### Course Change Request

**Indiana University Indianapolis Campus**

<table>
<thead>
<tr>
<th>Check Appropriate Boxes:</th>
<th>Undergraduate credit</th>
<th>Graduate credit</th>
<th>Professional credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. School/Division</td>
<td>Health &amp; Rehab Science/Department of Physical Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Academic Subject Code</td>
<td>SHRS</td>
<td></td>
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</tr>
<tr>
<td>3. Current Course Number</td>
<td>P530</td>
<td></td>
<td></td>
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<tr>
<td>4. Current Credit Hours</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Current Title</td>
<td>Medical Conditions &amp; Pathophysiology</td>
<td></td>
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<tr>
<td>6. Effective Semester/Year</td>
<td>Spring 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Instructor:</td>
<td>Dr. A. Gorgey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Type of Change Requested (Check appropriate boxes and indicate changes)

- [ ] 8. Change course number to: ___________________________ (must be cleared with University Enrollment Services)
- [ ] 9. Current course title: ___________________________
  - Change to: _________________________________________
  - Recommended abbreviation (optional) ___________________________(Limited to 32 Characters including spaces)
- [X] 10. Current credit hours fixed at: 3 or variable from: ___________ to ___________
  - Change to credit hours fixed at: 4 or variable from: ___________ to ___________
- [ ] 11. Current lecture contact hours fixed at: ___________ or variable from: ___________ to ___________
  - Change to lecture contact hours fixed at: ___________ or variable from: ___________ to ___________
- [ ] 12. Current non-lecture contact hours fixed at: ___________ or variable from: ___________ to ___________
  - Change to non-lecture contact hours fixed at: ___________ or variable from: ___________ to ___________
- [ ] 13. Is this course currently graded with S-F (only) grades? Yes ___ No ___
  - Change to S-F (only) grading? Yes ___ No ___
- [ ] 14. Does this course presently have variable title approval? Yes ___ No ___
  - Is variable title approval being requested? Yes ___ No ___
- [ ] 15. Is this course being discontinued? For all campuses _______ or for this campus only _______
- [ ] 16. Current course description **Overview of the pathophysiology and medical management for common disorders of the endocrine, immune, neurological, genitourinary and gastrointestinal systems. Included are fundamental principles of pharmacology and diagnostic imaging as used in medical management.**
  - Change course description to (not to exceed 50 words) ___________________________

#### Justification for change

**SEE ATTCHD.** (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? **yes**

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

**Submitted by:**

**Approved by:**

- Department Chairman/Division Director: ___________________________
  - Date: ___________________________
- Dean: ___________________________
  - Date: ___________________________
- Dean of Graduate School (when required): ___________________________
  - Date: ___________________________
- Chancellor/Vice-President: ___________________________
  - Date: ___________________________
- University Enrollment Services: ___________________________
  - Date: ___________________________

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

**UPS 725**

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White
# Course Change Request

**Indiana University**

**Department:**

**Campus:**

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**Check Appropriate Boxes:**

- Undergraduate credit
- Graduate credit
- Professional credit

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1. **School/Division**
   - Health & Rehab Science/Department of Physical Therapy

2. **Academic Subject Code**
   - CH-?

3. **Current Course Number**
   - 4250

4. **Current Credit Hours**
   - 3

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**Medical Conditions & Pathophysiology**

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**Type of Change Requested** (Check appropriate boxes and indicate changes)

<table>
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<th>Change</th>
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</tr>
</tbody>
</table>

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**7. Instructor:**

- Dr. A. Corey

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**8. Change course description**

*Overview of the pathophysiology adds medical management for common disorders of the endocrine, immune, neurological, genitourinary and gastrointestinal systems. Included are fundamental principles of pharmacology and diagnostic imaging used in medical management.*

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**17. Justification for change**

*Use additional paper if necessary*

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**18. Are the necessary reading materials currently available in the appropriate library?**

*Yes*

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**19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.*

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**Submitted by:**

- Department Chairman/Division Director

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**Approved by:**

- Dean

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**Date**

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**Date**

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**Date**

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**University Enrollment Services**

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**After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.**
Course Change Request
School of Health and Rehabilitation Sciences
Department of Physical Therapy

P530 Medical Conditions and Pathophysiology

#17 Justification for change:

This course was designed when the doctorate in physical therapy curriculum included a different physiology course the semester preceding it. Since then the Department of Physical Therapy has hired physiologists as core faculty to redesign the physiology content for the first semester of the curriculum. These faculty members will follow with the pathophysiology content the second semester of the curriculum. Hiring new faculty has helped to facilitate assessment of course content for this existing course. During this assessment, faculty have determined that four credit hours is a more accurate appropriation of credit for the course.

The materials presented in the pathophysiology course are intended to be proportionate and relevant to the topics covered in the physiology course and the pathophysiology course is intended to complement the physiology course. The course content includes abnormal physiologic processes, medical and physical therapy examination, and medical and physical therapy management for each major body system. The course will follow the units in the 4-credit physiology course (Medical Physiology, P512), organized by body system.