

## KINESIOLOGY PRACTICUM DESCRIPTION

**Practicum Position Title:** JointEffort / GLA:D Program Assistant

**Agency/Company:** UCalgary Active Living Adapted Fitness Programs

**Location:** University of Calgary Main Campus

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

**Number of Positions:** 5-6

**\*\*Spring 2026 Schedule:** according to the program and the Practicum Student's schedule: **12-16 hours/week**  
over 4-6 weeks between May 4 – June 15

\*Schedule must be set when paperwork is signed. Students are not obligated to volunteer after the last day of term classes.

**Hours must be within first day of term and last day of term:**

- Monday/Wednesday 7:00 – 8:00 pm
- Tuesday/Thursday 12:15 – 1:15 pm
- Tuesday/Thursday 5:30-6:30 pm.
- **GLA:D hours:** Monday/Wednesday 1:00-2:30 pm

**Project Duties/Responsibilities:**

*JointEffort* is a specialized pre and post rehabilitation program for individuals with hip and or knee osteoarthritis, as well as fitness programs for physical disabilities including strokes, MS, Parkinson's and spinal cord injuries.

**Practicum students will:**

- Attend a practicum orientation. Background information on the programs, emergency procedures and specific exercises and progressions will be reviewed at this time. Practicum students will be requested to review the pre-test protocols as outlined in the orientations and review the *Nutrition and Arthritis* handout.
- During the first 6-week session of *JointEffort*, students will observe the individualized program designs which entails creating a specific set of exercises for the client. Under the strict supervision of the instructors, the practicum student will assist with pre-testing (explaining and timing a cardio, balance test and a strength test) using the appropriate testing protocols. The instructor and student will discuss the outcome of program design upon its completion. During the second 6-week session of *Joint Effort*, under strict supervision, practicum students will take a more active role in the program design, make exercise recommendations, post-test the initial clients and pretest the incoming clients using the same protocol as indicated above.
- During the first 6-week session of *GLA:D*, with guidance from the *GLA:D* certified trainer, practicum students will familiarize themselves with the four *GLA:D* exercises stations and the progressions within each station. During the second 6-week session, practicum students will take a more active role in assisting the clients through the stations and helping them log their workouts at the end of each session.
- In the *JointEffort* class, practicum students will assist the clients through their individualized strength and range of motion exercise programs. In *GLA:D*, practicum students will assist clients with the exercises outlined in each station. In both *JointEffort* and *GLA:D*, the instructors will educate the practicum students on proper technique, cuing and progressions.

- If possible, students will attend a nutrition/education lectures associated with both *JointEffort* and *GLA:D* programs. Nutrition sessions are held once per 6-week session and two education sessions are held per 7-week *GLA:D* session.

**Assets:**

- KNES 373 (Exercise Physiology) an asset
- Strong strength training background an asset
- AFLCA and CPT certification an asset but not required

**On-Site Supervisors:** Rianne Rogan [rhcoppus@ucalgary.ca](mailto:rhcoppus@ucalgary.ca) and Parvin Pazira [parvin.pazira@ucalgary.ca](mailto:parvin.pazira@ucalgary.ca)

# Kinesiology Practicum Application

**Placement:** UCalgary Active Living JointEffort/ GLA:D

**Category:** Physiotherapy, Athletic Therapy, 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](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

### Practicum Term

Fall \_\_\_\_\_ (year)

Winter \_\_\_\_\_ (year)

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](#).

Yes  No I have read and understood the University of Calgary's Code of Conduct.

Yes  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:

- 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)

I agree with the above-mentioned terms and conditions.

Student's Signature:

Date:

## ON-SITE SUPERVISOR PORTION

Name:

Organization: University of Calgary

Email:

### As the On-Site Supervisor, I agree that:

- No salary or compensation will be given to the practicum student
- I will provide sufficient hours (60-72 hours) within 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](mailto:knespracticum@ucalgary.ca) for approval / updating

I agree with the above-mentioned terms and conditions.

On-Site Supervisor 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](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**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Student**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_