

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Physiotherapist Assistant

Agency/Company: [Crowfoot Physiotherapy](#)

Location: 205, 60 Crowfoot Crescent NW, Calgary, AB

Terms Available: Fall or Winter

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

Number of Positions: 1

Project Duties/Responsibilities:

Crowfoot Physio is a multidisciplinary clinic with a wide variety of skills and areas of expertise. Combined, their therapists have over 85 years of experience working in private practice, pre- and post-surgical, and with other treatment groups. Their team brings a wealth of knowledge including chronic pain, Temporomandibular Joint dysfunction (TMJ), MacKenzie back treatment methods, Complex Regional Pain Syndrome (CRPS), acupuncture, manual therapy, spinal manipulation, functional restoration programs and return-to-work planning. A home exercise program will be incorporated into treatments received at the clinic in order to further a client's progress towards health, effectively return to activities and prevent future physical problems.

Under strict supervision, the practicum student will:

- Assist Physiotherapist and Kinesiologist with the set-up, application and removal of modalities including: heat, ice, ultrasound, TENS, IFC, microcurrent and muscle stimulation
- Assist Physiotherapist with assessing range of motion, strength, reflexes, sensation, cardiorespiratory status and pain level
- Assist Physiotherapist with the patients therapeutic exercise programs including Active Range of Motion (AROM), Patient-Reported Outcome Measure (PROM), stretching, proprioception, coordination, balance and strengthening
- Observe Physiotherapist's hands on treatments such as active release, IMS, acupuncture, joint mobilization, Graston, and traction
- Gain an understanding about the rationale behind hands on treatment techniques including basic trigger point release, Myofascial Release Therapy (MRT), friction massage

Required Student Qualifications:

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

On-Site Supervisor: Geoff Koenig, PT and Tim Kutash, PT, crowfootphysio@shaw.ca

In the subject line of the email, please indicate "Attn: Geoff Koenig & Tim Kutash"

Kinesiology Practicum Application

Placement: [Crowfoot Physiotherapy](#) Category: Physiotherapy, Athletic Therapy

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

- Contact the on-site supervisor to arrange an interview.
- Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
- 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 placementI will meet the expectations of the practicum placement for which I am applyingI 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: Crowfoot Physio
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 studentI 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 studentI will provide sufficient supervision, and guidance during this practicum placementI 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: _____