Course Change Form

Date of Request: October 5, 2009
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Course Addition

1. Course Title: Neuromuscular Rehabilitation Lab
   Instructor permission required: No
   Prefix & Num: PTA 2521

2. Pre-requisite(s): PTA 1020
   Co-requisite(s): PTA 2410
   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: Spring, 2011
   Day ☒
   Extended Day ☐
   Grade type Regular

4. Cost Code: HEA118
   Lab Fee: 20
   Additional Fees: $0.00
   Potential WLF: 3.0
   Explanation of Fees: Supplies and linen

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 are introduced to, and develop competencies in the application of specific physical therapy treatment procedures used with patients exhibiting neuromuscular pathologies. Treatment modifications, best practices, and current concepts are practiced. 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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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
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<td>PTA 2460</td>
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Approval Signatures:

Department Chair: [Signature]
Date: 10/7/09

Associate Dean/Dean: [Signature]
Date: 10/7/09

Curriculum Chair: [Signature]
Date: 

Academic VP: [Signature]
Date: 