**EXS 4960 – PRACTICUM**

**HANDBOOK**

**BACHELOR OF EXERCISE SCIENCE**

**SCHOOL OF HEALTH SCIENCES**

**OAKLAND UNIVERSITY**

**2018-2019**

**TABLE OF CONTENTS**

EXS 4960 - Practicum Requirements:

General Information on Practicum Requirements 3

Registering for EXS 4960 4

Specific Requirements for Completion of the

Exercise Science Practicum 5

Student Responsibilities for Exercise Science Practicum 6-7

Program Coordinator’s Practicum Check List 8

Fitness & Wellness Practicum Competency Checklist 9-10

Strength & Conditioning Practicum Competency Checklist 11-12

List of Approved Practicum Sites 13-18

Evaluation Form - Supervisor's Evaluation of Student Practicum Performance 19-22

Evaluation Form - Student's Evaluation of the Practicum Site 23-24

**GENERAL EDUCATION CAPSTONE LEARNING OUTCOMES**

EXS 4960 is designated as a course that satisfies the General Education Capstone learning outcomes.

*The Capstone course prepares students to demonstrate:*

*• appropriate uses of a variety of methods of inquiry and a recognition of ethical considerations that arise*

*• the ability to integrate the knowledge learned in general education and its relevance to the student’s life and career*

**OAKLAND UNIVERSITY**

**School of Health Sciences**

**EXERCISE SCIENCE PROGRAM**

**Bachelor of Exercise Science**

**GENERAL INFORMATION ON PRACTICUM REQUIREMENTS**

Every student pursuing the Bachelor of Exercise Science degree is required to complete a practicum **(3 credits)**. It is expected that, during this practicum, the student will become competent in applying exercise science principles in fitness, wellness and/or disease prevention settings. The minimum number of contact hours associated with the practicum is **192 hours**. This may be completed in one semester through participation at an internship site for **~14 hours per week** for fourteen weeks, or it may be spread over several semesters with a reduced number of hours per week. The scheduling of internship time at a facility will be at the discretion of the facility. If you do not finish your practicum during the semester you registered for EXS 4960, a “P” (Progress) grade will be assigned. You have up to two years to complete the practicum and change the grade from “P” to your final grade. The grade from the Practicum is not included in your Grade Point Average as it is not numerically graded. The Practicum is graded either "S" (Satisfactory) or "U" (Unsatisfactory).

Students must be pre-authorized to register for an Exercise Science practicum course. **This involves notifying the EXS Practicum Coordinator in writing of intent to register for EXS 4960 a minimum of three months prior to registration. This communication must include the desired internship site.** The prerequisite for enrolling in the EXS 4960 is completion of EXS 3010, 3020, 4030 and Program Coordinator permission. The student should insure that they have a thorough working knowledge of blood pressure measurement, and normal anatomy and physiology of the cardiovascular system.

You will need to secure a place to do your Practicum at one of the approved Practicum sites listed in the back of this handbook or work with the Practicum Coordinator to gain approval for a non-listed site. All details regarding the undergraduate Practicum are spelled out in this Handbook.  ***It is recommended that you start looking for a Practicum site about six months before you would like to start so that you are assured of a spot to do your Practicum during the semester of your choice.***  Practicum placement is highly competitive and getting a placement is up to you. Practicum site staff typically do not return phone calls or respond to email inquiries. Thus, it is recommend that you go to several potential Practicum sites all dressed up as if you were going to a job interview, with your resume, your Oakland Grades (SAIL copy is fine), and a copy of the Practicum Handbook.  If you can interview for the Practicum right then and there, great!  If not, you can set up an appointment to come back later to talk to the intern supervisor.  It is best to go to several possible sites to maximize your chances of getting offered a Practicum.

DOCUMENTS REQUIRED - In order to register for the Practicum or start your hours at a Practicum site you must provide the Practicum Coordinator copies of:

1) Evidence of health insurance coverage;

2) A note from your doctor, based on a recent (last 6 months) medical exam, indicating you are healthy and ready to start your practicum. Do not supply all the details of your examination. All that is needed is a single sentence on the doctor's letterhead paper, or Rx pad indicating you are medically cleared to start the Practicum. If there are any medical limitations, however, please have your Doctor provide details;

3) Your current Basic Life Support CPR certification card (front and back). If you are in the process of completing CPR certification or re-certification, let the Practicum Coordinator know, and provide a copy of your certification card as soon as it is available ; and,

4) Evidence of vaccination against Hepatitis B or a statement declining Hepatitis B vaccination. Evidence of vaccination would include the laboratory report, or a doctor’s note. If you choose to decline the vaccination, please supply a signed and dated statement which includes the following:

“Knowing that it is possible that I may expose myself to Hepatitis B through contact with bodily fluids (including sweat) in exercise or health care settings, I decline vaccination against Hepatitis B.”

REGISTERING FOR EXS 4960 - The Practicum Coordinator will provide an “Override” to enable you to register for the Practicum once copies of the above four items are submitted. In order for the Practicum Coordinator to provide the override place copies of the above four items in a sealed envelope and either hand it to the Practicum Coordinator or email it to the Practicum Coordinator with the following:

1. Your name.
2. The course you want to register for: EXS 4960
3. The semester you want to register for this course: Fall (Year)? Winter (Year)? Summer I (Year)? Summer II (Year)?
4. Your Grizzly Number (Student Number): G00XXXXXX
5. Your email address

The EXS Practicum Coordinator will email you to let you know when the Override has been submitted, and you are able to use SAIL to register for EXS 4960. Please note that you can start your Practicum hours at any time convenient to you and the personnel at the Practicum site as long as you have submitted the above four REQUIRED DOCUMENTS to the Practicum Coordinator. Generally you should be registered in EXS 4960 to start your Practicum hours. However, if you are offered a Practicum that requires that you start your hours before registration, accept it, and get started. You do not need to be registered in EXS 4960 to start your hours. Likewise, you can carry on completing your Practicum hours after the end of the semester of registration, if you have not finished your hours or Competencies. A "P" (Progress) grade will be submitted at the end of the semester of registration. You will have up to two years from that time to finish your Practicum.

**PLEASE NOTE:**

Students of the University shall not be deemed to be employees of the practicum site for purposes of compensation, fringe benefits, workers' compensation, unemployment compensation, minimum wage laws, income tax withholding, social security or any other purpose, because of their participation in the educational program. Each student is placed with the site to receive practicum experience as a part of his or her academic curriculum; those duties performed by a student are not performed as an employee, but in fulfillment of these academic requirements and are performed under supervision. At no time shall students replace or substitute for any employee of the Agency. This provision shall not be deemed to prohibit the employment of any such student by the Practicum site under a separate employment agreement.

**SPECIFIC REQUIREMENTS FOR COMPLETION**

**of the EXERCISE SCIENCE PRACTICUM**

Completion of the practicum component of the Bachelors of Exercise Science degree requires all of the following:

1) Satisfactory completion ("S" grade) of at least 192 hours of practicum in EXS 4960. This is completed at one of the approved Practicum sites listed in this handbook.

PLEASE NOTE: The grade for EXS 4960 will not be assigned until the Practicum Coordinator has received two evaluation forms: "Evaluation of Student Performance" completed by the Practicum site supervisor; and "Evaluation of Practicum Site" completed by the student. These may be submitted in person or via email.

2) Submission of a detailed daily diary of activities completed during the practicum. This does not have to be typed, as long as your handwriting is legible. It would be best if you bring a ring-bound notebook to your Practicum site each day of attendance, and devote 1/2 page to 1 page to each day's activities. You should record, on a daily basis, your hours at the practicum site and keep a running total of hours completed, the nature of your activities and the number of clients assisted, tests conducted, and programs and procedures completed. Include any of your thoughts regarding concepts or applications you have been learning. Your diary is to be submitted to the Practicum Coordinator as a part of your final report for the practicum.

3) Submission, to the Practicum Coordinator, of a **Final Report** for the Practicum experience. The final report should list and describe observations, learning activities and acquired technical skills associated with your practicum. It should also include your thoughtful introspection concerning the nature of the learning that occurred, the aspects of the practicum experience that were beneficial, any of those aspects that were not beneficial, and constructive suggestions for improvements at the practicum site. The competency checklist is one of the components of the final report.

4) **Complete only one of the two Competency Checklists**. Students may complete **EITHER** the Fitness & Wellness Practicum Competency Checklist **OR** the Strength & Conditioning Practicum Competency Checklist. Check with the Practicum Coordinator if you have questions about which Checklist you should use. Submit to the Practicum Coordinator a completed **Competency Checklist**. The checklist is not considered complete until **all items** in the Essential Competencies, and at least **5 items** from the Optional Competencies have been initialed by an authorized Evaluator. You should be aware that you may need to put in time, beyond the minimum 192 hours, to acquire these competencies. An authorized Evaluator must initial each item when it is determined that the competence has been demonstrated. Authorized Evaluators are the practicum site supervisors (or designees) and Exercise Science faculty. Students should always keep a photocopy of the initialed checklist in case it is lost.

**STUDENT RESPONSIBILITIES FOR EXERCISE SCIENCE PRACTICUM**

I. Health Insurance - Students are required to have proof of personal health insurance prior to commencing EXS practicum. Such proof should be presented to the Practicum Coordinator.

II. CPR Certification - Students are required to have proof of CPR certification at the time of enrollment in EXS 4960. Such proof should be presented to the Practicum Coordinator.

III. Physical Exam - Students must obtain a physical exam prior to commencing EXS practicum. Proof of satisfactory completion of the exam should be presented to the Practicum Coordinator.

IV. Hepatitis B (HBV) Vaccination - Oakland University requires students entering an EXS practicum in its Exercise Science program to furnish evidence of Hepatitis B (HBV) vaccinations, or, in the alternative, evidence that they waive and decline HBV vaccination. You should realize that receiving the Hepatitis B vaccine is highly recommended, but not required, for persons who have contact with blood and body secretions, such as health care workers and designated clinical students. If you choose to have the Hepatitis B vaccine, it is your responsibility to pay for the vaccine. Insure that you provide the Practicum Coordinator evidence of Hepatitis B vaccination **OR** evidence of declination of immunization before beginning your practicum.

V. Complete the Practicum at an Approved Site - See the list of approved Practicum sites in this Handbook. See the Practicum Coordinator should you wish to have a new Practicum site approved and added to this list.

VI. Rules for Students while at Practicum Sites

A. Prior to beginning the Practicum, students should contact the Practicum Site Director if they are unsure of any of the details of the rotation.

B. Professional Conduct - At all times the student is expected to:

1. Follow the rules and regulations of the practicum site (e.g., working hours, billing procedures, dress code, preparation of exercise area, etc.).

2. Comply with the ethical standards of both Oakland University and the practicum site.

3. Conduct him/herself in a professional manner with both clients and staff.

4. Respect the integrity and rights of all persons.

Noncompliance with any of the proceeding will be taken into account in the student's evaluation. Noncompliance can result in dismissal from the affiliation and/or an unsatisfactory grade.

C. Students are expected to be well groomed and in appropriate uniform. Each facility will specify what is, and is not, appropriate dress.

D. Students must provide their own transportation to/from chosen Practicum sites.

E. While at the Practicum site, it is the student's responsibility to complete all assignments as requested by the Practicum Site Director, including, but not limited to, readings, in-service presentations, client notes, home programs, etc.

F. While at the Practicum site, the student is responsible for familiarizing himself/herself with and following all policies and procedures of the facility. This includes, but is not limited to, those policies and procedures dealing with scheduling, billing, note-writing, use of medical terminology, referrals to other disciplines within and outside of the facility, client evaluation, exercise prescription and exercise supervision.

G. Students are expected to attend all practicum sessions and absences are to be considered the exception rather than the rule.

1. Excused Absences - Illness and emergencies (such as a death in the family) fall in this category. In order to be excused, the student must call the Practicum Site Director. When participating in practicum experiences, students must consider the health of those with whom they come in contact. If (and only if) the student feels he/she has an illness that may be harmful to clients, he/she should not participate in the practicum experience for that day. A limited number of excused absences will be allowed during a practicum rotation, after which make-up time will have to be scheduled.

2. Unexcused Absences - Any absence of which the Practicum Site Director has not been notified is considered unexcused. Such absences require make-up time.

3. Under no circumstances are students to be absent from academic classes to make up time missed from practicum.

4. Tardiness is not an acceptable practice in Practicum. If a student is habitually tardy, make-up time will be required. In extreme cases, failure may result.

VII. EVALUATION OF STUDENTS

A. Students will be evaluated by their Practicum Site Director using the Evaluation of Student Practicum Performance form (pages 17-20).

B. In the event that a student is experiencing problems during his/her affiliation, the student should first discuss them with the Practicum Site Director. If the problems remain unresolved, the student should then discuss them with the Practicum Coordinator. The Practicum Coordinator will take them up with the Practicum Site Director.

C. Site visits may be made by the exercise science program to the Practicum sites. Telephone contact between the EXS Practicum Coordinator and the Practicum Site Director will also be routinely initiated to check on the progress of students.

VIII. STUDENT EVALUATION OF PRACTICUM SITES

A. Students will formally evaluate the practicum site immediately prior to the completion of the affiliation using the Student's Evaluation of Practicum Site form (pages 21-22).

B. Student evaluations will be shared with the Exercise Science Practicum Coordinator following completion of the affiliation and may, at the discretion of the Practicum Coordinator, be shared with the Practicum Site staff.

**OAKLAND UNIVERSITY**

**School of Health Sciences**

**EXERCISE SCIENCE PROGRAM**

**EXS PRACTICUM COORDINATOR PRACTICUM CHECK LIST**

STUDENT'S NAME:

Give this form to the Exercise Science Practicum Coordinator before starting your practicum (EXS 4960).

***Before approval is given to begin a practicum***

***the student should present evidence of:***

EXS 4960

Current Health Insurance coverage

Current CPR Certification

Recent Medical Examination

Hepatitis B Vaccination (or declination)

***After completion of the practicum:***

Duration (at least 192 hrs)

Received evaluation of student performance

from practicum site

Received evaluation of practicum site

from student

Submission of detailed daily diary

Submission of final report

Submission of competency checklist

Satisfactory completion of practicum

Exercise Science Practicum Coordinator exit interview with

student upon completion (for review of performance)

**OAKLAND UNIVERSITY**

**School of Health Sciences**

**EXERCISE SCIENCE PROGRAM**

**EXS 4960 FITNESS & WELLNESS COMPETENCY CHECKLIST (p.1)**

Student's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester:\_\_\_\_\_\_Year:\_\_\_\_\_

Each student is required to complete **ALL** of the competencies listed in the essential competencies section, and at least **5 items** from the optional competencies section by the end the practicum. An approved evaluator (practicum site director or designee) must initial each item when it is determined that the competency has been satisfied. The initialed competency checklist must be presented to the Exercise Science Practicum Coordinator at the conclusion of the internship as part of the exit interview.

**A. ESSENTIAL COMPETENCIES (ALL ARE TO BE COMPLETED)**

**Professionalism and Ethics**

1\_\_\_\_\_ **Demonstrate Professional, ethical and legal competence.** This includes: demonstrate professional behavior; maintain client confidentiality; recognize and accept personal/professional limitations; engage in constructive self-change; serve as a health role model for clients; demonstrate concern for client privacy, modesty and anxiety; maintain confidentiality of client information; accept personal, cultural and professional diversity in working for positive change; follow legal and ethical guidelines for client management and referral.

2\_\_\_\_\_ **Use appropriate interpersonal and communication skills** including: interact appropriately with health care professionals and with the client; demonstrate effective counseling and communication skills to facilitate behavior change

**Teaching**

3\_\_\_\_\_ **Participate in client exercise, health promotion, and lifestyle change briefings/consultations** with increasing responsibility (minimum 5x)

4\_\_\_\_\_ **Lead group exercise**, including guiding, assisting, correcting, and adjusting exercise activities, and demonstration of various techniques for clients with various fitness levels. (minimum 10x)

5\_\_\_\_\_ **Conduct individual exercise sessions**, including guiding, assisting, correcting, and adjusting exercise activities. (minimum 10x)

6\_\_\_\_\_ **Instruct clients in the use of exercise equipmen**t including effective postures, adjusting equipment, safety precautions, self-monitoring, and record keeping. (minimum 10x)

7\_\_\_\_\_ **Instruct clients in fitness test procedure**. (minimum 10x)

8\_\_\_\_\_ **Contribute to, or conduct special intervention programs** (such as rehabilitation, obesity management, seniors exercise, diabetes management, stress management, smoking cessation, sport specific training, children’s exercise, health maintenance/improvement, or similar). (minimum 10 hrs.)

**Evaluation Procedures**

9\_\_\_\_\_ **Perform client evaluation procedures**: routine screening, contraindications, explain test protocol,

informed consent, summarize information for physician/wellness professional. (minimum 15x)

10\_\_\_\_\_ **Assess muscular strength and/or muscular endurance** using field, clinical, or laboratory procedures. (minimum 20x)

11\_\_\_\_\_ **Assess aerobic fitness** using sub-maximal or maximal field, clinical, or laboratory procedures. (minimum 20x)

12\_\_\_\_\_ **Assess flexibility** using field tests, flexometer, or goniometer. (minimum 10x)

13\_\_\_\_\_ **Assess body composition**: skinfolds, BodPod or underwater weighing preferred. Bioelectric Impedance, BMI, or girth measurements are acceptable if the preferred methods are unavailable. (minimum 10x)

**EXS 4960 FITNESS & WELLNESS COMPETENCY CHECKLIST (p.2)**

14\_\_\_\_\_ **Assess blood pressure at rest and during exercise**. Insure that you demonstrate competence in measuring blood pressure on a variety of people (young and old, large and small), and that you can accurately measure blood pressure during a variety of exercise situations (treadmill, cycle, stepper, etc.). (minimum 20x each, rest and exercise)

15\_\_\_\_\_ **Assess heart rate at rest and during exercise**. Insure that you demonstrate competence in palpating radial and carotid pulse manually, and in the use of various electronic devices to measure heart rate. (minimum 20x each resting and exercising)

16\_\_\_\_\_ **Demonstrate ability to evaluate and appropriately stop an individual from exercising** based on American College of Sports Medicine criteria.

- during fitness tests under supervision (minimum 10x)

- during fitness tests as supervisor (minimum 10x)

- during exercise sessions as supervisor (minimum 20x)

17\_\_\_\_\_ **Explain and monitor the use of the Borg Rating of Perceived Exertion (RPE) scale** during fitness tests and exercise sessions. (minimum 10x)

**Exercise Prescription/Supervision**

18\_\_\_\_\_ **Summarize and interpret fitness test data and prescribe an aerobic exercise program** for healthy individuals (minimum 20x)

19\_\_\_\_\_ **Summarize and interpret fitness test data and prescribe a resistance exercise program** for strength, endurance and/or power for healthy individuals (minimum 20x)

20\_\_\_\_\_ **Modify client exercise program.** Demonstrate ability to modify a client's exercise program according to changes in their health status, fitness level, or limitations. Should take into consideration ongoing monitoring of, and adjustment for, increases and decreases in flexibility, and aerobic and muscular capacity. (minimum 20x)

21\_\_\_\_\_ **Individual client exercise supervision**. Work one-on-one with clients to teach, assist, adjust, encourage, and motivate. (minimum 20x)

**Emergency Procedures**

22\_\_\_\_\_ **Know first aid and emergency procedures** during exercise testing, evaluation, and exercise sessions

**B. OPTIONAL COMPETENCIES (A MINIMUM OF 5 ITEMS ARE TO BE COMPLETED)**

1\_\_\_\_\_ Present 30 minute exercise-related topic at practicum site or in an OU course.

2\_\_\_\_\_ Counseling at-risk clients about exercise (minimum 10 hrs)

3\_\_\_\_\_ Small group discussion leader - exercise-related topic

4\_\_\_\_\_ Develop and administer educational programs or materials.

5\_\_\_\_\_ Attend nutritional counseling and exercise planning sessions for clients (minimum 5x)

6\_\_\_\_\_ Develop and supervise an exercise program for obese clients (minimum 5x)

7\_\_\_\_\_ Develop and supervise an exercise program for runners (minimum 5x)

8\_\_\_\_\_ Develop and supervise an exercise program for athletes in a sport (minimum 5x)

9\_\_\_\_\_ Modify exercise programs for: elderly, differing fitness levels, etc. (minimum 5x)

10\_\_\_\_\_ Testing and prescribing exercise for children. (minimum 5x)

11\_\_\_\_\_ Calibrate exercise testing equipment. (minimum 3x)

12\_\_\_\_\_ Counsel/refer clients regarding overuse injuries. (minimum 10x)

13\_\_\_\_\_ Conduct stress test protocols under supervision. (minimum 10x)

14\_\_\_\_\_ Measure oxygen consumption during exercise test. (minimum 5x)

15\_\_\_\_\_ Arm ergometry testing & exercise prescription. (minimum 5x)

16\_\_\_\_\_ Attend supplementary lecture or professional conference. (minimum 3 lectures or sessions)

17\_\_\_\_\_ Participation in programs for at least 10 hours beyond those in item 8 of the Essential

Competencies

18\_\_\_\_\_ Develop and carry out an approved objective for a competency not listed above.

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**EXERCISE SCIENCE PROGRAM**

**EXS 4960 STRENGTH & CONDITIONING COMPETENCY CHECKLIST (p. 1)**

Student's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester:\_\_\_\_\_\_Year:\_\_\_\_\_

Students in a strength and conditioning internship must complete all items in section A – Essential Competencies and at least 5 items in section B – Optional Competencies. The internship supervisor should initial beside each competency when it is satisfactorily completed. The initialed competency checklist must be presented to the Exercise Science Practicum Coordinator at the end of the internship during the exit interview.

**A. ESSENTIAL COMPETENCIES (ALL ARE TO BE COMPLETED)**

**Professionalism and Ethics**

1\_\_\_\_\_ **Demonstrate Professional, ethical and legal competence.** This includes: demonstrate professional behavior; maintain client confidentiality; recognize and accept personal/professional limitations; engage in constructive self-change; serve as a health role model for clients; demonstrate concern for client privacy, modesty and anxiety; maintain confidentiality of client information; accept personal, cultural and professional diversity in working for positive change; follow legal and ethical guidelines for client management and referral.

2\_\_\_\_\_ **Use appropriate interpersonal and communication skills** including: interact appropriately with health care professionals and with the client; demonstrate effective counseling and communication skills to facilitate behavior change

**Teaching**

3\_\_\_\_\_ **Participate in client exercise, fitness, sport performance briefings/consultations with**

**increasing responsibility** (minimum 5x)

4\_\_\_\_\_ **Instruction in power lifts,** including guiding, assisting, correcting, and adjusting exercise activities, and demonstration of correct techniques for clients of various fitness levels. (min. 20x)

5\_\_\_\_\_ **Conduct individual exercise sessions,** including guiding, assisting, correcting, and adjusting exercise activities. (minimum 20x)

6\_\_\_\_\_ **Instruction in the use of exercise equipment,** addressing safety and effectiveness issues, spotting, and equipment adjustment for proper fit and load. (minimum 20x)

7\_\_\_\_\_ **Instruction in Olympic lifts,** including guiding, assisting, correcting, and adjusting exercise activities, and demonstration of correct techniques for clients of various fitness levels. (min. 20x)

8\_\_\_\_\_ **Equipment, test procedure instruction.** 1RM, anaerobic power, agility, etc. (prefer min. 5x)

9\_\_\_\_\_ **Contribute to, or conduct special intervention programs** (such as plyometric, agility, power,

children’s exercise, senior’s exercise, sport specific training, etc.). (minimum 10 hrs)

**Evaluation Procedures**

10\_\_\_\_\_ **Perform client evaluation procedures:** routine screening, contraindications, explain test protocol, informed consent, summarize information for strength and conditioning professional. (min. 25x)

11\_\_\_\_\_ **Assess muscular strength and/or endurance,** by field, or laboratory procedures. (prefer min. 10x)

12\_\_\_\_\_ **Assess cardiorespiratory fitness,** by sub-maximal or maximal field procedures. (prefer min. 5x)

13\_\_\_\_\_ **Assess flexibility,** using field tests, flexometer, or goniometer. (prefer minimum 5x)

14\_\_\_\_\_ **Assess power.** (prefer minimum 10x)

15\_\_\_\_\_ **Assess agility.** (prefer minimum 10x)

16\_\_\_\_\_ **Assess heart rate at rest and during exercise.** Insure that you demonstrate competence in palpating radial and carotid pulse manually, and in the use of various electronic devices to measure heart rate. (minimum 10x each resting and exercising)

**EXS 4960 STRENGTH & CONDITIONING COMPETENCY CHECKLIST (p. 2)**

17\_\_\_\_\_ **Demonstrate ability to evaluate and appropriately stop an individual from exercising** based on American College of Sports Medicine or National Strength and Conditioning Association criteria.

- during fitness tests under supervision (minimum 5x)

- during fitness tests as supervisor (minimum 5x)

- during exercise sessions as supervisor (minimum 10x)

**Exercise Programming**

18\_\_\_\_\_ **Summarize and interpret fitness test data and prescribe a strength and conditioning**

**exercise program** for healthy individuals (minimum 20x)

19\_\_\_\_\_ **Summarize and interpret fitness test data and prescribe a resistance exercise program for**

**strength, endurance and/or power** for healthy individuals (minimum 20x)

20\_\_\_\_\_ **Implement/Guide training for clients.** Observe first, and progressively increase responsibility

under supervision. (minimum 20x)

21\_\_\_\_\_**Modify client exercise program.** Observe first, and progressively increase responsibility under

supervision. (minimum 20x)

22\_\_\_\_\_ **Incorporate sport-specific elements into the training** (minimum 40x)

**Emergency Procedures**

23\_\_\_\_\_ **Know first aid and emergency procedures** during exercise testing, evaluation, and exercise sessions

**B. OPTIONAL COMPETENCIES (A MINIMUM OF 5 ITEMS ARE TO BE COMPLETED)**

1\_\_\_\_\_ Present 30 minute exercise-related topic at practicum site or in an OU course.

2\_\_\_\_\_ Counseling at-risk clients about exercise (minimum 10 hrs)

3\_\_\_\_\_ Small group discussion leader - exercise-related topic

4\_\_\_\_\_ Develop and administer educational programs or materials.

5\_\_\_\_\_ Lead group exercise (for example: boot camp) (10x)

6\_\_\_\_\_ Diet and exercise planning, attend nutritional counseling (minimum 5x)

7\_\_\_\_\_ Exercise programs for female athletes to prevent ACL problems (minimum 10x)

8\_\_\_\_\_ Conduct specialized exercise test protocols under supervision. (minimum 3x)

9\_\_\_\_\_ Adjust exercise program based on injury or medical history. (minimum 5x)

10\_\_\_\_\_ Modify exercise programs for: elderly, differing fitness levels, etc. (minimum 5x)

11\_\_\_\_\_ Testing and prescribing exercise for children. (minimum 5x)

12\_\_\_\_\_ Calibrate exercise testing equipment. (minimum 3x)

13\_\_\_\_\_ Counsel/refer clients regarding overuse injuries. (minimum 10x)

14\_\_\_\_\_ Instruct in use of special exercise apparatus (eg. Smith machine, stability balls, Bosu balls,

suspension training, etc.) (minimum 5x)

15\_\_\_\_\_ Measure oxygen consumption during exercise test. (minimum 5x)

16\_\_\_\_\_ Arm ergometry testing & exercise prescription. (minimum 5x)

17\_\_\_\_\_ Attend supplementary lecture or professional conference. (minimum 3x)

**Participation in programs not included in item 9 of the Essential Competencies:**

18\_\_\_\_\_ Participate in a football training program. (minimum 10 hrs)

19\_\_\_\_\_ Participate in a basketball training program. (minimum 10 hrs)

20\_\_\_\_\_ Participate in a track training program. (minimum 10 hrs)

21\_\_\_\_\_ Participate in a swimming training program. (minimum 10 hrs)

22\_\_\_\_\_ Participate in a volleyball training program. (minimum 10 hrs)

23\_\_\_\_\_ Participate in a baseball training program. (minimum 10 hrs)

24\_\_\_\_\_ Participate in a soccer training program. (minimum 10 hrs)

25\_\_\_\_\_ Participate in a tennis training program (minimum 10 hrs)

26\_\_\_\_\_ Student's own objective(s) (must be attached) approved by supervisor \_\_\_\_\_\_\_\_

**APPROVED INTERNSHIP SITES**

**Athletic Preparation, LLC** 248-872-0852

141 S. Opdyke Road

Auburn Hills, Michigan 48326

**New Agreement as of 2018**

**Athletic Republic**

Various locations in region

**New Agreement as of 2019**

**Bedford Public Schools**

8285 Jackman Road

Temperance, Mi 48182

Contact: Jeff Wood email: jeff.wood@mybedford.us

**New agreement as of 2018**

**Chicago Athletic Club** (317)523-7575

Lincoln Park Athletic Club

1019 W. Diversey Parkway

Chicago, Ill 60614

**New agreement as of 2018**

**Clint Verran Sports Medicine** 248-289-1168

1928 Star-Batt Drive, Suite A

Rochester, Michigan 48309

**New Agreement as of 2018**

**Crittenton Hospital – Cardiopulmonary Rehabilitation** (248) 652-5259

1101 W. University Dr., Rochester, MI 48309

Type: Cardiac rehabilitation (phase I, II, III), pulmonary rehabilitation

**Detroit Athletic Club** 313-442-1081

241 Madison

Detroit, Michgian 48226

**New Agreement 2018**

**\*Domino’s Farms - Preventive Cardiology at Michigan Medicine** (734) 998-5667

24 Frank Lloyd Wright Drive,

Lobby A, Ann Arbor, MI 48106-0363

Type: Cardiac rehabilitation (phases II and III), stress testing, observe in-hospital cardiac procedures, stress echocardiography, prep for ACSM CCES certification.

Details: <http://www.med.umich.edu/cvc/services/site_preventive/healthprof_intern.html>

**Student applies thru their website, and gets accepted, then their legal dept does agreement.**

**Won’t do agreement until student hired….**

**DMC Fitness Center** (313) 745-9748

261 Mack Avenue

Detroit, MI 48201

Type: Health promotion/wellness, Rehabilitation

**DMC Huron Valley-Sinai Hospital – Cardiac Rehabilitation** (248) 937-3606

Cardiopulmonary Rehabilitation

Huron Valley-Sinai Hospital

1 William Carls Drive

Commerce, MI 48382

Type: Stress testing, cardiac and pulmonary rehabilitation (phases II and III), corporate health screening, observe heart surgery

**(Ascension) Genesys Athletic Club** (810) 606-7300

801 Health Park Blvd.

Grand Blanc, MI 48439

Type: Health promotion/wellness and fitness, post-rehab

**New agreement 2018**

**Edw. C. Levy Co.**

8800 Dix Avenue

Detroit, Mi 48209

Contact: Malcom Dunbar 313-460-5054

**Fit Body Boot Camp** 248-710-3137

1900 S. Rochester Road

Rochester Hills, Michigan 48307

**New Agreement as of 2018**

**Fully Tapped Fitness**

3770 Dixie Highway

Waterford, Michigan 48329

Contact: Andrey Makhadov email: andreymakhadow88@gmail.com

**New agreement as of 2017**

**Genesys Regional Medical Center – Cardiac Rehabilitation** (810) 606-5120

Genesys Cardiac Rehab

Genesys Athletic Club (Attention: Laura O’Donnell)

One Genesys Parkway

Grand Blanc, MI 48439

Type: Cardiac Rehabilitation and Prevention

**Health Fitness Corporation (Regional Sites)**

Chrysler CTC Health Activity Center (248) 576-2803

800 Chrysler Drive, Auburn Hills, MI 48326

Type: Corporate Fitness, Wellness

UAW-Ford Ernest Lofton Fitness Center (313) 323-1852

3001 Miller Road Fax (313) 845-3080

Dearborn, MI 48121

**\*Henry Ford Heart & Vascular Institute – Cardiac Rehabilitation** (313) 972-1919 NEED AGREEMENT??? Called…waiting for return call

William Clay Ford Center for Athletic Medicine

6525 Second Avenue, Detroit, MI 48202

Type: Cardiac rehabilitation (phase II & III), stress testing, health enhancement

**Application process – Resume, cover letter, transcript, 1 letter of recommendation then interview**.

**Lifetime Athletic** 248-282-4360

4106 Telegraph Road

Bloomfield Hills, Michigan 48302

**New agreement as of 2018**

**Macomb Family YMCA** (586) 468-1411

10 N. River Road, Mt. Clemens, MI 48043

Type: Health promotion, personal training, fitness, wellness

**Michigan Heart at St. Joseph** 734-712-2459

5325 Elliott Drive

Ypsilanti, Mich 48197 Contact: Josh Bogdan email: jbogdan@michheart.com

Type: Clinical/rehabilitation

**Internships are 6 months in length**

**North Oakland Family YMCA**  248-370-9622 x235

3378 E. Walton Blvd.

Auburn Hills, Mich 48236

Type: Strength & Conditioning/Fitness/wellness

**Notre Dame Prep**

1300 Giddings Rd

Pontiac, Michigan 48340

Contact: Jake Seibert email: jsiebert@ndpma.org

Requirements for Internship:

* Must complete Protecting God’s Children class
  + Dates in Metro Detroit Area here:
  + <https://www.virtusonline.org/virtus/reg_0.cfm?theme=0>
* Must be currently enrolled in Exercise Science or related field OR possess a degree in an Exercise Science related field (master’s preferred)
* CPR/AED/First Aid Certified
* Must possess or be working towards NSCA CSCS certification and USAW Level 1 (optional)
* Previous participation in athletics and strength and conditioning is preferred
* Must have a strong desire to become a strength and conditioning coach and have a strong work ethic
* Weekly hour requirement is flexible and based on school requirements

Responsibilities for Intern:

* Assist with execution of strength & conditioning programs
* Teaching students proper lifting technique and equipment use
* Set up and break down of weight room
* Educational internship requirements
* Attending to daily maintenance of facility
* Assistance with Strength & Conditioning administrative duties
* You will gain valuable experience coaching as soon as you are considered ready. You will also gain experience programming and fulfill your Exercise Science Program internship requirements.

To apply: Submit cover letter, resume, and three professional references to Coach Jake Siebert. [jsiebert@ndpma.org](mailto:jsiebert@ndpma.org) Address: Notre Dame Preparatory and Marist Academy, 1300 Giddings Rd., Pontiac, MI 48340. DO NOT CALL THE ATHLETIC OFFICE. EMAIL COACH SIEBERT.

New agreement as of 2018

**Oakland University – Campus Recreation** (248) 370-4910

Campus Recreation Center, Wellness/fitness Programs

Intern Director: Becky Lewis, M.S.

Type: Health promotion/wellness, personal training,

fitness assessment, exercise programming, seniors exercise.

**Oakland University – Strength and Conditioning** (248) 370-2643

Department of Athletics, Strength and Conditioning Programs

Intern Director: Dr. Todd Wohlfeil, DPT, Director of Strength and Conditioning

Type: Athletic training (it is preferred that you take EXS 503 – Human

Performance Enhancement before starting this internship)

**Older Person's Commission** (248) 659-1021

Health and Wellness Department

650 Letica Drive

Rochester, MI 48307

Type: Health promotion/wellness, personal training,

fitness assessment, exercise programming, seniors exercise.

**By interview only…..will take mostly Graduate students.**

**Point Fitness and Training** (313) 417-9666 SENT AGREEMENT Did not received a signed agreement after several emails

19556 Harper Avenue

Harper Woods, Michigan 48225

Type: strength & conditioning and Fitness/wellness

**Power House Gym** 248-589-8030.

1461 W. 14 Mile Road

Madison Heights, Michigan 48071

**New agreement as of 2018**

**Pulse Fitness** (248) 579-0363

400 E. Ten Mile

Pleasant Ridge, MI 48067

Type: strength & conditioning, fitness/wellness and rehab

**New agreement 2018**

**Spectrum Health – Cardiac Rehabilitation** 616-486-6920 may need new agreement

2902 Bradford Street NC

Grand Rapids, Mi 49525

Type: Clinical/Rehabilitation

Contact: Lisa Sawyer email: lisa.sawyer@spectrumhealth.org

**St. Joespy Mercy Health Systems**

St. Mary Mercy Hospital

36475 Five Mile Road

Livonia, Michigan 48154

Contact: Jennifer Weller email: Jennifer.weller@stjosephhealth.org

**New Agreement as of 2018**

**Starting Line Health and Fitness** (248) 844-3914

1771 W. Hamlin Road

Rochester Hills, MI 48309

Type: Personal training, strength and conditioning, sport-specific training

**Wish students would apply in a more timely manner.**

**Team Rehabilitation – Shelby Township** 586-884-6689

50505 Schoenherr Road, Ste. 210

Shelby Township, Mi 48315

**New agreement 2018**

**The Boxing Rink**

1705 Austin Drive

Troy, MI, 48083

**New Agreement in 2019**

**Total Health Systems**  586-349-1056 or office 586-228-0270

43740 Garfield Road

Clinton Township, Mi 48038

**New Agreement as of 2018**

**Total Performance, Optimal Performance Specialists, LLC** 517-990-6222

3055 Shirley Drive

Jackson, Michigan 48346

**New agreement as of 2018**

**2 SP Sports Performance** (248)397-8945

29310 Stevenson Highway, Madison Heights, MI 48071

Type: Strength/conditioning, training for athletes, athletic performance enhancement

**New agreement 2018**

**University of Michigan – (now called PAL)** (734) 232-1201

Physical Activity Lab (PAL)

Domino Farms – Lobby M

24 Frank Lloyd Wright Drive

Ann Arbor, Michigan 48105

Type: Exercise research

Contact: Christine Parker email : chrrober@umich.edu

**VIP Fitness**

5886 Dixie Highway, Suite 5

Clarkston, Michigan 48036

Contact: Dr. Make Sartorius email: vipfitness00@yahoo.com

**New Agreement as of 2017**

**Waltonwood Communities** (5 sites in Metropolitan Detroit area) (800) 250-7597

Activities/Fitness Department

3250 Walton Blvd.

Rochester Hills, MI 48309

Contact: Michelle Jaskowski email: michelle.jaskowski@singhmailc.om

Type: Seniors exercise, program planning, facility management, wellness

counseling, program marketing.

**William Beaumont Hospital – Royal Oak – Cardiac Rehab**  248-655-5761

Health Center, 4949 Collidge Hwy.,

Royal Oak, Mi 48073

Type: Cardiac Rehabiliations (phase II and III) ACSM Exercise Specialist Certification Preparation

Contact to apply: <https://www.beaumont.edu/other-education/preventive-cardiology-rehabilitation-internship>

**William Beaumont Cardiac Rehabilitation Center** (313)561-6400

22060 Beech, Suite 100

Dearborn, Michigan 48124

Type: Cardiac rehabilitation (phase I - III), pulmonary rehabilitation, stress testing.

Contact: Amy Fritz

**William Beaumont Cardiac Rehabilitation Center** (248)471-8629

28050 Grand River

Farmington Hills, Michigan 48336

Type: Cardiac rehabilitation (phase I - III), pulmonary rehabilitation, stress testing.

**Zellador Wellness & Fitness**  586-803-4100

45265 Van Dyke

Utica, Michigan 48317

**This form is to be Completed by the Practicum Site Supervisor at the End of the**

**Practicum and Submitted Directly to:**

|  |
| --- |
| **Daniel J Goble, Ph.D.**  **EXERCISE SCIENCE PROGRAM**  **SCHOOL OF HEALTH SCIENCES**  **OAKLAND UNIVERSITY**  **ROCHESTER, MICHIGAN 48309-4452** |

**EVALUATION FORM**

**SUPERVISOR'S EVALUATION OF STUDENT PRACTICUM PERFORMANCE**

Name of Student

Practicum Coordinator**\_\_\_\_Dr. Daniel Goble\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Practicum Site

Supervisor Completing Evaluation

Report Period to

MO/DAY/YR MO/DAY/YR

Please evaluate the student according to the following categories. Space is also provided for written comments. Please cite specific examples that might clarify excellent or poor performance.

**\*\* Circle the Appropriate Number\*\***

**KNOWLEDGE OF FIELD**

1. **Knowledge of Basic Sciences** (Integrates prior knowledge of basic science concepts and principles in a manner that is logical and consistent with sound professional judgement).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

2. **Exercise Knowledge** (Demonstrates prerequisite exercise skills required for this practicum).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

3. **Ability in Evaluating Client Exercise Program** (Prescribes proper course or action consistent with medical orders or with client fitness level).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

4. **Technical Ability** (Possesses and demonstrates proficiency in manual skills necessary to perform all procedures required for this practicum).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

**PERSONAL QUALITIES**

1. **Acceptance of Administrative Responsibilities** (Maintains legible records, performs other routine administrative duties in a timely fashion).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

2. **Relations with Clients** (Maintains professional rapport, protects confidence, communicates effectively).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

3. **Relations with Practicum Site Staff** (Works efficiently with staff and uses their skills appropriately).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

4. **Professional Attitude and Demeanor** (Gains and holds respect of clients and colleagues alike - maintains positive attitude towards both learning new material and the delivery of services).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

5. **Response to Constructive Criticism** (Willingly accepts and applies corrective comments, admits mistakes and learns from them, doesn't repeat mistakes).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

6. **Leadership Capabilities** (Willingly accepts responsibility for client care).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

7. **Grooming and Appearance** (Conforms with dress code, looks and presents him/herself in a professional manner at all times).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

**OTHER**

1. **Progress in the Program** (Progressed satisfactorily at a rate consistent with others at his/her level).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Poor** |  |  |  | **Excellent** |  |

Comments

**OVERALL ASSESSMENT (Taking Everything Into Account)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |

**OVERALL COMMENTS** (Please provide any other information that may not have been specifically asked for but is helpful in evaluating this student).

(Date) (Supervisor's Signature)

**This form is to be Completed by the Student and Submitted Directly to:**

|  |
| --- |
| **Daniel J. Goble, Ph.D.**  **DIRECTOR, EXERCISE SCIENCE PROGRAM**  **SCHOOL OF HEALTH SCIENCES**  **OAKLAND UNIVERSITY**  **ROCHESTER, MICHIGAN 48309-4452** |

**STUDENT'S EVALUATION OF THE PRACTICUM SITE**

Student Name: Date:

Practicum Coordinator**\_\_\_\_Dr. Daniel Goble\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Practicum Site:

Semester of Enrollment in this course:

Please rate the statements below on a scale of 1 through 5, using the following criteria:

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly agree

1. I received an adequate orientation to the facility.

2. My supervisor possessed qualities I expected him/her to have as a health professional and student supervisor.

3. I was given an appropriate amount of supervision.

4. My objectives for this affiliation were met.

5. I felt expectations of me were at my level.

6. I was able to integrate the knowledge I gained in the classroom into the practicum environment.

7.**\_\_\_\_\_** My academic preparation was adequate.

8. I feel this was a valuable learning experience.

9. I would recommend that students use this facility again.

Please provide a brief written evaluation of this practicum site, including the things you like most about it,

the things you liked least about it, and how you feel it could be improved.

EXS Practicum Handbook 1608.doc