Course Change Form

Date of Request: October 5, 2009
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Course Addition

1. Course Title: Orthopedic Rehabilitation Lab
   Prefix & Num: PTA 2301
   Instructor permission required: No

2. Pre-requisite(s): PTA 1020 2010, 2200, 2110, 2400
   Co-requisite(s): PTA 2300, 2605
   Class Hours/Week: *LEC: 0.00
   *LBC w/cr: 4.00
   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: 20
   Additional Fees: $0.00
   Potential WLF: 3.00

   Explanation of Fees: Perishable supplies, linen service

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 practice and gain competence in the application of therapeutic exercise, the rationale for its use, safety principles involved in, cultural sensitivity, and its application across the lifespan. 4 lab 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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<tr>
<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>
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<td>☐</td>
<td>Principles of Therapeutic Exercise Lab</td>
<td>2</td>
<td>PTA 2310</td>
<td>SLCC</td>
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Approval Signatures:

Department Chair: [Signature]
Date: 10/17/09

Associate Dean/Dean: [Signature]
Date: 10/17/09

Curriculum Chair: [Signature]
Date: _________

Academic VP: [Signature]
Date: _________