

## **KINESIOLOGY PRACTICUM DESCRIPTION**

**Practicum Position Title: Physiotherapy/Kinesiology Assistant**

**Agency/Company: [LifeMark Health Group](#)**

**Locations: Students will choose one of the following locations:**

- Father David Bauer Arena, 2424 University Dr NW
- Sunridge, 2121 29 St NE
- Sunpark Plaza, 40 Sunpark Plaza SE
- Max Bell Arena, 1001 Barlow Trail SE
- Willow Brook (Airdrie), 836 1 Ave SW

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

**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)
- Working toward CEP (Certified Exercise Physiology) designation

**Assets:**

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

**On-Site Supervisor:**

Max Bell Location: Contact Barb Morrison, [barb.morrison@lifemark.ca](mailto:barb.morrison@lifemark.ca)

Other locations: Contact Sharon Ohashi, [sharon.ohashi@lifemark.ca](mailto:sharon.ohashi@lifemark.ca) and specify location

# Kinesiology Practicum Application

## Placement: [LifeMark 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](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>	

**ON-SITE SUPERVISOR PORTION**

<b>Name:</b>	<b>Organization:</b> LifeMark Health Group
<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: \_\_\_\_\_