FACULTY OF KINESIOLOGY

UNIVERSITY OF CALGARY

Undergraduate Practicum Office KNB 142 | 2500 University Drive NW Calgary | AB | Canada T2N 1N4 knespracticum@ucalgary.ca

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Physiotherapy/Kinesiology Assistant

Agency/Company: LifeMark Health Group

Locations: LifeMark Max Bell

Max Bell Arena, 1001 Barlow Trail SE (Fall Only)

Terms Available: Fall

Number of Positions: 1

Specified Schedule: Within Monday - Friday, 7:30am - 4:00pm

Project Duties/Responsibilities:

LifeMark provides physiotherapy, massage therapy and other healthcare services to help optimize recovery from injury or illness. They have experienced physiotherapists, physicians, occupational therapists and sports medicine experts to treat pain, improve mobility and assist patients in returning to optimal health. Specialized services, such as cancer rehab, concussion management, pelvic health and vertigo treatment are offered.

Practicum students will:

- Act as a member of an interdisciplinary assessment and treatment team with a Physical Therapist and Occupational Therapist, and possibly a Psychologist, Neuropsychologist, Physician or Vocational Specialist.
- Develop and oversee functional/fitness/work simulation programs for individuals who have experienced work
 related injuries, and assist in the functional, work site and vocational assessments as necessary.
- Assist primary therapist who is responsible for creating and sending reports to referral sources, perform regular file charting, regular referral source communication and data collection completion.
- Attend weekly client update sessions with your team, participate in case conferences with referral sources, attend
 micro meetings with clients and assist in teaching classes as necessary (practicum students should attend at least
 one meeting throughout the term).

Required Student Qualifications:

- Completion of KNES 373 (Exercise Physiology)
- Completion and solid knowledge and recall of KNES 259/260 (Human Anatomy & Physiology)

Assets:

KNES 375 (Tests & Measurements) and KNES 479 (Fitness Appraisal & Exercise Prescription) are assets

On-Site Supervisor: TBD

Contact: Clinic Director Barb Morrison barb.morrison@lifemark.ca

Kinesiology Practicum Application

Placement: LifeMark Health Group Max Bell

Contact: Clinic Director Barb Morrison barb.morrison@lifemark.ca

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		
□ Fall(year)	□ Winter(year)	□ Spring(year)
Student Information		
Name:	UCID:	
Phone Number:	Email:	@ucalgary.ca
Student Practicum Expectations: Why have	e you chosen this practicum placement? (1-2 sentences)	
Code of Conduct Students are responsible for compliance with the	the University of Calgary's Code of Conduct	
Students are responsible for compliance with	the <u>University of Calgary's Code of Conduct.</u>	
☐ Yes ☐ No ☐ Do you have a pre-existing	d the University of Calgary's Code of Conduct. relationship(s) with person(s) (work, volunteer or personal n the nature of the relationship:) associated with this practicum placement?
 I will meet the expectations of the pr 	ed based upon my participation in a Kinesiology practicum racticum placement for which I am applying acticum placement and will adequately notify the On-Site Super dates of the term.	
Start Date (first day of lectures)	End Date (last day of lectures)	
☐ I agree with the above-mentioned terms and	d conditions.	
Student's Signature:	Date:	
	ON-SITE SUPERVISOR PORTION	
Supervisor Name:	Organization: LifeMark Max Bell	
Phone:	Supervisor Email:	
 and Winter / 10-12 hrs/wk in Spring) I will complete a mid-point and final I will provide sufficient supervision, a 	hours) within the term dates above, and spread evenly three	oughout the term (approx 5-6 hrs/wk in Fall
☐ I agree with the above-mentioned terms and		
On-Site Supervisor's Signature:	Date	e:

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 WHEROF, the parties have duly executed this Agreement effective as of the day and year first written above. Student <u>Agency</u> Signed: Signed: Print Name: Print Name: Title:_____ Date ____ Date: