Purpose of program
The purpose of this internship is to give students an opportunity to gain practical experience in developing exercise prescriptions and leading one-on-one exercise training sessions for cancer patients.

Students can expect to gain:
- Experience in exercise testing, exercise prescription, and delivery of exercise training.
- A new skillset which will prepare them to work with clients with special considerations.
- The opportunity to put classroom knowledge into practice, bridging the gap between textbook education and practical application.

Application requirements:
- Enrollment in KRS 488 (Practicum in Health and Exercise Science, 3 credits)
- Completion of the prerequisite classes with a B- or higher (Exercise Physiology, Structural Kinesiology, and Weight Training, KRS 152, 353, 354).
- Maintenance of a cumulative GPA of 3.0 or higher
- Compliance with background checks, immunizations and drug testing in accordance with REHAB procedures.
- Completion of this application, and a copy of your resume.

Research Background:
Cancer survivors face treatment-related toxicities which potentially develop into lifelong, chronic illnesses. These toxicities cause dysfunction to all the major systems in the body such as cardiovascular dysfunction, cachexia, reduced immunity, pulmonary fibrosis, lymphedema, peripheral neuropathy, and perhaps the most debilitating – cancer related fatigue. These toxicities compounded with a lack of physical activity and poor health behaviors during the transition from cancer treatment to survivorship may predispose survivors to recurrent or secondary cancers. Exercise may help to reverse these toxicities to improve health, fitness and quality of life in cancer patients. As an intern in this program, you will design exercise prescriptions and train exercise patients in a one-on-one setting.

Overview of intern duties
Students will lead a maximum of 4 patients through one-on-one exercise training 2 or 3 times a week (1 or 1.5 hour(s)/session) over a 3-month intervention period. Each cancer patient has their own unique limitations to training and the student will learn to develop appropriately tailored exercise programs that will result in significant improvements in fitness while ensuring the safety of the patients.

For example, students may have to develop a program for a patient suffering from peripheral neuropathy and impaired balance. The student will learn to plan exercises that are safe (i.e., recumbent cycle vs. treadmill, or use of a harness on the treadmill) and plan exercises that will alleviate peripheral neuropathy symptoms (i.e., walking on inflatable balance and stability discs or spikey half balance rubber balls to stimulate plantar nerve endings while developing patient’s balance and proprioception). Students will be supervised to ensure they develop exercises that are not contraindicated for the patients (i.e., do not interfere with surgical clips or chemotherapy ports) and
exercises that target musculoskeletal deficiencies (i.e., incorporating core strengthening exercises for patients who had surgical resection in the lower abdomen).

Students will also learn to identify potential side effects of prescribed medication that would affect exercise. For example, the heart rate of patients on beta-blockers will not increase with exercise intensity and therefore exercise intensity should be monitored with the Rate of Perceived Exertion Scale. Additionally, students will remain cognizant of the needs of the patients as they may suffer from psychological factors such as depression, low-esteem and poor body image.

Student Intern Requirements

- Be prompt to each exercise session which will be held at REHAB.
- Be respectful toward REHAB staff, patients and colleagues.
- Maintain professional appearance (wear UH issued badge and ensure it is visible to others).
- Maintain accurate training records in the client’s log book.
- Complete 160 hours internship hours.
- Abide by the policies and procedures at outlined by REHAB and the department of KRS.
Cancer Exercise Rehabilitation Internship Application

Student Name:_______________________________  Date: _________  Cumulative GPA: ___

Address: ___________________________________  Student ID number: ______________

DOB: _________ email address: __________________________  Graduation date: _________

Emergency contact name, phone number, relationship: _________________________________

Availability:
Monday: __________________________________________

Tuesday: __________________________________________

Wednesday: _______________________________________

Thursday: _________________________________________

Friday: ___________________________________________

Saturday: _________________________________________

Internship objectives (please list at least 3 objectives, may include clinical, management, leadership goals).

1. ____________________________________________________________________________

2. ____________________________________________________________________________

3. ____________________________________________________________________________

4. ____________________________________________________________________________

5. ____________________________________________________________________________

Certifications/professional Organization/Licensure (please check those which apply)

_____CPR/First aid  _____Exercise Leader (ACSM)

_____Athletic Trainer (NATA)  _____Health/Fitness Instructor (ACSM)

_____Water Safety Instructor/Lifeguard  _____Exercise Specialist (ACSM)

_____Personal Trainer (ACSM)  _______Other (Please list) _________________

_____Exercise Test Technologist (ACSM)  ________________________________

Please attach your resume.
List date of completion of the following requirements:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Date completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy &amp; Procedures, orientation requirement (REHAB)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Training forms (REHAB)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CPR</td>
<td>date acquired:</td>
</tr>
<tr>
<td></td>
<td>Confirmation #:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Drug Screen (urine, 10-panel screen)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>General and professional liability insurance ($50, through UH’s insurance broker)</td>
<td>Insurance Carrier:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td>6</td>
<td>Current personal Health insurance, carrier and number</td>
<td>Insurance Carrier:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td>7</td>
<td>2-step tuberculous test</td>
<td>Date 1:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date 2:</td>
</tr>
<tr>
<td>8</td>
<td>Complete &amp; Sign Confidentiality agreement (exhibit A, MAA with REHAB)</td>
<td>Date completed:</td>
</tr>
<tr>
<td>9</td>
<td>HIPAA (Citi training)</td>
<td></td>
</tr>
</tbody>
</table>

I, ____________________________(print student name) understand that the patient’s physician and REHAB’s staff at the physician’s direction, have primary responsibility for the care and management of the patient. In no case shall the student be: (a) assigned or have the primary responsibility for the care, management, and/or control of patients or (b) placed in a position of having or being deemed to replace Rehabilitation Hospital of the Pacific (REHAB) staff.

__________________________________________   ____________
Student Signature              Date