University of Manitoba | Faculty of Graduate Studies

Master's Thesis/Practicum Final Report

The undersigned certify that they have read the Master's Thesis/Practicum entitled:

How Cryokinetics Affect Sensory Perception, Range of Motion and Postural Stability of Uninjured ankles and Previously Injured Ankles

submitted by:

Student Name: Byron Bahniuk

Student Number: [redacted]

Major Department/Unit: Kinesiology and Recreation Management

in partial fulfillment of the requirements for the degree of

Master of Science

The Thesis/Practicum Examining Committee certifies that the thesis/practicum (and oral examination if required) is:	Approved ●	Thesis ✓
	Not Approved	Practicum

By signing below the examining committee indicates whether the candidate has passed or failed the final Master's Thesis/Practicum examination.

Name	Department/Unit	Signature		
Cheryl Glazebrook (*Advisor*)	FKRM	[redacted]	Pass ●	or Fail
(*Co-Advisor if applicable*)			Pass	or Fail
Trisha Scribbans (*Examiner*)	FKRM	[redacted]	Pass ●	or Fail
Jonathan Singer (*Examiner*)	FKRM	[redacted]	Pass ●	or Fail
Joanne Parsons (*Examiner*)	CoRS	[redacted]	Pass ●	or Fail

Department/Unit Head Signature _____

Date student completed requirements _____
(*MM/DD/YYYY*)