

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Rehabilitation Assistant

Agency: [Association for the Rehabilitation of the Brain Injured \(ARBI\)](#)

Location: 3412 Spruce Drive SW, Calgary AB

Terms Available: Fall or Winter

Number of Positions: 1-2

Project Duties/Responsibilities:

Association for the Rehabilitation of the Brain Injured (ARBI) is a community based non-profit organization providing rehabilitation and recreation based programming to individuals with moderate to severe acquired brain injury including strokes. Individualized rehabilitation programs are developed by professional therapists (physiotherapists, occupational therapists and speech-language pathologists) and implemented by volunteers and practicum students.

After extensive training and with on-going support from *ARBI* staff, practicum students will be trained to implement an established 1:1 rehabilitation program. Duties and programs will reflect the specific client's needs and abilities. The majority of the clients' programs will include physiotherapy, occupational therapy and speech-language pathology. However, each of the disciplines will be individualized to the clients' needs and not all clients have all 3 disciplines in their program. Placement is based on the student's academic goals whenever possible as well as the student's availability.

Practicum student duties **may** include:

- Instruction provided in transferring techniques. This can be training on weight-bearing transfers or on the use of specific mechanical lifts. Staff support given for client transfers will vary greatly depending on client abilities.
- Training to implement a 2.5 hour rehabilitation session which will include components of physiotherapy, occupational therapy and speech-language pathology in a program designed for a specific client.
- Physiotherapy training such as specialized equipment (i.e. tilt table, Nustep, Motomed). It may also include exercises to address strength training, coordination, speed of movement, weight-bearing and assisted walking. After training, some exercises will be carried out independently by the student or with support
- Occupational therapy training such as specialized equipment (i.e. SaebFlex, SaebMas). It may also include exercises to address coordination, speed, initiation of active movement and memory.
- Speech-language pathology exercises can include work on reading, writing, memory, auditory recall, word retrieval and speech clarity.
- Opportunities to assist with group rehabilitation programming. Under the supervision of *ARBI* staff, the practicum student will assist in guiding an exercise group. Exercises are all done in wheelchairs and consist of various stretches and range of motion. Depending on the practicum student's goals, training can lead up to planning and leading one or more sessions under the guidance of staff.
- Attending/observing client assessments, therapist meetings, team meetings and staff meetings. This is intended as an opportunity for the student to observe various professional practices.

- Providing supervision/support during client arrival and departure times including welcoming clients at arrival before rehabilitation aides arrive to start program, assisting with removal of outer wear, repositioning in wheelchair (if needed) and addressing concerns (if needed). Assist in supervision/support of clients while waiting for transportation (Handi-Bus) and after program (dependent on student's academic schedule). Appropriate training will be provided and *ARBI* staff will be available during these times.

Required Student Qualifications:

- Completion of KNES 367 (Adapted Physical Activity)
- Completion of KNES 373 (Exercise Physiology)

On-Site Supervisor: To Be Determined. Contact Wendy Daitch, wendy@arbi.ca

Kinesiology Practicum Application

Placement: [ARBI](#) (Rehabilitation)

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: ARBI
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: _____