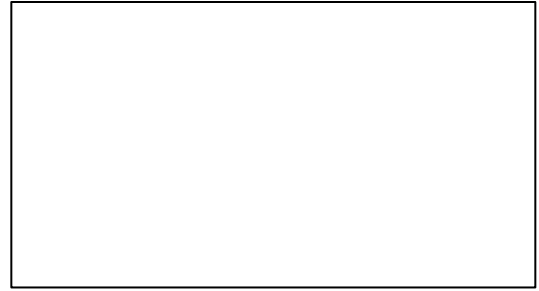




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Veterinary Teaching Hospital  
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## Clinical Research Project Client Consent Form

**Study Title:** Effect of a pulsed electromagnetic field therapy device for treatment of pain secondary to osteoarthritis in feline patients

**Principal Investigator:**

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Dr. Katie Krebs, DVM [kkrebs@vt.edu](mailto:kkrebs@vt.edu)

One of the missions of the Virginia-Maryland College of Veterinary Medicine is to create, disseminate and apply medical knowledge through discovery, learning, and engagement. You are invited to participate in this mission by enrolling your animal in a clinical research study. Your participation is entirely voluntary, and you may withdraw your animal from the study at any time by notifying the Principal Investigator. There is no penalty if you choose not to participate.

**Study Purpose:**

In cats, osteoarthritis (OA) is an underdiagnosed and therefore undertreated disease that can contribute to a declining quality of life for many aging feline patients. Traditional treatments include medications such as NSAIDs, which can have side effects, may be difficult to administer, or may be contraindicated in diseases such as renal or liver disease.

Pulsed electromagnetic field therapy (PEMF) devices may provide an alternative way to treat cats with OA. PEMF therapy is a non-invasive treatment that involves pulsing electromagnetic fields into tissues via inductive coils to decrease inflammation and promote analgesia. However, much is still unknown about the effectiveness of PEMF devices in feline patients, particularly in treating osteoarthritis. The goal of the study will be to determine if PEMF devices are effective for pain control in feline patients.

**Study Design/Procedures:**

Eligible cats need to have a high suspicion of OA based on exam and no evidence of severe systemic illness (renal disease up to Iris stage 3) based on routine bloodwork.

Once enrolled, cats will receive radiographs (x-rays) to confirm OA and additional blood tests. There will be one week of recording baseline activity using an activity monitor at home. Then the cat will be treated with the PEMF device for four weeks. Bloodwork will be performed at the end of the study period. Owners are to complete online surveys following the treatment period for four weeks.

**Risks and Benefits:**

Risks associated with use of the PEMF device are minimal but may include inadequate pain control during the study period. If at any time during the study period, feline caregivers of cats with OA are concerned that their cat is experiencing pain that warrants additional medical intervention, rescue therapy will be provided. Benefits of the device use may include better pain control without the use of oral medication and avoidance of side effects of medications.

**Compensation:**

Study-related radiographs (x-rays), bloodwork, recheck exams, and PEMF therapy will be provided at no cost. Client is responsible for the cost of the initial screening appointment and bloodwork (approx. \$230) to determine eligibility. At the conclusion of the study, clients will have the option of receiving a free PEMF treatment device for their cat.

**Confidentiality:**

The data collected in the course of this study is confidential. In any publication or presentation of the study data, we will not include information that would make it possible to identify a participant. Research records will be kept in a secure location; only researchers will have access to the records.

**Statement of Consent:**

In giving my consent by signing this form, I acknowledge that I have been informed of the purpose and nature of this study and its associated procedures, as well as any possible side effects.

- I will document my pet's treatments and complete surveys as required during the study period.
- I have been informed of the financial responsibilities not covered by the clinical trial as well as the financial benefits of participating.
- I have reviewed the study timeline and I understand the need to return for all appropriate follow up care at the Veterinary Teaching Hospital as scheduled.
- I agree to contact study personnel immediately by phone or email if my cat is prescribed any new medications, begins taking any new supplements, and/or is taken to another veterinary facility during the study period.
- I understand that information, case materials, photos, videos, and patient information gathered in this study may be used for scientific and/or educational presentations and publications.

I have read and understood the above information. I have been given the opportunity to ask questions and receive answers, and I consent to participate in the study. I further certify that I am the owner (or duly authorized agent of the owner) of \_\_\_\_\_ .

(Animal's name)

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please don't hesitate to contact us if you have any questions or concerns about this study.**

The research and procedures have been reviewed and approved by the Virginia Tech Institutional Animal Care and Use Committee (19-043) and the Virginia-Maryland College of Veterinary Medicine Veterinary Teaching Hospital Board.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, please contact:

Hospital Director,  
Veterinary Teaching Hospital  
Virginia-Maryland College of Veterinary Medicine  
Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443  
Phone: 540-231-4621

You will be given a copy of this form to keep for your records.