Course Change Form

Course Addition

1. Course Title: **Physical Agents**
   - Prefix & Num: PTA 2200

2. Pre-requisite(s): PTA 1020 - 2010, 2110, 2210, 2400
   - Co-requisite(s): PTA 2201 - 2010, 2110, 2210, 2400, 2605
   - Instructor permission required: No
   - Class Hours/Week: *LEC: 2.00 *LBC w/cr: 0.00 *LNC w/no cr: 0.00 Credits: 2.00
     - Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00

3. Semester to be Implemented: Fall, 2010
   - Day: ☑ Extended Day: ❑ Grade type: Regular

4. Cost Code: HEA118
   - Lab Fee: 0.0
   - Additional Fees: $0.00
   - Potential WLF: 2.00

   **Explanation of Fees:**

5. Is this course designed for a specific group? Yes
   - Who? Accepted PTA Program students

6. Catalog Description: ☑ Now in Print, or ❑ Proposed Below:
   - Students learn about and investigate the efficacy of therapeutic modalities including heat, cold, electrotherapy, intermittent compression, massage, traction, ultrasound, and others. Evidenced-based practice, safety, cultural sensitivity, and indications/contraindications are emphasized. 2 lecture hours per week.

7. Course justification (attach sheets if needed):
   - A part of the approved curriculum for the limited-entry Physical Therapist Assistant Program.

8. Are library resources adequate to support this change? Yes If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
    - If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
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**Approval Signatures:**

- **Department Chair:**
  - Signature: [Signature]
  - Date: 10/1/09

- **Associate Dean/Dean:**
  - Signature: [Signature]
  - Date: 10/1/09

- **Curriculum Chair:**
  - Date: __________

- **Academic VP:**
  - Date: __________