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### **6.3 Abbreviations**

C.L.P.A.: Centum Lecby Pohyboveho Aparatu

F: Flexion

E: Extension

Ev: Eversion

In: Inversion

ABD: Abduction

ADD: Adduction

DF: dorsal flexion

PF: plantar flexion

ROM: Range of motion

No.: Number

M.M.L.: Manual muscle length

M.M.S.: Manual muscle strength

PIR: Post isometric relaxation

PNF: Proprioceptive neuromuscular facilitation

Min: minimum

Max: maximum

B/min: beat per minute

Kg: Kilogram

M.: Muscle

l.: Ligament

C: Cervical nerve

T: Thoracic nerve

L: Lumbar nerve

S: Sacral nerve

## 6.4 Granted approval by the Ethics Committee



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### Application for Ethics Board Review

of the research project, doctoral research, master degree research, undergraduate research, involving human subjects

**Project title:** Case study for sprain of left ankle (S93.4).

**Nature of the research project:** Bachelor's Thesis

**Author:** Maimaris Stelios

**Supervisor:** PhDr. Jitka Cemusova, Phd.

**Research project description:**

Case study of physiotherapy treatment of a patient with the diagnosis of sprain of left ankle (S93.4). will be conducted under the expert supervision of an experienced physiotherapist C.L.P.A. (Centrum Léčby Pohybového Aparátu).


No invasive methods will be used. Personal data obtained during the investigation will not be published.

**Guaranteed safety to be judged by experts:** rationale for the use of invasive methodologies, procedures minimizing the risk to subjects

**Ethical aspects of the research:** special rationale for research involving children, pregnant and nursing women, mentally disabled, prisoners and persons in underdeveloped communities (see the Ethics Board Code, Faculty of Physical Education and Sport, Charles University, and International Ethical Guidelines 5, 6, 7, 8 and 11)

**Informed consent** (attached)

Date: 10/1/2012

Author's signature: 

### Faculty of Physical Education and Sport, Charles University in Prague ETHICS BOARD REVIEW

**Ethics Board members:** Doc. MUDr. Staša Bartůňková, CSc.  
Prof. Ing. Václav Bunc, CSc.  
Prof. PhDr. Pavel Slepíčka, DrSc.  
Doc. MUDr. Jan Heller, CSc.

The Ethics Board at the Faculty of Physical Education and Sport, Charles University, approved the research project.

Approval number: 006/2012  
Date: 12.1.2012

The Ethics Board at the Faculty of Physical Education and Sport, Charles University, reviewed the submitted research project and **found no contradictions with valid principles**, regulations and international guidelines for biomedical research involving human subjects.

**The chief investigator of the project met the necessary requirements for receiving the Ethics Board approval.**

UNIVERZITA KARLOVA v Praze  
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Official school stamp  
José Martího 31, 162 52, Praha 6

  
Signature, REB Chairman

## **6.5 Model informed consent (Informovaný Souhlas)**

Department of Physiotherapy – Instructions for Preparation of Bachelor's Thesis for 2011/2012

### **INFORMOVANÝ SOUHLAS**

V souladu se Zákonem o péči o zdraví lidu (§ 23 odst. 2 zákona č.20/1966 Sb.) a Úmluvou o lidských právech a biomedicíně č. 96/2001, Vás žádám o souhlas k vyšetření a následné terapii. Dále Vás žádám o souhlas k nahlížení do Vaší dokumentace osobou získávající způsobilost k výkonu zdravotnického povolání v rámci praktické výuky a s uveřejněním výsledků terapie v rámci bakalářské práce na FTVS UK. Osobní data v této studii nebudou uvedena.

Dnešního dne jsem byla odborným pracovníkem poučena o plánovaném vyšetření a následné terapii. Prohlašuji a svým dále uvedeným vlastnoručním podpisem potvrzuji, že odborný pracovník, který mi poskytl poučení, mi osobně vysvětlil vše, co je obsahem tohoto písemného informovaného souhlasu, a měla jsem možnost klást mu otázky, na které mi řádně odpověděl.

Prohlašuji, že jsem shora uvedenému poučení plně porozuměla a výslovně souhlasím s provedením vyšetření a následnou terapií.

Souhlasím s nahlížením níže jmenované osoby do mé dokumentace a s uveřejněním výsledků terapie v rámci studie.

Datum:.....

Osoba, která provedla poučení:.....

Podpis osoby, která provedla poučení:.....

Vlastnoruční podpis pacienta /tky:.....