

**Course Addition**

Originator: **Rand Edwards**  
 Department: **Physical Therapist Ass't**  
 Replacement Course ID:

1. Course Title: **Introduction to Physical Therapy** Prefix & Num. **PTA 1010**

2. Pre-requisite(s): **None** Co-requisite(s): **None** 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, 2009** Day  Extended Day  Grade type **Regular**

4. Cost Code: **HEA118** Lab Fee: **\$0.00** Additional Fees: **\$0.00** Potential WLF: **2.00**

Explanation of Fees:

5. Is this course designed for a specific group? **No** Who?

6. Catalog Description:  Now in Print, or  Proposed Below:

This course introduces students to the field of physical therapy specifically and rehabilitation medicine in general. The definition and history of physical therapy, types of care, treatment, and its role in health care are emphasized. Other rehabilitation professions, professional communication, and medical terminology are presented. This course is designed to assist students in career decisions and is a prerequisite to the physical therapist assistant program. 2 lecture hours per week.

7. Course justification (attach sheets if needed):

Required as a prerequisite for acceptance into the 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:

G.E.	Elective	Course Title	Credits	Prefix & Num.	Institution
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Introduction to Physical Therapy	2	PTA 1010	SLCC
<input type="checkbox"/>	<input type="checkbox"/>				DSC
<input type="checkbox"/>	<input type="checkbox"/>				DSC

**Approval Signatures:**

Dean: *Carol Grady*

Date: 2/5/2009

Academic VP: \_\_\_\_\_

Date: \_\_\_\_\_