Course Change Form

Date of Request: October 5, 2009
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Course Addition

1. Course Title: Orthopedic Rehabilitation
   Prefix & Num: PTA 2300

2. Pre-requisite(s): PTA 1020, PTA 2301, PTA 2605
   Co-requisite(s): PTA 2300
   Instructor permission required: No
   2010, 2200, 2210, 2400
   Class Hours/Week:
   LEC: 2.00  LBC w/er: 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: $0.00
   Additional Fees: $0.00
   Potential WLF: 2.00

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

6. Catalog Description: Now in Print, or ☑ Proposed Below:
   This course emphasizes development of therapeutic exercise and other treatment practices for patients with musculoskeletal pathologies. 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>
<th>Institution</th>
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<tr>
<td>☐</td>
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<td>Principles of Therapeutic Exercise</td>
<td>2</td>
<td>PTA 2300</td>
<td>SLCC</td>
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Approval Signatures:

Department Chair:
Date: 10/7/09

Associate Dean/Dean:
Date: 10/7/09

Curriculum Chair:
Date: __________

Academic VP:
Date: __________