

## **KINESIOLOGY PRACTICUM DESCRIPTION**

**Practicum Position Title: Athletic Therapy/Physiotherapy Assistant**

**Agency/Company: [Innovative Sports Medicine](#)**

**Location: Mayfair Place, 6707 Elbow Dr SW, #110**

**Terms Available: Fall, Winter, or Spring**

**Number of Positions: 1**

### **Project Duties/Responsibilities:**

Innovative Sport Medicine is a multidisciplinary clinic providing expertise in effective diagnosis, comprehensive injury management and return to full function. Our clinical staff consists of highly trained Sport Medicine Physicians, Physiotherapists, Athletic Therapists and Massage Therapists. Our team is passionate about providing the highest standard in evidence-based care for sport and active lifestyle injuries. We foster collaboration with members of our patient's healthcare team in order to maximize the outcomes and facilitate positive experiences for our patients. We function as a leader in the education of health care professionals and other members of the community. The practicum student will:

- Assist Physiotherapist and Athletic Therapist with the set-up, application and removal of modalities including: heat, ice, ultrasound, TENS, IFC, microcurrent and Muscle Stimulation
- Assist Physiotherapist and Athletic Therapist with the prescription, application, supervision and education of patients Therapeutic Exercise Programs including: AROM, PROM, stretching, proprioception, coordination, balance and strengthening
- Observe, with client permission, Physiotherapist's assessments, of the diagnosis and treatment plan
- Observe Physiotherapist and Athletic Therapist with hands on treatments such as active release, IMS, acupuncture, joint mobilizations, and traction
- Assist Athletic Therapist and understand rationale behind hands on treatment techniques including: basic trigger point release, MRT, Friction massage, hold relax stretching
- Assisting the Athletic Therapist and gain an understanding in brace and orthotic fitting
- Greet patients and ensure they have a comfortable experience in the clinic

### **Required Student Qualifications:**

- Completion of KNES 259/260 (Human Anatomy & Physiology)
- Completion of KNES 373 (Exercise Physiology)
- Completion of KNES 372 (Foundations of Sports Medicine)

**On-Site Supervisor:** To Be Determined. Contact Tanya Atton [tatton@innovativesportmedicine.ca](mailto:tatton@innovativesportmedicine.ca)

# Kinesiology Practicum Application

## Placement: [Innovative Sports Medicine](#)

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](mailto: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](mailto: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

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

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

## **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](mailto: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: \_\_\_\_\_