

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Physiotherapy/Kinesiology Assistant

Agency/Company: [CBI Health Group](#)

Location: Students will choose one location from the following list.

- 1. Calgary Central - 1632 14th Ave NW**
- 2. Calgary NE - 999 36th NE, Suite 940**
- 3. Calgary South - 240 Midpark Way SE, Suite 103**
- 4. Bridgeland - 1010 1 Ave NE, Suite 300**

Terms Available: Fall or Winter

Number of Positions: 1-2 per location

Project Duties/Responsibilities:

CBI Health Group takes a holistic approach to patient care, and are able to help clients with an array of services and programs in physical therapy, neck or back pain therapy or any muscular-skeletal injury, as well as rehabilitative and work-injury management solutions. Their team of experts combine in-depth knowledge of how the body works with specialized clinical skills to assess, diagnose and treat symptoms of illness, injury or disability, with the goal of helping patients regain strength, function, movement and overall better quality of life. Practicum students will be exposed to working with multidisciplinary teams including but not limited to: Physiotherapists Kinesiologists, Occupational Therapists, Psychologists, Vocational Specialists and Physicians.

Under supervision of a Kinesiologist/Physiotherapist, practicum students will:

- Assist with exercise prescription for rehabilitation including stretching techniques, range of motion, strengthening exercises, core stability exercises, and work simulation activities
- Observe functional testing, including functional lifting, pushing/pulling, grip strength, hand coordination, and positional tolerance tasks.
- Participate in worksite visits with Kinesiologist and/or Occupational Therapists for ergonomic assessments, clarifying job demands, identifying modified duties, and developing return to work plans.
- Set-up and removal of various treatment modalities, including heat packs, ultrasound, TENS machines, EMS machines, and interferential current machine.
- Have general interaction with various clients in the clinic, which involves assisting clients with their exercises, ensuring that they are using proper technique, and addressing questions or concerns that they may have (within the student's scope).

Required Student Qualifications:

- Completion and excellent recall of KNES 259/260 (Anatomy and Physiology)

Assets:

- KNES 373 (Exercise Physiology) is an asset

On-Site Supervisor: To be determined. Contact Heather Kardal, CME, hkardal@cbi.ca (indicate preferred location)

Kinesiology Practicum Application

Placement: [CBI Health Group](#)

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES
Students may participate in up to three practicums, with no more than two at the same location

Submit together to
knespracticum@ucalgary.ca:
 Completed Practicum Application
 Confidentiality Agreement

INSTRUCTIONS

1. Contact the on-site supervisor to arrange an interview.
2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
3. Submit application and required documentation (if applicable) to knespracticum@ucalgary.ca; our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

Practicum Term		
<input type="checkbox"/> Fall _____ (year)	<input type="checkbox"/> Winter _____ (year)	<input type="checkbox"/> Spring _____ (year)
Student Information		
Name:	UCID:	
Phone Number:	Email:	@ucalgary.ca
Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)		
Code of Conduct		
Students are responsible for compliance with the University of Calgary's Code of Conduct .		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have read and understood the University of Calgary's Code of Conduct.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement? If yes, please briefly explain the nature of the relationship:	
I agree that:		
<ul style="list-style-type: none">• No salary or payment will be received based upon my participation in a Kinesiology practicum placement• I will meet the expectations of the practicum placement for which I am applying• I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).• I will complete 60-72 hours within the dates of the term.		
Start Date (first day of lectures)	End Date (last day of lectures)	
_____	_____	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.		
Student's Signature:	Date:	

ON-SITE SUPERVISOR PORTION	
Name:	Organization: CBI Health Group
Phone:	Email:
As the On-Site Supervisor, I agree that:	
<ul style="list-style-type: none">• No salary or compensation will be given to the practicum student• I will provide sufficient hours, supervision, and guidance during this practicum placement• I will complete a mid-point and final evaluation for the practicum student.	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.	
On-Site Supervisor's Signature:	Date:

CONFIDENTIALITY AGREEMENT

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to knespracticum@ucalgary.ca.

THIS AGREEMENT is made as of the _____ day of _____, 20_____.

BETWEEN:

(hereinafter called the "**Agency**")

AND:

(hereinafter called the "**Student**")

Whereas:

It is the Student's legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. ("Confidential Information").

And whereas:

The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act* ("Policies and Procedures").

In witness hereof, the parties agree as follows:

1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement.
2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures.
3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures.

IN WITNESS WHEREOF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency

Student

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Title: _____

Date _____

Date: _____