



## Kinesio Taping® Research Proposal

**Project Name:**

**Prepared by:**

**Department:**

**Address:**

**Phone Number:**

**Fax:**

**Email:**

**Date of Proposal:**

**Expected Date of Completion:**

INFORMATION MAY BE SUBMITTED ON ADDITIONAL PAGES

### **1. Project TITLE:**

### **2. LIST PRIMARY INVESTIGATOR AND CO-INVESTIGATORS/OTHER RESEARCH PERSONNEL**

Please list all participating co-investigators and other research personnel and specific years of experience and role in the project.

Appropriate background information and expertise of individual/individuals conducting the research; evidence that investigator or team is capable of completing the project.

Will you need to go through an (IRB) Institutional Review Board and if so, where? \_\_\_\_\_ Has your research been approved through IRB? \_\_\_\_\_

**3. PURPOSE OF STUDY (an additional page should be attached fully describing the section below)**

Please summarize the purpose of the study using non-technical language. The information must include: 1. A brief statement of the problem and related theory supporting the intent to study, and 2, a brief but specific description of the procedure(s) involving the subjects in 200 words or less

**4. DESCRIPTION OF HUMAN SUBJECT POPULATION**

1. Number of subjects to be enrolled

2. Age Range

Describe populations to be included/excluded from the research.

**5. DESCRIPTION OF STUDY (an additional page should be attached fully describing the section below)**

1. Describe the tasks/tests or procedures subjects will be asked to complete or undergo using non-technical language. Describe the study design and all methods and procedures (sequentially) to which the subject will be involved in. (Suggestion: explain step by step what the subjects will be asked to do and/or procedure performed exclusively for research purposes.) Include duration, intervals of administration and overall length of participation and how evidence will be collected and evaluated.

**Type of Study:**

Case Study

Case Control

Cohort

Randomize Control

Other:

**Evaluation Measure:**

Subjective

Visual Analog Skill

Range of Motion

Objective

Other:

**Control:**

Yes

No

**6. Materials & Support: COSTS (what you are requesting from KTA)**

Please give a general description of the estimated amount of product needed and any additional support requested. Approval of these requests is on a case-by-case basis.

**7. LITERATURE REVIEW:**

Please include your bibliography or attach the results of a literature search, which justify the involvement of human subjects in this research project.

**8. Benefits:**

Describe the probable benefits of the research for KTA. Describe the benefits of the knowledge gained to KTA, advancement of scientific knowledge and/or benefits to future patients/subjects.

All proposals may be returned via email to [ktai@kinesiotaping.com](mailto:ktai@kinesiotaping.com) 1-505-797-7818