



UNIVERSITY OF
CALGARY

FACULTY OF KINESIOLOGY

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

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Physical Therapist Aide / Assistant

Agency/Company: [Calgary Youth Physiotherapy \(CYP\)](#)

North Location: Suite 101 – 4616 Valiant Dr. NW

South Location: 5112 - 7005 Fairmont Dr. SE

Schedule: TBD according to the Organization and the Practicum Student's schedule (5-6 hours / week in Fall & Winter Terms and 10-12 hours / week in Spring Term).

Terms Available: Fall or Winter

Number of Positions: 1

Project Duties/Responsibilities:

Calgary Youth Physiotherapy is a family-centered physiotherapy clinic providing assessments and treatment of pediatric conditions such as torticollis and neurodevelopment conditions. They also offer a comprehensive program for sport injuries in the child and adolescent athlete as well as postural assessment and intervention.

Their clinic is not just for children and adolescents, they provide effective, quality treatment for patients of all ages. In addition to traditional physiotherapy services, they offer infant gross motor development classes, strength and coordination classes for children and teenagers, running classes, and other similar classes depending on the time of the year.

Under the strict supervision and direction of the Physiotherapist, the practicum student may participate in one or more of the following duties throughout their placement:

- Assist with the individualized assessment and treatment of musculoskeletal and neuromuscular pediatric conditions such as torticollis, toe-walking, developmental delay, orthopedic and sports injuries, neck and back pain, posture concerns neurological conditions including cerebral palsy, developmental delay, D.C.D, etc.
- Assist the Physiotherapist with application of modalities and various physical agents
- Assist with the gathering of information and interpretation of outcome measures
- Assist supervising Physiotherapist and patients in therapeutic exercise program and design
- Assist in the education of patients in human anatomy and physiology, human mobility, therapeutic exercise and various physical agents to increase muscle strength, reduce pain and promote general health and function
- Learn how to apply human anatomy and physiology and the pathological process and specific treatment programs
- May assist the lead physiotherapist with weekly group classes such as infant and toddler gross motor development classes, strength and coordination classes for children and young teens, running classes, and other similar classes depending on the time of year
- Assist with general housekeeping of the physiotherapy treatment area

Required Student Qualifications:

- Completion of KNES 373 (Exercise Physiology)
- Enjoys working with children and has the ability to communicate effectively with patients, their families, and members of the multidisciplinary team

On-Site Supervisors:

Keltie Wattie, MScPT, keltiewattiept@gmail.com

Clinic Administrative Contact: Jane Mummery, info@calgaryyouthphysio.com

Kinesiology Practicum Application

Placement: [Calgary Youth Physiotherapy \(CYP\)](#)

Submit together to
knespracticum@ucalgary.ca:

- ☐ Completed Practicum Application
- ☐ Confidentiality Agreement

Requirements:

- Students must be a current Faculty of Kinesiology undergraduate student in good academic standing with 60 units completed, including 30 units of KNES courses
- Students may participate in up to three different practicums (one per term) with no prior personal, work or volunteer relationship with the organization

☐ Yes ☐ No I have read and understood the criteria ☐ Yes ☐ No I meet the criteria for this practicum

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) (work, volunteer or personal) 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

ON-SITE SUPERVISOR PORTION	
Name:	Organization: Calgary Youth Physiotherapy
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 (60-72 hours) <u>within</u> the term dates above, and spread evenly throughout the term (approx.. 5-6 hrs/wk in Fall and Winter / 10-12 hrs/wk in Spring)• I will complete a mid-point and final evaluation for the practicum student• I will provide sufficient supervision, and guidance during this practicum placement• I will send any changes / updates to knespracticum@ucalgary.ca for approval / updating	
<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: _____