

KINESIOLOGY DEPARTMENT
Acknowledgement of risk from DXA exam

Background on DXA

DXA (or DEXA) stands for dual energy x-ray absorptiometry. It is a method by which two intensities of x-rays are scanned across the body. The resulting image is analyzed to provide estimates of body composition. This includes total body fat, lean tissue, and bone. DXA can be used to determine bone density in various parts of the body. The advantages of DXA are that it provides very reproducible and accurate measures of body composition and bone density. It also uses very little radiation exposure.

Benefits

The DXA exam provides a measurement of body composition. It can also be used to measure bone density, although the Kinesiology DXA is not set up to provide a medical diagnosis of bone density.

Risks

DXA is considered to provide a healthy adult with low risk of an adverse event. However, the use of X-Rays, even in low amounts, does present some risk. This is particularly true if you are pregnant, as the X-Rays could harm your unborn child. There is a risk of radiation sickness if you have undergone frequent X-Ray exams.

Questions

The Kinesiology Department has a special committee set up to oversee the operations of the DXA facility. If you have any questions concerning your test or the DXA facility, you can contact the DXA committee. Current members are: Drs. Lesley White, M. Elaine Cress, and Kevin McCully.

Voluntary Participation

Your participation in this DXA exam is voluntary. You can decide, at any time, not to perform the exam.

Acknowledgement of risk

By signing this acknowledgement of risk form, females of child-bearing potential are certifying to the best of their knowledge that they are not pregnant and agree to utilize adequate birth control methods during their participation in this study. If you should become pregnant, you should immediately inform the Kinesiology DXA committee.

I certify that I am not pregnant, or trying to become pregnant.

I certify that I have not had frequency or high dose X-ray testing or treatment in the last year.

Subject's Name (print)
(Please use black or blue ink)

Subject's Signature

Date

Printed name of DXA operator

Signature of DXA operator

Date