

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Clinical Orthotic Assistant

Agency/Company: [Cascade Orthotics Ltd.](#)

Location: 2636 Parkdale Blvd NW, Calgary AB, T2N 3S6

Terms Available: Winter

Number of Positions: 1

Project Duties/Responsibilities:

Cascade Orthotics Ltd. provides clinical general orthotic management in our facility and acute orthotic care at several public hospitals in Calgary. We specialize in acute spinal care working as a member of the spine program at Foothills Medical Centre and Southern Alberta Children's Hospital. We primarily capture, design and create most orthoses with and in a digital media. CAD/Cam and 3D printing with Robotic shape creation are our primary methods of production.

The practicum student will be responsible for the following:

- Shadow and Assist with patient assessment, shape capture, rectification, creation, modification and fitting of different levels of orthotic management.
- Provide assistance with patient care as required to facilitate a positive and healthy experience for the individual.
- Assist in the creation of the orthoses, as instructed.
- Assist in technical modifications, as required, of the orthoses.
- Participate in a literature review and discussion on orthotic management and the interaction with different areas of Medicine and Health Care.

Required Student Qualifications:

- Completion of KNES 259/260 (Human Anatomy and Physiology)
- Completion of KNES 263 (Quantitative Biomechanics)
- Completion of KNES 323 (Integrative Human Physiology)

Student Assets:

- Strong communication skills
- Excellent anatomical knowledge

On-Site Supervisor: Ken Moghadam, CO(c) Director

Email: ken@cascadeorthotics.com

On-site contact: Robert Cameron CO(c)

Kinesiology Practicum Application

Placement: [Cascade Orthotics Ltd.](#) – Clinical Orthotic Assistant

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES

Students may participate in up to three practicums.

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: Ken Moghadam	
Phone:	Email: ken@cascadeorthotics.com
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: _____