KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Neuro Rehabilitation - Exercise Instructor (Assistant)

Agency/Company: Rehabilitation and Fitness Program, UCalgary

* This practicum may be a combined practicum with JointEffort / GLA:D (UCalgary Active Living)

Location: University of Calgary – Jack Simpson Gym (Upper Track)

Terms Available: Fall, Winter, or Spring

Number of Positions: 4

Specified Schedule: Hours must be within –
- Mondays 10:00am - 12:00pm, 2:00pm - 4:00pm
- Tuesdays 10:00am - 12:00pm, 2:00pm - 4:00pm, 7:00pm - 9:00pm
- Wednesdays 10:00am - 1:45pm, 2:00pm - 4:00pm
- Thursdays 10:00am - 12:00pm, 2:00pm - 4:00pm, 7:00pm - 9:00pm
- Fridays 12:00-1:45

Project Duties/Responsibilities:

The Rehabilitation and Fitness Program at the University of Calgary has been in existence since 1989. It provides individuals with physical disabilities the opportunity to continue their rehabilitative and fitness goals in a community setting. This program is designed to increase the participants' understanding and involvement in the health and fitness area and encourages integration back into other community programs. The participants in this program are referred from several sources such as physiotherapists, doctors, friends, and associations/agencies. Each client must consult with their physician prior to starting an exercise program so that any precautions can be noted and considered when designing their program.

The program provides a service to any person with a physical disability who needs assistance with an exercise program and has completed all the necessary paperwork. Participants in the program will vary in their need for assistance. Some of the participants are fully dependent on a care worker for support, others may need assistance for only a few exercises and some participants may work completely independently to complete their exercises.

* This practicum may be a combined practicum with Joint Effort depending on client availability, to ensure the 60 hour minimum for each student practicum. The duties within both programs are the same, the only difference is that the clientele have different physical limitations. The supervisor remains the same, but would connect with the Joint Effort supervisor for feedback prior to meeting with current students in regards to their evaluations.

Some of the common disabilities in the program are:
- Multiple Sclerosis
- Cardiovascular Accident (i.e. Stroke)
- Spinal Cord Injury
- Neurological Disorder
- Cerebral Palsy
This program is a social program as well as an exercise program. The clients perform their exercises in a group setting at a designated time, therefore the clients can benefit from the psychosocial component and the physical component. For some of our clients the social component is extremely important.

**Practicum student will:**
- Adapt to different communication styles and physical needs to accommodate people with different physical, cognitive and verbal abilities
- Research the disability of primary/main clients in order to understand proper exercise protocols
- Provide instruction in group warm up and cool down exercises
- Provide instruction to clients with a variety of disabilities
- Always Ensure safety of each client by monitoring and supervising their activities

**Assets:**
- AFLCA and CPT certification an asset but not required

**On-Site Supervisor:** Rianne Rogan r.rogan@ucalgary.ca and Emma Smith smithe@ucalgary.ca if combined
**Kinesiology Practicum Application**  
**Placement: UC Rehabilitation and Fitness Program**

Is this practicum combined with the Rehabilitation Specialist, JointEffort/ GLA:D (UCalgary Active Living)?  ____ yes ____ no

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

**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.

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### STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

<table>
<thead>
<tr>
<th>Practicum Term</th>
<th>□ Fall (year)</th>
<th>□ Winter (year)</th>
<th>□ Spring (year)</th>
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#### Student Information

Name:  
UCID:  
Phone Number:  
Email:  

#### 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) or group(s) 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:

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### ON-SITE SUPERVISOR PORTION

**Name:** Rianne Rogan  
**Organization:** University of Calgary

**Phone:**  
**Email:** r.rogan@ucalgary.ca

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 for approval / updating

□ 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

Signed: ____________________________
Print Name: ____________________________
Title: ____________________________
Date: ____________________________

Student

Signed: ____________________________
Print Name: ____________________________
Date: ____________________________

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