation in this study is voluntary and that I am completely free to refuse to participate or to withdraw from this study at any time without changing the quality of care that I receive.
- I understand that I can continue to ask questions, at any time, regarding my participation in the study.
- I understand that if I put my name at the end of this form, it means that I agree to be in this study.

I will receive a signed copy of this assent form for my own records.

I agree to participate in this study.

___________________________  __________________________
Printed name                        Date