Informed Consent Form (ICF Template)

Protocol Title: Ankle Joint Rehabilitation Research

Research Department: Rehabilitation Department

Principal Investigator: Dr. Bo Xiao

You are invited to participate in a clinical research study. This informed consent form provides information to help you decide whether to participate in this study. Please read it carefully, and if you have any questions, please ask the investigator in charge of the study.

Your participation in this study is voluntary. This study has been reviewed and approved by the Ethics Review Committee of our research institution.

Study Purpose: This study aims to develop a robotic system for ankle joint rehabilitation to help patients perform rehabilitation exercises more effectively. Participants will use the rehabilitation robot to complete a series of predetermined rehabilitation tasks. Relevant data will be collected during the experiment for research analysis.

Study Procedure: First, a motion capture system will be used to collect the axis of different movement patterns of the human ankle joint. Then, the developed ankle joint rehabilitation robot will move according to the actual axis of the ankle joint.

Risks and Discomforts: You may experience slight discomfort or fatigue while using the rehabilitation robot. If you experience any discomfort or pain during the experiment, please inform the researchers immediately. The research team will take necessary measures to ensure your safety and comfort.

Benefits: Participation in this study may not directly improve your personal health, but you will contribute significantly to the advancement of ankle joint rehabilitation technology.

Privacy: If you decide to participate in this study, your participation and personal information will be kept confidential. All collected data will be strictly confidential and used only for research purposes. Your personal information will not be disclosed publicly, and all data will be processed anonymously.

Voluntary Participation: Your participation is entirely voluntary. You have the right to withdraw from the study at any time without providing a reason, and this will not affect any of your medical treatments or rights.

If You Are Harmed by Participating in This Study: In case of any harm related to this clinical study, you are entitled to free treatment and/or appropriate compensation.

You may access information and updates related to this study at any time. If you have any questions about the study or experience any discomfort or injury during the study, or have any concerns about the rights of participants, you can contact Xuechan Chen at 18694276776.

Informed Consent Statement

I have read this informed consent form.

I have had the opportunity to ask questions and all of my questions have been answered.

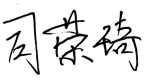
I understand that participation in this study is voluntary.

I can choose not to participate in this study, or I can withdraw at any time without discrimination or retaliation, and my medical treatment and rights will not be affected.

If I need other treatments, if I do not follow the study plan, if there are any study-related injuries, or for any other reason, the research physician can terminate my continued participation in this study.

I will receive a signed copy of the "Informed Consent Form."

Participant Name: ____Rongqi Si_____

Participant Signature: __  ____

Date: 2024 Year 7 Month 20 Day