BSc in Reproductive & Developmental Sciences &

BSc in Surgery and Anaesthesia Project Outline 2011-2012

**Project Title: The sporting knee**

**Academic Supervisor: Prof Cobb**

**Division: Surgery and Cancer**

**Section: Musculoskeletal**

**Co-supervisor:**

**Who will be responsible for day-to-day supervision? Mr Barry Andrews**

**Contact Details of Person whom Medical Student should contact for further details:**

**Name: Professor Justin Cobb Email: j.cobb@imperial.ac.uk Tel:**

**Group’s Research Interest: early osteoarthritis, robotic surgery**

(Double click the appropriate check box to indicate your choices below)

**laboratory project**

**Suitable project for:**

**Surgery and Anaesthesia** Yes **[ ]**

**Synopsis of project (background/research question/methods to be used/relevant key references):**

**Some athletes develop mild genu varum as a result of exercise during their growth spurt. the extent of the varus shape has not been fully documented, nor has the mechanical impact of this shape been quantified.**

**the student will measure the gait characteristics of athletes with mild varus and compare these with age and sex matched normal controls. they will also quantify the mechanical consequences for the medial compartment of the knee.**

Will the research involve work done under the Animals (Scientific Procedures) 1986 Act? Yes **[ ]** No **[ ]**

**If YES*,***

Will the student be required to undergo Home Office training? Yes **[ ]** No **[ ]**

Are the appropriate project and personal licences in place? Yes **[ ]** No **[ ]**

**Project licence**:

Licensee

Date of issue

Number

**Personal licence**:

Licensee

Number

**Will the research involve the use of genetically modified tissue?** Yes **[ ]** No **[ ]**

**If YES**

Has the work been approved by the relevant GM Committee Yes **[ ]** No **[ ]**

Date approval was granted

Reference Number

**Will the project involve work on human subjects, human tissue or access to confidential patient information?** Yes **[ ]** No **[ ]**

## If YES

## has ethical approval been obtained Yes [ ]  No [ ]

## Date approval was granted

## IC REC or IRAS REC number

**Note: Approval for any of the above MUST be in place before the student begins the project.**

**A risk assessment form will be required.**

**Project Payment**: I have an F account Yes **[ ]** No **[ ]**

## If you have an F account please give full account code: