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Appendix A

Letter to Schools

University of the Witwatersrand
Occupational Therapy Department

22 July 2009

Dear Principal

I am Cheryl Bennie, an occupational therapist currently completing a Masters degree by coursework and research report through the University of the Witwatersrand. My research report is titled 'Investigation into the impact of cognitive load in children with and without identified postural control difficulties'.

My study involves assessing children aged 6 years 0 months to 9 years 11 months with and without identified postural control difficulties over a two week period. I invite children from your school, with permission from their parent/guardian, to participate in this study. Each child will be seen twice within the period and these sessions will take place at my occupational therapy practice, 110 6th Avenue, Highlands North. This study carries no risk to the participants and the purpose is to compare the postural control of children with and without identified postural control difficulties. Their postural control in sitting will be measured during various cognitive activities and the effect of the activities on their postural control recorded. This information will provide greater insight into the effect of cognitive load on postural control that can be applied to both the therapy and classroom situation.

I am hereby requesting to send out invitations to parents of the appropriate aged children, who are typically developing, enrolled in your school to participate in this study. Your assistance in this matter would be greatly appreciated.

Please contact me if you require any additional information in this regard.

Kind Regards



Cheryl Bennie
BSc(OT) Wits
011 786 8848
083 559 3023

University of the Witwatersrand
Occupational Therapy Department

INFORMATION SHEET
Group A

STUDY NUMBER: M090529

STUDY TITLE: Investigation into the impact of cognitive load in children with and without identified postural control difficulties.

INVESTIGATOR: Cheryl Bennie (Occupational Therapist)

DAYTIME TELEPHONE NUMBER(S): 011 786 8848, 083 559 3023

AFTER-HOURS TELEPHONE NUMBER: 083 559 3023

Dear Parent

I am Cheryl Bennie, an occupational therapist currently completing a Masters degree by coursework and research report through the University of the Witwatersrand. My research report is titled 'Investigation into the impact of cognitive load in children with and without identified postural control difficulties'.

You are invited to consider allowing your child to participate in a research study. Your participation in this study is entirely voluntary.

1. Before agreeing to participate, it is important that you read and understand the following explanation of the purpose of the study, the study procedures, benefits, risks, discomforts, and precautions as well as the alternative procedures that are available to you, and your right to withdraw from the study at any time.
2. This information leaflet is to help you to decide if you would like to participate. You should fully understand what is involved before you agree to allow your child to take part in this study.
3. If you have any questions, do not hesitate to ask me.
4. You should not agree to take part unless you are satisfied about all the procedures involved.
5. If you decide to take part in this study, you will be asked to sign this document to confirm that you understand the study. You will be given a copy to keep.

The purpose of this study is to compare the impact of cognitive load on postural control (the ability to maintain an upright posture against gravity in order to execute motor behaviours to allow participation in daily activities) of children with poor postural control to those with typical postural control while sitting. This information will provide occupational therapists with greater insight into the effect of cognitive load on postural control that can be applied to both the therapy and classroom situation.

This study will be carried out in Johannesburg (110 6th Avenue, Highlands North) and you will be asked to bring your child to visit me twice with a one week interval

between sessions. The first session will last approximately one hour, during this session your child will be assessed using the Developmental Test of Visual Perception and the Clinical Observations of Motor and Postural Skills. The results of these assessments will be provided on request to allow you to give feedback to your child's treating therapist. The second session will be approximately 30 minutes during which time your child will carry out two activities (listening to a story and playing a game) each lasting 10 minutes, with a 2 minute break between activities. Both of these sessions are to be video recorded for analysis of your child's posture in the various situations. I hereby request your permission to video your child. The video footage will be kept strictly confidential and will not be disclosed to any third party. Once the study is completed this footage will not be reassessed unless further permission is granted from you directly.

There are no foreseen risks to your child participating in this study nor are there any direct benefits to you or your child for having participated. Your child's participation in this study is entirely voluntary and you can decline to participate, or withdraw from the study at any time, without stating any reason. Your withdrawal will not affect the occupational therapy your child receives or your access to other therapeutic interventions. Your child's identity will not be disclosed to any person other than those directly involved in the study and all information obtained regarding your child will be kept secure. This study will not interfere with your child's occupational therapy intervention in anyway and neither you nor your medical scheme will be expected to pay for any aspect of this study. You will not be remunerated for your participation in this study.

This study protocol has been submitted to the University of the Witwatersrand, Human Research Ethics Committee (HREC) and written approval has been granted by that committee. If you want any information regarding your rights as a research participant, or complaints regarding this research study, you may contact Prof. Cleaton-Jones, Chairperson of the University of the Witwatersrand, Human Research Ethics Committee (HREC), which is an independent committee established to help protect the rights of research participants at (011) 717 2229.

For further information regarding the research please contact me, Cheryl Bennie, on 083 559 3023, 011 786 8848 (office hours only) alternatively email on cheryl_bennie@yahoo.co.uk

All information obtained during the course of this study, including video footage, personal data and research data will be kept strictly confidential, the information may however be reviewed by the staff at the department of occupational therapy who are involved in supervising this research study. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study. Any information uncovered regarding your child's test results of his/her participation in this study will be held in strict confidence and not disclosed to any third party such as the teacher or school.

To the Participant: *This consent form may contain words that you do not understand. Please ask the investigator to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.*

INFORMED CONSENT FOR PARENTS/LEGAL GUARDIANS:

Please see the attached information leaflet for your child to read or have read too.

- Cheryl Bennie (the researcher) has provided me with a copy of the Participant Information Leaflet and Consent regarding clinical study Investigation into the impact of cognitive load in children with and without identified postural control difficulties. (*INSERT PROTOCOL NUMBER*) and has fully explained to me the nature, risks, benefits and purpose of the study.
- The researcher has given me the opportunity to ask any questions concerning both the assessment procedures and the study.
- It has been explained to me that I will be free to withdraw my child from the study at any time, without any disadvantage to future care.
- I have understood everything that has been explained to me and I consent for my child to participate in this clinical study.

PARENT/LEGAL GUARDIAN:

Name	Signature	Date and Time
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RESEARCHER:

Name	Signature	Date and Time
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INFORMED CONSENT FOR PARENTS/LEGAL GUARDIANS TO VIDEO CHILD:

Please see the attached information leaflet for your child to read or have read too.

- I further consent to my child being video recorded through the duration of the study.

PARENT/LEGAL GUARDIAN:

Name	Signature	Date and Time
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RESEARCHER:

Name	Signature	Date and Time
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University of the Witwatersrand
Occupational therapy Department

INFORMATION SHEET
Group B

STUDY NUMBER: M090529

STUDY TITLE: Investigation into the impact of cognitive load in children with and without identified postural control difficulties.

INVESTIGATOR: Cheryl Bennie (Occupational Therapist)

DAYTIME TELEPHONE NUMBER(S): 011 786 8848, 083 559 3023

AFTER-HOURS TELEPHONE NUMBER: 083 559 3023

Dear Parent

I am Cheryl Bennie, an occupational therapist currently completing a Masters degree by coursework and research report through the University of the Witwatersrand. My research report is titled 'Investigation into the impact of cognitive load in children with and without identified postural control difficulties'.

You are invited to consider allowing your child to participate in a research study. Your participation in this study is entirely voluntary.

1. Before agreeing to participate, it is important that you read and understand the following explanation of the purpose of the study, the study procedures, benefits, risks, discomforts, and precautions as well as the alternative procedures that are available to you, and your right to withdraw from the study at any time. This information leaflet is to help you to decide if you would like to participate. You should fully understand what is involved before you agree to allow your child to take part in this study.
2. If you have any questions, do not hesitate to ask me.
3. You should not agree to take part unless you are satisfied about all the procedures involved.
4. If you decide to take part in this study, you will be asked to sign this document to confirm that you understand the study. You will be given a copy to keep.

Postural control is the ability to maintain an upright posture against gravity in order to execute motor behaviours to allow participation in daily activities, such as writing, spelling, dressing and socialising. As a result of these functional difficulties children with poor postural control often have difficulty coping at school. Recent literature in the field has shown that there is an effect of cognitive load (i.e. concentrating on a cognitively challenging task) on a person's ability to maintain stable postural control, and thus concentrating in the classroom may have an impact on a child's ability to maintain postural control while seated. The purpose of this study is to compare the impact of cognitive load on postural control of children who have been identified as having poor postural control to those with typical postural control while sitting. This

information will provide occupational therapists with greater insight into the effect of cognitive load on postural control that can be applied to both the therapy and classroom situation.

This study will be carried out in Johannesburg (110 6th Avenue, Highlands North) and you will be asked to bring your child to visit me twice with a one week interval between sessions. The first session will last approximately one hour, during this session your child will be assessed using the Developmental Test of Visual Perception and the Clinical Observations of Motor and Postural skills. The second session will be approximately 30 minutes during which time your child will carry out two activities (listening to a story and playing a game) each lasting 10 minutes with a 2 minute rest period between activities. Both of these sessions are to be video recorded for analysis of your child's posture in the various situations. I hereby request your permission to video your child. The video footage will be kept strictly confidential and will not be disclosed to any third party. Once the study is completed this footage will not be reassessed unless further permission is granted from you directly.

The inclusion criteria for the study in this group are that your child should score within or above average in the Clinical Observations of Motor and Postural Skills as well as the Developmental Test of Visual Perception. Should your child score below in either of these assessments you will be provided with a summary of the test scores as well as a contact list of occupational therapists in the area that would be able to further investigate and treat these difficulties. In this case you will not be required to bring your child for the second session of the study.

There are no foreseen risks to your child participating in this study nor are there any direct benefits to you or your child for having participated. Your child's participation in this study is entirely voluntary and you can decline to participate, or withdraw from the study at any time, without stating any reason. Your withdrawal will not affect your access to other therapeutic interventions. The results of the study will be made known to you upon your request. Your child's identity will not be disclosed to any person other than those directly involved in the study and all information obtained regarding your child will be kept secure.

Neither you nor your medical scheme will be expected to pay for any aspect of this study and you will not be remunerated for your participation in this study.

This study protocol has been submitted to the University of the Witwatersrand, Human Research Ethics Committee (HREC) and written approval has been granted by that committee. If you want any information regarding your rights as a research participant, or complaints regarding this research study, you may contact Prof. Cleaton-Jones, Chairperson of the University of the Witwatersrand, Human Research Ethics Committee (HREC), which is an independent committee established to help protect the rights of research participants at (011) 717 2229.

For further information regarding the research please contact me, Cheryl Bennie, on 083 559 3023, 011 786 8848 (office hours only) alternatively email on cheryl_bennie@yahoo.co.uk

All information obtained during the course of this study, including video footage, personal data and research data will be kept strictly confidential, the information may however be reviewed by the staff at the department of occupational therapy who are involved in supervising this research study. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study. Any information uncovered regarding your child's test results of his/her participation in this study will be held in strict confidence and not disclosed to any third party such as the teacher or school.

To the Participant: *This consent form may contain words that you do not understand. Please ask the investigator to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.*

INFORMED CONSENT FOR PARENTS/LEGAL GUARDIANS:

Please see the attached information leaflet for your child to read or have read too.

- Cheryl Bennie (the researcher) has provided me with a copy of the Participant Information Leaflet and Consent regarding clinical study Investigation into the impact of cognitive load in children with and without identified postural control difficulties. (Protocol Number M090529) and has fully explained to me the nature, risks, benefits and purpose of the study.
- The researcher has given me the opportunity to ask any questions concerning both the assessment procedures and the study.
- It has been explained to me that I will be free to withdraw my child from the study at any time, without any disadvantage to future care.
- I have understood everything that has been explained to me and I consent for my child to participate in this clinical study.

PARENT/LEGAL GUARDIAN:

Name	Signature	Date and Time
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RESEARCHER:

Name	Signature	Date and Time
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INFORMED CONSENT FOR PARENTS/LEGAL GUARDIANS TO VIDEO CHILD:

Please see the attached information leaflet for your child to read or have read too.

- I further consent to my child being video recorded through the duration of the study.

PARENT/LEGAL GUARDIAN:

Name	Signature	Date and Time
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RESEARCHER:

Name	Signature	Date and Time
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INFORMED CONSENT FOR PARENTS/LEGAL GUARDIANS:

Please see the attached information leaflet for your child to read or have read too.

- Cheryl Bennie (the researcher) has provided me with a copy of the Participant Information Leaflet and Consent regarding clinical study Investigation into the impact of cognitive load in children with and without identified postural control difficulties. (Protocol Number M090529) and has fully explained to me the nature, risks, benefits and purpose of the study.
- The researcher has given me the opportunity to ask any questions concerning both the assessment procedures and the study.
- It has been explained to me that I will be free to withdraw my child from the study at any time, without any disadvantage to future care.
- I have understood everything that has been explained to me and I consent for my child to participate in this clinical study.

PARENT/LEGAL GUARDIAN:

Name	Signature	Date and Time
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RESEARCHER:

Name	Signature	Date and Time
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INFORMED CONSENT FOR PARENTS/LEGAL GUARDIANS TO VIDEO CHILD:

Please see the attached information leaflet for your child to read or have read too.

- I further consent to my child being video recorded through the duration of the study.

PARENT/LEGAL GUARDIAN:

Name	Signature	Date and Time
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RESEARCHER:

Name	Signature	Date and Time
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Appendix C

Participant Assent Form

University of the Witwatersrand
Occupational Therapy Department

ASSENT FORM FOR PARTICIPANTS

STUDY NUMBER: M090529

STUDY TITLE: Investigation into the impact of cognitive load in children with and without identified postural control difficulties.

INVESTIGATOR: Cheryl Bennie (Occupational Therapist)

DAYTIME TELEPHONE NUMBER(S): 011 786 8848, 083 559 3023

AFTER-HOURS TELEPHONE NUMBER: 083 559 3023

Hi,

My name is Cheryl

I want to see if concentrating makes it easier or harder to sit up straight in your chair. It will be helpful to know this to make sure that teachers or occupational therapists can make the classroom and lessons just right for all children.

I am inviting you to come to see me at my practice twice. The first time you see me I will get you to do a written and a motor test to check your eyes and muscles. The second time you see me you will sit at a table and listen to a story and play a game. I would like your permission to video record what we do both times that you come to see me, nobody but me will get to see this video and it will be kept safe so that no one can recognise you. If you decide that you no longer want to be part of my study you can choose to stop without anything happening to you.

SIGNED PARTICIPANT ASSENT

I understand what I have to do and am willing to take part

Name	Signature	Date and Time
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Witness _____

SIGNED PARTICIPANT ASSENT TO BE VIDEOED

I am willing to be video recorded while I take part in the study

Name

Signature

Date and Time

Witness _____

Appendix D

Participant Demographic Form

University of the Witwatersrand Occupational Therapy Department

Participant Demographic Form

Thank you for agreeing to participate in my research study investigating the impact of cognitive load in children with and without identified postural control difficulties.

Please could you provide me with the following information regarding your child to assist my data collection process. Could you please return this form with your informed consent, should you choose to participate?

Name of child		
Age		
Gender		
School		
Grade		
Parent Name		
Contact Number		
Has your child received occupational therapy or physiotherapy for motor co-ordination difficulties in the past?	Yes	No
Is your child currently receiving occupational therapy or physiotherapy for motor co-ordination difficulties	Yes	No
If yes when did therapy commence?		

Researcher Use only:

Research Group	Experimental	Control
Participant number		
Informed consent received	Yes	No
Date of First Session		
Date of Second Session		