Appendix 1: General Informed Consent Form

University of Tehran

Vice President for Research – Research Ethics Committee

Dear Sir/Madam,

You are invited to participate in this research project "**Effectiveness of an 8-Week Mobile App-Based Corrective Exercise Program on Neck and Shoulder Alignment in Male University Students: A Follow-Up Study on Retention of Improvements** ", which we believe has significant potential importance. However, before you decide whether to participate, we need to ensure that you understand why this research is being conducted and what potential benefits it may have for you if you agree to participate.

Please read this document carefully, and feel free to ask any questions you may have. If you wish, you may also consult your relatives, friends, or any other person. We will do our best to provide clear explanations and any additional information you may request, both at present and in the future, as you are not required to make an immediate decision.

Hadi Ghasempour

I, ..., on the date ....., either personally or on behalf of ..... as a parent/guardian/legal representative, hereby declare my consent to participate (or for my ward/person under my guardianship to participate) in this research study, and I confirm the following:

1. **Research project:** The study titled "Effectiveness of an 12-Week Mobile App-Based Corrective Exercise Program on Neck and Shoulder Alignment in Smartphone Users" has been approved by the University of Tehran (Faculty of Physical Education) and will be conducted by Mr. Hadi Ghasem Pour with the aim of improving posture in individuals with forward head and shoulder posture.
2. The study procedures have been explained to me, and I will provide a pair of dumbbells and a resistance band for supplementary exercises, with the cost covered by the researcher.
3. I have been fully informed about the potential positive and negative effects of this study as explained by the investigator.
4. I understand that all information related to me, including personal data and any medical or treatment-related information, will remain confidential with the researcher. The researcher is not permitted to disclose my personal information without my written consent, and only aggregated group results will be published in the form of articles, reports, etc.

5. The investigator has explained the safety recommendations to me following participation in the study.
6. I have informed the investigator if I have any special conditions or diseases such as cancer, G6PD deficiency (favism), asthma, etc.
7. The investigator has provided me with their address and contact number (Faculty of Physical Education – Corrective Exercises Department. Tel: 09155075800), so that I may contact them at any time if I have any questions or problems related to my participation or to receive updated information during the study.
8. The investigator explained that the corrective exercises used in this study are approved by relevant national organizations, and potential side effects were also explained to me.
9. The duration of participation in this study will be 12 weeks (8 weeks of training and 4 weeks of measurement).
10. I was informed that I may return to the Corrective Exercises Department for follow-up up to one month after completion of the study if necessary.
11. I was informed that if any physical, psychological, social, or economic harm occurs during or after the study due to the intervention, and if a university-appointed physician confirms that it is related to the intervention, I may receive medical care and, if necessary, hospitalization, with treatment costs and compensation covered.
12. I was informed that I may submit complaints regarding the researcher, collaborators, or study procedures verbally or in writing to relevant authorities.

All statements and items in this consent form are hereby approved by me.

Name and signature of participant

I, Hadi Ghasempour, a student at the University of Tehran, provided this consent form to Mr./Ms. ..... on ....., and it was returned to me on ..... I hereby commit to all its terms and consider myself obligated to comply with them. I also commit to taking appropriate action in case of any actual or potential problem for the participant.

All statements and items in this consent form are hereby approved by me.

Seal and signature of the principal investigator