APTA VISION STATEMENT
for Physical Therapy 2020

Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in patients’/clients’ health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist directed and supervised components of interventions.

Guided by integrity, lifelong learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based services throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences. While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct patient/client care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.
The American Physical Therapy Association exists to improve the health and quality of life of individuals in society by advancing physical therapist practice.
ASSOCIATION
ORGANIZATIONAL VALUES

Association staff and members working on behalf of the association:

- are committed to excellence in practice, education, and research;
- respect the dignity and differences of all individuals and commit to being a culturally competent and socially responsible association;
- act with professionalism, integrity, and honesty; and,
- make decisions that reflect visionary thinking, excellence, innovation, collaboration, and accountability.
## Membership Statistics

**2009-2010**

<table>
<thead>
<tr>
<th>Category</th>
<th>2009</th>
<th>2010</th>
<th>Gain/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT</td>
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<td>1,489</td>
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<tr>
<td>*PTA</td>
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<td>5,450</td>
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<tr>
<td>LIFE</td>
<td>2,277</td>
<td>2,306</td>
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<tr>
<td>RETIRED</td>
<td>83</td>
<td>102</td>
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<tr>
<td>HONORARY</td>
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<tr>
<td>STUDENT PT</td>
<td>14,104</td>
<td>15,104</td>
<td>1,000</td>
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<tr>
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<td>536</td>
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<tr>
<td>MASTER’S STUDENT</td>
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<td>(2)</td>
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<tr>
<td>DOCTORAL STUDENT</td>
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<td>8</td>
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<td><strong>TOTALS</strong></td>
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<td><strong>77,510</strong></td>
<td><strong>3,282</strong></td>
</tr>
</tbody>
</table>

*These categories include members who do not pay full dues and student members who recently graduated and are eligible for reduced career starter dues.*
BOARD OF DIRECTORS

Back row from left: Connie D. Hauser, PT, DPT, ATC, Barbourville, KY, treasurer; Aimee Klein, PT, DPT, DSc, OCS, Chelsea, MA; Shawne E. Soper, PT, DPT, MBA, Richmond, VA, speaker of the House; Paul Rockar Jr, PT, DPT, MS, Murrysville, PA, vice president; R. Scott Ward, PT, PhD, Salt Lake City, UT, president; Roger A. Herr, PT, MPA, COS-C, Seattle, WA; Mary C. Sinnott, PT, DPT, MEd, Lansdowne, PA; Kathleen K. Mairella, PT, DPT, MA, Nutley, NJ; Laurita M. Hack, PT, DPT, MBA, PhD, FAPTA, Bryn Mawr, PA, secretary. Front row from left: William F. McGehee, PT, MHS, Peoria, IL, vice speaker of the House; Dianne V. Jewell, PT, DPT, PhD, CCS, Richmond, VA; Kevin Hulsey, PT, DPT, MA, Nampa, ID; Nicole L. Stout, PT, MPT, CLT-LANA, Bethesda, MD; Sharon L. Dunn, PT, PhD, OCS, Shreveport, LA; Lisa K. Saladin, PT, PhD, Mt Pleasant, SC.
2010 was a year of accomplishment and meaningful activity for APTA. You may remember a video that APTA produced at the end of the year highlighting some of the association’s initiatives; it was just a prelude to our more-comprehensive accounting in this annual report. It’s clear that we are making progress toward the outcomes of our Strategic Plan, which in turn furthers our attainment of Vision 2020, APTA’s vision for the future of the physical therapy profession. You’ll read about that progress in the Strategic Plan section of this report. I also want to draw your attention to some additional initiatives that APTA engaged in to help achieve our goals.

- APTA migrated the Guide to Physical Therapist Practice to the Web, making it more accessible and user friendly, and providing an efficient platform for review and revision. What’s more, the online Guide is free as a benefit to APTA members.

- Thanks to efforts by the Virginia and West Virginia chapters, legislation in those states enhanced their practice acts to protect title and terms for physical therapy and better define scope of practice.

- APTA staff and representatives met with medical directors and key decision makers of major private payers to facilitate future communication with health care insurers.
• APTA updated guidelines for functional capacity evaluation (FCE) services that physical therapists (PTs) use to measure function for return-to-work/activity decisions, disability determinations, or designing rehabilitation plans. The revised FCE guidelines incorporate the language of the International Classification of Functioning, Disability, and Health.

• A new online resource on PT-PTA teamwork uses practice setting scenarios to guide PTs and physical therapy students in the appropriate direction and supervision of physical therapist assistants (PTAs) and to exemplify the collaboration between the PT and the PTA in providing interventions for patients and clients. Also, 2 new algorithmic guides help PTs determine when to direct interventions to the PTA, which interventions to direct, and how to appropriately supervise the PTA once interventions have been selected.

• Record attendances at our national conferences, even as members and their facilities look carefully at their expenses, showed the value of these educational experiences. Our Combined Sections Meeting in San Diego brought in more than 8,000 attendees, and PT 2010, our annual conference in Boston, drew its highest attendance in 4 years.

I have mentioned just a few of so many things that APTA accomplished for you in 2010. I hope you enjoy reading, viewing, and listening to this entire annual report. I think you’ll be impressed with the return on your investment in APTA membership!

R. Scott Ward, PT, PhD
President
The House of Delegates sets the direction for our future through debate and decision making on substantive issues facing our profession. It also elects members to serve in national leadership positions. Your voice is heard through the delegates who you elect, representing the opinions and interests of all physical therapist, physical therapist assistants, and student members.

During the 2010 House of Delegates a number of important motions were passed to both amend current APTA positions and establish new ones. Among the actions taken were amendments to the Standards of Practice, establishment of the Principles of Professionalism, and a Declaration Against Torture. In addition, the House determined that APTA should pursue opportunities to enhance physical therapy term protection and to promote physical therapy’s role in combating childhood obesity. Perhaps the greatest amount of debate centered around a proposed bylaw change that would replace the 1/2 vote with 1 vote for physical therapist assistants (PTAs) at the component level, including chapter and section elections and meetings. Although the motion ultimately failed to attain the 2/3 majority vote required for a bylaw change, the deliberation was insightful, productive, and teased out several suggestions for how PTAs could be become more integrated in the association and help in achieving Vision 2020, including increased activity in committees on the district, chapter, and state levels.
You can find a summary of all the actions taken by the House within the online APTA House of Delegates Community, under Reference Materials/Archive/2010/Summaryof House Actions (login first to the association’s Web site at apta.org).

Preparations for the 2011 House began as soon as the 2010 House ended, with focus areas that included delegate communication and education enhancements. The annual post-House survey provided data for continual refinement of processes. Based on feedback from delegates, changes include videotaping and posting of Nominating Committee candidate interviews, implementation of an audience response system for use with elections, and standing counted votes.

I encourage you to become involved in the House of Delegates process by reviewing the issues that will be considered this year by the delegates (login first to the association’s Web site at apta.org) and then sharing your ideas and thoughts with your component delegates as they prepare for the 2011 House.

Shawne E. Soper, PT, DPT, MBA
Speaker of the House
The committee on chapters and sections is tasked to enhance communication and collaboration among APTA national, chapters, and sections. In 2010, the committee helped provide opportunities for APTA and component leaders to discuss issues most relevant to the profession and the association. The committee organized and hosted the Component Leadership Meetings at CSM in San Diego and PT10 in Boston, focusing on issues such as:

- Governance review to look at how we can best use our resources and capitalize on our strengths to become a stronger organization
- Component strategic plan alignment with APTA’s strategic plan to collectively achieve goals
- Implementation of the profession’s brand at the national and component levels to help promote positive recognition of physical therapy
- Recommendations by the Member Education and Meetings Task Force to enhance and promote a learning culture
- Harnessing the power of social media to remain relevant and connected in today’s world
- Collaborative opportunities through the APTA Learning Center and PTNow portal to enhance practice through quality education and access to information
- Health Care Reform in Action to disseminate information and respond to the changing face of health care
The chapter presidents meetings and section presidents meetings in February and June were also led by committee members. These meetings provide presidents of chapters and of sections the opportunity to meet independently to discuss important issues with their colleagues. For chapters, discussions included topics such as emerging state legislative issues, reaching rural constituents, coordinating a successful legislative day, examining the pros and cons of having districts, and developing lobbyist contracts. Section presidents focused on issues such as the role of sections in APTA practice and research initiatives, collaborating on section audio conferences, challenges with journal publishers, and initiating a review of the CSM agreement between APTA and the sections.

I would like to express appreciation on behalf of the Committee on Chapters and Sections to the extremely dedicated volunteers and staff across the association who worked tirelessly in 2010 to promote the profession and serve our members. Thanks also to our APTA Board liaisons in 2010: Stephen McDavitt, PT, DPT, MS, FAAOMPT, and Roger Herr, PT, MPA, COS-C, and to our staff liaison, Dena Kilgore. I would also like to recognize my colleagues who served on the committee in 2010: Geraldine Grzybek, PT, GCS, Steve Anderson, PT, DPT, Deirdre Daley, PT, DPT, Carole Tucker, PT, PhD, PCS, Jim Dunleavy, PT, MS, and Sheree York, PT, DPT, PCS.

Respectfully,

*James J. Irrgang, PT, PhD, ATC, FAPTA*
On July 1, 2010, the significantly revised Code of Ethics for the Physical Therapist (Code) and Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) went into effect. The House of Delegates (House) expanded these 2 core association documents in 2009 to better delineate the ethical obligations of all physical therapists and physical therapist assistants. In light of these revisions, the Ethics and Judicial Committee (EJC) revised APTA’s Guide for Professional Conduct and Guide for Conduct of the Physical Therapist Assistant. These documents, which provide interpretations of the revised Code and Standards, went into effect in November 2010.

After the 2009 House, the EJC developed and executed a multi-phase Communication Plan to disseminate and provide extensive education on the revised Code and Standards. Under this plan, past and present EJC members have been working together to create extensive educational resources. A highlight is a comprehensive online ethics course available from APTA’s Learning Center. This course provides a brief history of ethics in physical therapy, discusses the rationale for revising the Code and Standards, and examines the revisions in detail. Past and present EJC members also conducted several presentations on the Code and Standards revisions. Details of these presentations can be found in the Communication Plan.
Additional ethics resources are available on APTA’s Web site on a page devoted to the Revisions to the Code and Standards. Resources include frequently asked questions, a podcast, and numerous articles, one of which applies the revisions to clinical scenarios.

Other ethics resources have been created. Numerous articles are available to assist with ethical decision making. These ethical decision-making resources cover a variety of timely topics, such as reimbursement, educating future clinicians, and workplace issues. A resource tandem to ethical decision making is a page that provides resources and contact information for members who may be faced with a potential complaint or disputes.

Finally, the EJC hosted a breakfast for component presidents and executives and chapter Ethics Committee chairs at the 2010 Annual Conference. Additional ethics resources for component leaders are available online within APTA Communities.
STRATEGIC PLAN

APTA moved the physical therapy profession forward in 2010, ever closer toward achievement of Vision 2020, our vision of the future of physical therapist practice. The association pursued all of the 6 outcomes of the Strategic Thinking and Planning (STP) Initiative (www.apta.org/stp) that guides APTA’s activities over the next 3 to 5 years.

While the highlights below don’t begin to describe everything APTA did in 2010, they do summarize the steps taken specifically toward the areas of focus outlined in our Strategic Plan.

- Access to Physical Therapy Services
- Education
- Payment for Services
- Public Identity Recognition as a Practitioner of Choice
- Research
- Standards for Practice
Policy barriers to patient/client access to physical therapist services will be reduced and where possible eliminated.

- Thanks to many years of relentless efforts from the Hawaii Chapter and APTA, Hawaii was able to delete the referral requirement in its regulations, thus providing for unrestricted direct access to evaluation and treatment. The new regulations were signed into law in December.

- In its continued efforts to help Alabama and Indiana, the 2 remaining states without any form of direct access, APTA funded additional lobbying support for both state chapters, guided their efforts to create “patient advocacy” Web sites that complement other social media outlets to publicize the need for direct access in those states, and provided financial assistance and planning for a Lobby Day held in early 2011 in each state. APTA also provided grassroots strategy and support to both state chapters.

- APTA supported the Texas Chapter in preparing to seek 2011 legislation that would remove restrictions to direct access, including funding and staff assistance for the chapter’s Lobby Day held in early 2011.
• A new Web resource on apta.org encourages the use of direct access in physical therapist practice in states that permit some level of direct access. A podcast describing the resource and summarizing the results of a survey on use of direct access also is available on the Web page, www.apta.org/DirectAccess.

• APTA secured language in the Affordable Care Act directing the newly formed Centers for Medicare and Medicaid Services (CMS) Innovation Center to consider studying new models of delivery of outpatient physical therapy, including direct access under Medicare.

• After the Medicare Payment Advisory Commission (MedPAC) released its June 2010 Report to the Congress: Aligning Incentives in Medicare recommending a policy option to exclude physical therapy from the in-office ancillary services (IOAS) exception, APTA capitalized on the findings by meeting with key congressional and CMS staff, initiating an immediate media push, and promoting the report results in states where referral for profit is an issue.

• Further activities against referral for profit included continued support of South Carolina’s ongoing effort to defend its current anti-POPTS (physician-owned physical therapy services) law. APTA also worked with the California Chapter in securing a positive opinion from the California Legislative Counsel Bureau Office that prohibits physical therapists from working for a medical corporation, and the association coordinated with the Illinois Chapter in its effort to defeat legislation supported by the Illinois Medical Association that would nullify the fee-splitting language found in the Illinois physical therapy practice act. The Illinois governor vetoed the legislation, thanks in large part to the chapter highlighting the findings of the 2010 MedPAC report; unfortunately, the Illinois legislature overturned the governor’s veto in November.
An adequate number of quality physical therapist and physical therapist assistant education opportunities will be available to provide entry-level and postprofessional learning experiences to meet the needs of society.

- To help ensure that there are enough education programs and other opportunities to accommodate the physical therapy workforce of the future, APTA collected baseline data on current and new physical therapist (PT) and physical therapist assistant (PTA) program faculty and their expertise, and on current PT and PTA graduates. This data, combined with additional information being compiled on projected faculty needs, clinical sites, and clinical instructors and their credentials, will help the association assess current and projected needs in physical therapy academic and clinical education.

- To address the continuing educational needs of the physical therapy community, APTA committed to developing a “curriculum map” for postprofessional physical therapy practice. Work will continue in 2011 to develop the criteria, framework, and content; to compile resources; and to establish a process for completion and periodic review of the map. Other activities included doubling the number of online courses for a total of 194 at the end of the year, and converting all ACP courses to blended learning formats with pre-course readings and a post-test.
to earn CEUs. In all APTA provided 467 different offerings totaling over 2,349 hours of continuing education. In collaboration with the Federation of State Boards of Physical Therapy, APTA developed a background paper, Web-based resources, and forums to explore issues surrounding continuing competence in physical therapy practice.

- With more than 220 Clinical Instructor Education and Credentialing Programs (CIECP) or Advanced CIECPs offered in 2010, the number of credentialed CIs reached 31,512, approaching APTA’s goal of 33,000 by the end of 2011. Advanced credentialed CIs now number 828, approaching APTA’s goal of 1,200 by the end of 2011.

- The American Board of Physical Therapy Resident and Fellowship Education recognized several new programs as APTA strives to increase the number of PT residents and fellows. At the end of 2010, 282 positions were available.

- The framework for a new Web resource page for PTA educators was completed in 2010, with the goal of selecting and developing materials to populate it in 2011.

- Recognizing that learning is a central purpose of the association, APTA adopted guiding principles for learning and a learner-centered model for culture, programs, and methods, based on input from the Task Force on Member Education and Meetings. The model expresses the expectation that collaboration between APTA national and its components depends on shared responsibility, accountability, and financial responsibility and will draw on the collective strengths of all parties.
Payment policymakers will better recognize the value of physical therapist practice and create payment policies that more accurately reflect the resources required to achieve efficient and efficacious patient/client outcomes.

- 2010 was a challenging year for securing payment to physical therapists (PTs). Legislation passed late in 2009 temporarily held off cuts under the Medicare physician fee schedule for 2010 but did not extend the therapy cap exceptions process. Thus would begin a 6-month battle in which payment cuts would go into effect several times and the cap exceptions process would expire and be reinstated. APTA worked tirelessly to address the immediate needs of its members on these 2 fronts—while beginning long-range planning for a 2011 initiative to develop an alternative payment system for outpatient PT services.
Although the Affordable Care Act eventually extended the therapy cap exceptions process until December 31, 2010, it did not address the fee schedule’s conversion factor, which was set to reduce payments to PTs by 21%. Payment cuts went into effect in April 2010, were delayed until the end of May, and then went into effect again in June. It was nearly July before Congress finally passed a bill providing a 2.2% payment increase under the fee schedule for the remainder of 2010. In November, the newly passed Physician Payment and Therapy Act of 2010 kept the 2.2% update in place and extended the therapy cap exceptions process through 2011. It also extended payment increases to providers in certain geographical regions.

In June 2010 the release of the proposed 2011 Medicare physician fee schedule brought about another hurdle for APTA—a new multiple procedure payment reduction (MPPR) policy that would reduce payments for outpatient services by 11%-13%. Within 24 hours of its release, APTA began a 4-month advocacy campaign against the proposed policy. The association met with White House officials, senior officials at the Centers for Medicare and Medicaid Services (CMS), members of Congress, and the Medicare Payment Advisory Commission; analyzed more than 3.5 million therapy claims; submitted extensive comments to CMS identifying the flaws with the MPPR policy; and led a coalition of therapy professional organizations, hospitals, nursing homes, and other stakeholders. As a result the final rule reduced payments in 2011 by only 7% to 9%, with further offsets by the physician practice information survey and Medicare Economic Index rebasing, bringing the estimated combined impact of the MPPR to be approximately -5% in 2011 and -1% in 2013, depending on the provider.
• APTA facilitated in payer policy reversals of Blue Cross/Blue Shield of Kansas (related to payment for PTA services) and United Health Care (related to payment for manual therapy) that would have had a negative impact on services provided by PTs.

• Looking forward and into the long term, in 2010 APTA drafted and is reviewing model physical therapy benefit language for private insurance plans. Once the model is finalized, APTA will work to disseminate and include it in the “essential benefits package” outlined in the health care reform legislation. APTA also was instrumental in ensuring that rehabilitation and habilitation were on the list of minimum services to be covered under an essential benefits package.

• APTA successfully advocated for policy changes in Medicare’s outpatient hospital prospective payment system (PPS) that enable physical therapists to order physical therapy services in the hospital outpatient setting, as long as state laws and hospital staff bylaws permit it. As originally proposed, the outpatient PPS rule would have restricted PTs from doing so.

• With APTA input, wound care CPT codes (97597-97598) were modified to provide more appropriate reimbursement for larger wounds.
STRATEGIC OUTCOME:
Public Identity/Recognition as Practitioner of Choice

Targeted consumer and professional groups will recognize the benefits of and increase use of the services of physical therapists as practitioners of choice in maximizing movement and function.

- APTA took full advantage of online resources to describe the value of physical therapy services to the public. Traffic to APTA’s consumer Web site moveforwardpt.com jumped 76% between March 2010 and March 2011; in particular, visits to a page targeted to health care professionals jumped 626% between September 2010 and January 2011. APTA’s Facebook page now has over 1,700 fans; an impressive number for a relatively new, non-profit site. To support these initiatives and attract further attention, APTA created more than 30 videos for the consumer YouTube channel, launched in the summer of 2010. Visitors now will find a solid and respectable library of videos on a variety of subjects.

- Twitter updates feed into the consumer site and help to draw interest and build content. Four consumer-oriented “TweetChats” discussed foot health for runners, conditions affecting pregnant and postpartum women, the importance of physical activity to prevent and combat obesity, and holiday gift ideas for children with disabilities.
• Because relationships with other health care organizations enhance exposure of the physical therapy profession, APTA increased collaborations with other groups in 2010, such as exhibiting at conferences and advertising in publications for the American Academy of Nurse Practitioners and the American Academy of Family Physicians, and generating articles and brochures with other organizations, such as the American Heart Association and the National Center on Physical Activity and Disability.

• APTA also sought increased media exposure in 2010, developing a “Media Corps” that now includes 20 professionally trained national spokespeople for the profession and securing media placements with The New York Times, The Wall Street Journal, USA Today, and The Washington Post, among others.
STRATEGIC OUTCOME: Research

Facilitate creation of and access to new knowledge that informs clinical decision-making about the organization and delivery of physical therapist services at the point of care.

- Physical Therapy (PTJ) published APTA’s updated physical therapy research agenda, electronically in December 2010 and in print February 2011. The updated agenda addresses the continuum of basic science to policy research; helps to guide junior researchers in their current and future pursuits; develops a list of research issues that can be shared with potential funders; and incorporates the terminology of the International Classification of Functioning, Disability, and Health (ICF).

- APTA and its sections continued progress on development of a National Outcomes Database consisting of aggregated data that APTA and independent researchers will use to answer questions designed to improve the care of individuals receiving physical therapy services. In 2010 APTA began gathering data as part of investigating the feasibility of enabling the database to collect diverse clinically related data.

- To increase research advocacy opportunities for APTA members and staff, APTA began or revisited collaborations with numerous funding agencies such as the National Institutes of Health and its NICHD, NCMRR, NHLBI, NIDRR, NIA, and NIAMS.
Evidence-based practice principles will be routinely identified, applied, and integrated in physical therapist practice.

- To promote standard terminology for evidence-based documents, APTA gathered publications standards from the association’s sections to identify current use, with the goal of developing common language and disseminating the information via articles, section and chapter vehicles, and the Practice area of APTA’s Web site. More standardization among APTA documents will translate to better understanding of the quality of the evidence.

- PTNow, APTA’s upcoming online physical therapy clinician’s portal, collaborated with international evidence workgroups as the portal project entered into its final development stages. PTNow will debut in 2011.

- *PTJ* launched a new quarterly feature—LEAP: Linking Evidence and Practice—to help clinicians in daily practice. Each LEAP article summarizes a Cochrane review or other scientific evidence resource on a single topic and presents clinical scenarios based on real patients to illustrate how the results of the review can be used to directly inform clinical decisions.
FINANCIALS

- Treasurer’s Report
- Building Stability and Success
- 2010 APTA Revenue Dollar
- How did 2010 End Up?
- 2010 APTA Expense Dollar
- Statement of Financial Position at December 31st
TREASURER’S REPORT

Over the last 3 years I have had the privilege to serve as your APTA treasurer. In this role I have had the opportunity to work with and learn from colleagues, in particular, the Board of Directors, the Finance and Audit Committee, supportive staff, and members such as you. I have witnessed a dedication to “always do the right thing” and a commitment to ensure that our association remains strong and fiscally healthy for the future. As we reflect back on 2010 I would like to highlight some accomplishments.

In 2009, we were fortunate to have a strong investment market to help generate a positive bottom line. Although our investments were positive, it was the solid work of the association on all levels that created our surplus for 2010. Our total revenues from operations rose to 4.9%, which is the highest increase in recent years. This was due to growth in membership and conference attendance, and marketing new and innovative products and services. With increased revenue we are allowed to provide services for the member and profession as a whole. We continue to be good stewards of your money by keeping expenses under budget. Our investment return of 12% pushed our portfolio to the $20 million mark, a number we had not seen since the decline in 2008. Mike Bostler of the Bogdahn Group, who has been our advisor for several years, continued to provide us wisdom through the bull and bear markets and, as always, made the right choice at the right time.
I would be remiss if I did not mention that in early 2011 APTA made the last mortgage payment on our buildings. We are debt free on our real estate. Credit must be given to the Board and staff members who had the vision and implemented this investment strategy, for without their guidance we would not be in this situation today. Thanks to each of you.

I would like to close by thanking each of you for gracefully allowing me to serve in this position. This is best summed up by a comment from Michael J. Fox. In an interview in regard to his work with Parkinson disease he said, “I think that the idea behind any kind of service is that you hope that its impact will outlive you anyway, whether it happens in your lifetime or not. The fact that it happened at all is terrific. If it had something to do with your efforts, great.”

_Connie D. Hauser, PT, DPT, ATC_
Treasurer
### 2010 APTA Revenue Dollar

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<thead>
<tr>
<th>Source</th>
<th>Revenue ($)</th>
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<tr>
<td>Dues</td>
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<tr>
<td>Conferences &amp; Education</td>
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<td>Accreditation &amp; Certification Exam Fees</td>
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<td>Staff Services/Donations/Contracts</td>
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<td>Royalties &amp; Affinity</td>
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<td>Sale of Resources, Products, and Periodicals</td>
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<td>Investment Income</td>
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2010 APTA EXPENSE DOLLAR

44 cents  Association Membership
28 cents  The Profession
28 cents  Association Business
BUILDING STABILITY AND SUCCESS

THE PROFESSION
Many of our activities affect not only APTA members but the profession as a whole. Victories on Capitol Hill, changes to standards of practice, and public relations efforts are intertwined with achieving the overall purpose of advancing physical therapist practice. The work done on the business and membership sides helps to accomplish this overall purpose.

ASSOCIATION MEMBERSHIP
As a membership organization, a bulk of our funds are spent on conferences, component relations, publications, and other areas that support our members. Additionally, this area brings in a significant portion of our resources that is used to fuel other areas of the association. This area is vital to our success as an organization.

ASSOCIATION BUSINESS
Similar to other businesses, associations must perform basic activities related to human resources, information technology, governance, finance, and maintenance of the physical structure of the business. Typical charity-like organizations aim to spend no more than 25 cents of every dollar on “business functions.” Although APTA is not a charity, we work to keep this percentage as low as possible.
# HOW DID 2010 END UP?

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<th>2010 ACTUAL</th>
<th>2009 ACTUAL</th>
<th>DIFFERENCE</th>
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<tr>
<td>Member Dues and Member Subscriptions</td>
<td>$15,661,514</td>
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<tr>
<td>Non-Dues Revenue</td>
<td>$19,136,671</td>
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<td>Total Revenue from Operations</td>
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<td>Less: Expenses</td>
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<td>Net (before investments)</td>
<td>($853,908)</td>
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<td>Investment Return</td>
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<td>Net Funds Collected on Behalf of WCPT</td>
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<td>Change in Net Assets</td>
<td>$799,049</td>
<td>$862,531</td>
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# Statement of Financial Position at December 31

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
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<tbody>
<tr>
<td>Cash &amp; Investments</td>
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<td>Other Assets</td>
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<td>$10,133,660</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$35,263,753</td>
<td>$33,747,622</td>
</tr>
<tr>
<td>Liabilities</td>
<td>$20,534,057</td>
<td>$19,816,975</td>
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<tr>
<td>Net Assets</td>
<td>$14,729,696</td>
<td>$13,930,647</td>
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<tr>
<td>Total Liabilities and Net Assets</td>
<td>$35,263,753</td>
<td>$33,747,622</td>
</tr>
</tbody>
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