

# The effects of patellar tape on neural correlates during knee joint proprioception tests using fMRI: a pilot study

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<b>Registration date</b> 29/09/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 09/08/2021	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

**ClinicalTrials.gov number**

**Secondary identifying numbers**

N0453162803

## **Study information**

### **Scientific Title**

The effects of patellar tape on neural correlates during knee joint proprioception tests using fMRI: a pilot study

### **Study objectives**

The principle objective is to discover if there is any increase in brain activity when subjects perform a simple proprioceptive test with and without a piece of tape across the knee cap.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Added June 2008: approved by Salford and Trafford LREC, ref 05/Q1404/17.

### **Study design**

Pilot RCT

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Not specified

### **Study type(s)**

Not Specified

### **Participant information sheet**

### **Health condition(s) or problem(s) studied**

Musculoskeletal Diseases: Knee

### **Interventions**

The subjects will lie in the scanner wearing shorts. A plastic block will support the thigh and knee at an angle of 45 degrees of knee inflexion. A strap will be placed over the hips to further limit head motion as a consequence of lower limb motion. Every effort will be made to control head movement by using a foam pad velcro strap and a bite bar. To ensure minimum ankle, foot and toe movements during the test, these joints will be placed in a neutral position and held by a temporary plaster cast and velcro straps.

MR scanning using the BOLD technique will be performed using a 1.5 tesla machine. The scanning protocol will be based on a functional time series. Each time series will consist of 4 blocks of 4 conditions: knee joint extension to 0deg, extension to 20deg with or without patellar tape. Each condition will last 5 minutes consisting of 30 sec on (ie the task) and 30 sec off (no task) and will be triggered by an auditory command given by using headphones customised for fMRI experiments. A metronome will pace the movements using sound in order to impose a constant timing and equal no of cycles across conditions.

Patellar taping will then be applied. The order of tape/no tape will be randomised

The acquired images will be assessed carefully for head movement and in order to correct the confounding effects induced by head movement realignment parameters. To process the data, statistical parametric mapping will be used to display the significance of activation and to analyse functional and anatomical image. SPM is the most prevalent approach to characterising activity related changes (Friston et al 2000).

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome measure**

Neural processing in the brain as a result of application of patellar tape detected by the BOLD technique using fMRI.

### **Secondary outcome measures**

No secondary outcome measures

### **Overall study start date**

26/04/2005

### **Completion date**

31/01/2007

## **Eligibility**

### **Key inclusion criteria**

8 healthy volunteers between the ages of 20-40 years will have refrained from any physical exercise for 3 days prior to the testing. They will sign a consent form after reading the study information sheet and after having had the opportunity to ask questions about any aspect of the study and their role.

There is no control group. All subjects will act as their own internal controls.

### **Participant type(s)**

Healthy volunteer

### **Age group**

Adult

**Sex**

Not Specified

**Target number of participants**

8 healthy volunteers

**Total final enrolment**

8

**Key exclusion criteria**

Added June 2008:

1. Histories of neurological or cardiovascular disease
2. Cochlear implants or any metal objects in the body
3. Cardiac or neural pacemakers
4. Histories of serious musculoskeletal injury in both lower limbs

**Date of first enrolment**

26/04/2005

**Date of final enrolment**

31/01/2007

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Clinical Specialist & Research Associate**

Manchester

United Kingdom

M13 9PT

## **Sponsor information**

**Organisation**

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

**Sponsor details**

The Department of Health, Richmond House, 79 Whitehall

London

United Kingdom

SW1A 2NL

+44 (0)20 7307 2622  
dhmail@doh.gsi.org.uk

**Sponsor type**

Government

**Website**

<http://www.dh.gov.uk/Home/fs/en>

## Funder(s)

**Funder type**

Government

**Funder Name**

Central Manchester and Manchester Children's University Hospitals NHS Trust (UK)

**Funder Name**

NHS R&D Support Funding

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		26/01/2012	09/08/2021	Yes	No