APTAS VISION FOR THE PHYSICAL THERAPY PROFESSION:
“Transforming society by optimizing movement to improve the human experience.”

GUIDING PRINCIPLES TO ACHIEVE THE VISION

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

THE PRINCIPLES ARE DESCRIBED AS FOLLOWS:

Identity. The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

Collaboration. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that
Value. Value has been defined as “the health outcomes achieved per dollar spent.” To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable. Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including healthcare delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expeditiously put these discoveries and other new information into the hands and minds of clinicians and educators.

Consumer-centricity. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

Access/Equity. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

Advocacy. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

REFERENCES
PURPOSE STATEMENT
The American Physical Therapy Association exists to improve the health and quality of life of individuals in society by advancing physical therapist practice.

VALUES STATEMENT
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.
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2014 American Physical Therapy Association Board of Directors, front row from left: Laurita M. Hack, PT, DPT, MBA, PhD, FAPTA, secretary; Sharon L. Dunn, PT, PhD, OCS, vice president; Paul A. Rockar Jr, PT, DPT, MS, president; Elmer Platz, PT, treasurer. Back row from left: Matthew R. Hyland, PT, PhD, MPA; Jeanine M. Gunn, PT, DPT; Mary C. Sinnott, PT, DPT, Med; Nicole L. Stout, PT, MPT, CLT-LANA; Sheila K. Nicholson, PT, DPT, JD, MBA, MA; Sue Whitney, PT, DPT, PhD, NCS, ATC, FAPTA; Roger A. Herr, PT, MPA, COS-C; Carolyn Oddo, PT, MS, FACHE; Stuart Platt, PT, MSPT, vice speaker of the House of Delegates; Kathleen K. Mairella, PT, DPT, MA; Susan R. Griffin, PT, DPT, MS, GCS, speaker of the House of Delegates.
“Be the change that you wish to see in the world.”

—Mahatma Gandhi

For more than 90 years, physical therapists have responded to a changing environment. We have embraced the changes and evolved to better serve those in need. From armed forces injured in the service of our country to those afflicted by the public health epidemics of yesterday and today, we have brought and continue to bring change to the world, one patient at a time. We have used our hands, our heads, and our hearts to provide value to health care.

In 2014, the profession continued this tradition of providing value to health care through the completion of a 37-year initiative to get some form of direct access in all 50 states. This journey started in the House of Delegates in 1979 and was achieved when Oklahoma and Indiana passed legislation in 2014. I say “achieved” and not “completed.” States are now seeking to remove the restrictions in the various state laws regarding direct access, and full unrestricted direct access in state law, and recognition by payers and the public, are now in our horizon.

2014 also saw progress by APTA and the physical therapy profession to deliver value in the health care reform environment. As the Affordable Care Act continued on its path of implementation, physical therapists continued in our quest for better evidence and best practice. For example, APTA’s sections are developing and delivering clinical practice guidelines, and your association is transforming payment with a proposed new system that reflects the PT’s decision making expertise and transforming health care delivery by establishing an outcomes data registry to ensure we will continue our evolution and ability to demonstrate value to individuals, families, and communities.

2014 was also a year of engagement. We saw the year close with more than 90,000 members, a record attendance at the Combined Sections Meeting in Las Vegas, 1,746 new clinical specialists recognized, and more than 3,000 members participating in an initiative to become the first nonphysician group to be part of the American Board of Internal Medicine’s Choosing Wisely® Campaign. Our members are driving the association to new heights and charting new paths that enhance our ability to implement APTA’s new vision of transforming society by optimizing movement to improve the human experience.

Transforming the physical therapy profession, transforming the association, transforming society. You, your association, and your colleagues made 2014 a year of progress and professional evolution. It has been an honor to be a part of this organization for all of my career and to serve as your president over the past 3 years. As an association and a profession, we can look forward to building on the success of 2014 with a great 2015 and the beginning of our march toward 100,000 members by APTA’s 100th anniversary in 2021.

Thanks for your support during my tenure as APTA president and, more broadly, your membership, your engagement in your profession, and your efforts to make a difference with your patients and clients as collectively we transform society one step at a time.

Paul Rockar Jr, PT, DPT, MS
APTA President
2014 was a year of change and accomplishment for APTA. This annual report tells a story of an organization in motion, evolving in response to a rapidly changing world. As we move forward, we must recognize the distinction between transformation and evolution. Evolution is a response to the environment, but one that happens to ensure survival. Transformation, as APTA has defined it, is conscious creation of a world that has new characteristics and different qualities from the past. In our case, we want to improve human experience by bringing the expertise of physical therapist services to every domain and realm where value can be added by our knowledge, skill, and ability.

This goal is challenging and energizing. To achieve it, every aspect of APTA, the profession, and society comes into play. In fact, in 2014 the Board of Directors defined those 3 domains in considering how we move forward with purposeful transformation.

While it can sound trite, it is true that transformation begins at home. Therefore, while our goal is societal impact, a primary focus must be ensuring that APTA is organized, aligned, and resourced for maximum effectiveness. The Board and staff are dedicated to reviewing and retooling APTA for transformation. In 2014 we began to focus on defining and articulating clear priorities related to the vision, sequencing activities more strategically, aligning all parts of the organization for impact, deploying resources wisely, and building rigorous evaluation criteria to measure our progress. As APTA transforms, it will be a more effective instrument for facilitating transformation in the profession and society.

To transform society, we have identified several areas where we will expand our impact. The most obvious, and yet most difficult, is increasing and deepening public awareness and understanding of the physical therapy profession. The difficulty is not in our messages—there are many outstanding positive messages we can give about physical therapy. The challenge to being effective is ensuring that we have the right messages, in the right channels, and at the right time. Additionally, we must ensure that the government, payment, and policy entities recognize, include, and pay for the value physical therapists offer. APTA will be integrally involved in transforming the organizing, financing, and delivery of health care.

For any of this to be realized, however, we must ensure the profession and professionals in physical therapy are knowledgeable, trained, and equipped to engage in transformative opportunities. This has led us over the past year to look at transformations needed in research, education, and practice. The Board has identified clear objectives, and the staff is organizing and aligning to ensure we can achieve those objectives.

With the achievements of 2014 helping to set our transformation in motion, 2015 will be an exciting year for APTA. In addition to an ambitious agenda, we are looking ahead to APTA's centennial in 2021. We want to celebrate the history and success of our organization—and we want to focus on building APTA to be prepared for success in its next 100 years.

J. Michael Bowers
Chief Executive Officer
Sometimes, you have to look inside to make change happen outside.

Sometimes, you need to focus on what’s outside to strengthen what’s within.

Sometimes, you do all of the above.

The 2014 APTA House of Delegates (House) marked the association’s first year of operating under a new vision by looking both inward and outward, clearing a path for greater inclusiveness inside the organization while it worked to grow the reach of the profession in society. In almost every case, the House—the governing body of the American Physical Therapy Association responsible for policies and direction that affect the profession—steered the profession toward its vision of “transforming society by optimizing movement to improve the human experience.”

Although the House addressed a diverse range of issues on more than 20 motions, some common themes emerged over its 3-day deliberations held June 9–11, in Charlotte, North Carolina.

The House approved a broad range of outward-facing positions and initiatives that included advocating for physical therapists (PTs) as an “entry point” to health care, asserting the viability of telehealth in physical therapy, creating a set of tools to help PTs negotiate productivity standards, establishing the important role PTs play in prevention, wellness, fitness, and disease management, and supporting efforts to include PTs in the list of health care providers qualified to make determinations on qualifying for disability signs, license plates, and paratransit services.

The overall message: PTs deserve a place at the table among the health care professionals who have the most direct impact on the public.

That general approach was reinforced by the House’s support of positions related to PT and physical therapist assistant (PTA) education, and the professional and regulatory status of PTs. Directives in these areas included motions that focused on “promoting excellence in physical therapist education,” working to identify best practices in clinical education, and facilitating the transition toward a single common regulatory designation for PTs, the DPT.

The House also looked at ways the association’s own governance could enrich the profession by strengthening the role of stakeholders. In separate motions, the House directed the association to increase the value of membership for PTAs, to foster greater association participation among PTs and PTAs in the first 5 years of their careers, and to allow recent graduates to continue to participate in House activities through the Student Assembly. Each approved motion was rooted in the concept that in order to move the APTA vision forward, the association needs to gather strength from all corners of the profession.

APTA members are encouraged to participate in the important work of the House by becoming a delegate or running for a national APTA office. APTA’s Nominating Committee is dedicated to growing and maintaining a healthy pool of nominees for national offices—the House of Delegates online community also has information on the nominating and election process.
Transformation requires effective change agents who can champion a cause and inspire others to do the same.

It’s because of the dedication and drive of APTA’s volunteer leaders as change agents that we can aspire to transform society. Among our greatest strengths are the leaders of our components—our 51 chapters, 18 specialty-interest sections, American Council of Academic Physical Therapy, and Student Assembly. Our components connect members within APTA, providing opportunities to impact the profession in meaningful ways, to establish networks of colleagues across the country sharing similar interests and unique perspectives, to learn from and inspire one another, to rally together on important issues—to enhance the human experience through physical therapy. It is no small task to lead these components. In addition to their tireless day-to-day efforts, these volunteer leaders assembled in 2014 at Combined Sections Meeting in Las Vegas and at the NEXT conference in Charlotte to discuss the following issues:

- Transforming the association, profession, and society through collaboration and strategic use of strengths across all of APTA
- Positioning physical therapy effectively within an ever changing-health care environment
- Building capacity for managing conflict and negotiating positive outcomes to strengthen the organization at all levels
- Promoting integrity in practice to enhance accountability within the profession
- Developing learning domains to guide continuing education priorities and categorize offerings within the APTA Learning Center

- Integrating research into practice through the development and dissemination of evidence-based documents such as clinical practice guidelines
- Considering ways to enhance member engagement in the association, to include students, members in the early stages of their careers, and members at various stages of their professional life

Our component volunteers led a number of successful initiatives in 2014, many of which earned Component Awards. The Florida and Illinois chapters were recognized as 2014’s Outstanding Large Chapters, while Oklahoma Chapter was named the 2014 Outstanding Small Chapter. Legislative victories were celebrated with Outstanding Effort awards for the Indiana Chapter, for winning the battle for direct access, and for the Washington Chapter, for successfully removing the prohibition on spinal manipulation from the state’s practice act. Several components won Innovative Effort awards for real-world innovation and excellence in support of the physical therapy profession:

- The Alabama Chapter developed an online jurisprudence course through collaboration with APTA to help members meet state requirements.
- The Aquatics Section created the Certificate of Aquatic Physical Therapy Clinical Competency program, a series of online courses and hands-on instruction.
- The Section on Pediatrics increased international readership of the Pediatric Physical Therapy journal through strategic affiliations with organizations in Canada and New Zealand.
- The Kentucky Chapter built successful partnerships with other health care providers.
- The Tennessee Chapter collaborated with the NFL’s Tennessee Titans football team to raise awareness of physical therapy within the state.
“How wonderful it is that nobody need wait a single moment before starting to improve the world.”

- Anne Frank

The idea of transforming society is at the heart of the APTA vision. It's a big, ambitious concept—and like most big, ambitious concepts, it aims for a destination that can’t be arrived at overnight.

But the transformative journey has begun.

In 2014, APTA worked for the changes and supported the issues that will make meaningful health care transformation possible. Much of this work resulted in real-world achievements—changes that will have an immediate impact on the lives of patients and clients. Other parts of this work were focused on longer-term goals—helping to set the stage for societal transformation by ensuring that the profession’s perspective is at the table in discussions of important health care and public policy issues.

In a very real way, the public now has better access to physical therapist services that it has ever had. At the state level, APTA and its chapters made significant gains for the public by achieving direct access legislation in Oklahoma, Michigan, and the US Virgin Islands. This achievement means that all 50 states, the District of Columbia, and the US Virgin Islands have some form of direct access to evaluate and treat, and it sets the stage for association efforts to advocate for laws that loosen restrictions that still limit direct access in many states.

Similarly, the public—and PTs—are experiencing a payment environment that makes access more manageable. APTA’s advocacy efforts led the US Centers for Medicare and Medicaid Services (CMS) and its contractors to amend local coverage determinations for improved coverage, refine the manual medical review process for therapy cap exceptions, fix problems in functional limitation reporting claims, and set limits on copayments in Medicare Advantage plans.

Additionally, APTA continues its efforts to shift major policy in Washington in ways that could significantly increase the public’s ability to access physical therapist services long-term. At the national level, the association worked for repeal of the therapy cap that was included in the flawed
sustainable growth rate (SGR) legislation, helping to achieve Senate Finance Committee approval of legislation that would end both practices. Although Congress was unable to achieve a permanent fix in 2014, the association’s efforts helped ensure a 1-year extension of the therapy cap exceptions process. By the end of the year, legislation to end the cap had achieved cosponsorship from a majority of House members, and was receiving strong support in the Senate.

While patients and clients may not always be aware of some of these largely behind-the-scenes efforts, APTA also supported initiatives and bolstered resources that reach out directly to the public to help health care consumers understand the value of physical therapy, and the role of the physical therapist and physical therapist assistant in creating a healthier society.

The most high-profile effort in 2014 was the unveiling of “5 Things that Physical Therapists and Patients Should Question” as part of the American Board of Internal Medicine Foundation’s “Choosing Wisely” campaign. APTA was among the first nonphysician groups to be included in this national program, which aims to help consumers make informed health care choices by providing lists of procedures that tend to be done frequently, yet whose usefulness is called into question.

The association also created its own outreach opportunities, including a highly popular campaign that exposed the “7 Myths about Physical Therapy” by debunking perceptions about what PTs do and how they do it. Additionally, during the summer, APTA launched a “Fit Families Challenge” that targeted media, bloggers, and the public in a fun program that encouraged families to stay active together. Throughout the year, the association continued to enhance its consumer-focused www.MoveForwardPT.com website, unveiling a complete redesign to the site that now includes more than 110 “Symptoms and Conditions” guides, 60 videos, and multiple editions of the popular “Move Forward Radio” podcasts.

Transformation takes time and commitment. But we’re making progress, and in 2015, the journey continues.
“They always say time changes things, but you actually have to change them yourself.”

-Andy Warhol

The physical therapy profession has never lacked energy or drive. It has never suffered from apathy, and has never been wanting for people with great ideas. Given this reality, APTA isn’t so much transforming the profession as it is helping the profession transform itself.

In 2014, the association looked at how changes in the present can pave the way for future transformations, and together we worked carefully to continue to provide the profession with tools to put its passion and integrity to the best possible use. Partly technical, partly practical, partly philosophical, APTA’s efforts are already paying off by helping to create a health care environment that is not only more attuned to the contributions PTs and PTAs can make right now, but increasingly aware of how the profession can be an integral part of that environment in the future.

Some of this work had to do with the here-and-now. For instance, APTA provided an array of resources to guide private practice members through functional limitation reporting requirements under the Physician Quality Reporting System—PQRS—while working with CMS and other stakeholders to remedy problems with submissions of the data. Thanks to further association advocacy, physical therapists remain exempt in 2015 from the value-based modifier program, which would heighten the penalties for PTs who don’t report under PQRS. APTA helped to reduce the burden placed on home health PTs and PTAs by advocating for a changed time frame for functional reassessments and elimination of patients’ face-to-face assessments with their physicians. And the association worked directly with state chapters and individual members to see to it that legislation was passed that improved the PT scope of practice in Arizona, Delaware, Utah, and the US Virgin Islands.

Some of this work had to do with the here-on-out, to see to it that the profession is set on a path that would ensure a rich and rigorous foundation of evidence-based practice upon which PTs and PTAs could build a new, more central role in health care. Central to this foundation is the establishment of the

Think systematic reviews are boring? You shouldn’t. They have a lot to say about where the profession needs to go, and how the Physical Therapy Outcomes Registry will help it get there.

Large-scale studies that compile research efforts to arrive at a clear, evidence-based recommendation for a particular physical therapy treatment or intervention often come up short. More and better research is needed, they often conclude. There isn’t enough evidence to unequivocally support an approach, they argue.

This matters, not only for the profession itself, but for other stakeholders in health care. We’re rapidly heading toward a future where solidly supported outcomes will be the primary driver when making decisions about payment, access, and scope of practice.

APTA’s Physical Therapy Outcomes Registry is designed to help the profession build the largest, most comprehensive electronic repository for physical therapy outcomes. The registry will provide clinicians and practices with benchmark data to improve health care delivery and achieve better patient outcomes. The results could be truly transformative—for the profession and the public it serves.

The registry, constructed in partnership with Quintiles, began beta testing and operation in 2014.

Now, it’s 2015. Let the transformation begin.
Physical Therapy Outcomes Registry, a repository that could truly transform practice. In addition, the past year marked the launch of the association’s Innovation 2.0, an initiative that is providing funding and expertise to researchers investigating ways to transform models of service delivery. Also in 2014, APTA’s Physical Therapy (PTJ), the profession’s preeminent journal, published its highest-ever number of articles, while rising to second place among all rehabilitation journals—not just physical therapy—for its “impact factor”—the ways and frequency with which articles are cited in other literature. PTJ also is ranked #5 among more than 120 orthopedics journals. At the same time, PTNow, the association’s online portal for all things evidence-based, posted more of the CPGs that are most relevant to the profession, CPG+ features to help clinicians apply those guidelines to patient care, and more clinical summaries. The summer of 2014 also saw the debut of the Guide to Physical Therapist Practice 3.0, the revised landmark resource for the profession, now delivered in an electronic format the allows APTA to regularly update and improve content.

And some of this work was of the future-is-now variety. APTA launched an important Integrity in Practice initiative that provides PTs and PTAs with tools and guidance to help them maintain the profession’s high ethical standards now and for years to come. That effort received a high-profile boost when APTA joined the American Board of Internal Medicine Foundation’s “Choosing Wisely” campaign, a project that aims to identify tests, procedures, and treatments that patients and their health care providers should discuss before including in a plan of care. APTA’s list of “5 Things Physical Therapists and Their Patients Should Question” was featured in Consumer Reports, the Washington Post, and other national media outlets.

When Lisa, PT, DPT, WCS, arrived at the clinic she was surprised to find Nancy, a former patient, waiting for her. Lisa had concluded an episode of care with Nancy to treat her pelvic pain, and now, 2 weeks later, Nancy was back.

Nancy happily explains that she was able to get a referral from her physician to continue treatment. “I just feel so much better in physical therapy,” Nancy says.

Lisa knows more physical therapy won’t benefit Nancy. And yet she doesn’t want to offend the referring physician. Lisa sighs. “This isn’t the way I wanted to start my day,” she thinks to herself.

A potentially awkward situation? Yes. But not an impossible one. The reality is that if Lisa resumes treatment that she believes is not medically necessary solely because a physician ordered it, her actions can be viewed as abuse of the health care system.

Not every potentially problematic situation can be anticipated, but it’s important for PTs and PTAs to be well-equipped to handle the ethical roadbumps that are an inevitable part of practice. APTA’s Integrity in Practice campaign is committed to helping PTs and PTAs understand the risks and possible pitfalls associated with fraud, abuse, and waste. Free resources include a CEU course; a primer on fraud, abuse, and waste; and links to guidance on documentation and evidence-based practice. www.apta.org/Integrity.
TRANSFORMING THE ASSOCIATION

“If you want truly to understand something, try to change it.”

-Kurt Lewin

Health care is changing, but it’s not alone. Part of APTA’s job is to be on top of those other kinds of changes, and to be ready to act when an opportunity comes up.

Media is a good example. People don’t get all their information from a single source anymore—and often, their sources of information aren’t even “media outlets” as we might’ve thought of them at one time. Instead, information comes from many directions, and from a variety of providers, some big, some small.

For associations like APTA, the changing media landscape means that if you want to get a message out, the good old press release may not cut it anymore. You have to have a strategy with approaches that are as varied as the information sources out there.

That’s why in 2014, APTA staff and volunteers participated in the Fit Bloggin’ convention, a one-of-a-kind gathering of the nation’s fitness bloggers. APTA staff and members of the Georgia chapter of APTA were there to network with these influential writers on the role of physical therapy in reducing injury risk and safely maximizing performance. APTA volunteers provided running gait and posture analyses to bloggers, while APTA member Stephania Bell, PT, OCS, CSCS, a regular contributor on ESPN, led a session on how bloggers could build their followings and use APTA resources to do it.

Since that conference, bloggers have been regularly reaching out to APTA for information and experts, improving their own offerings while increasing the reach of the association to people who might otherwise miss out on what physical therapy has to offer them.

Stop the presses? Never. But the options can’t be ignored.

Having a vision rooted in positive change is great, but the fact is this: if APTA hopes to help its members actually transform their profession and society, it has to be part of that transformation—agile, ready to recognize new opportunities, and open to new ways of working while never losing sight of what makes APTA membership so valuable.

During 2014, APTA devoted much of its energies to just that—working to ensure that the association was operating in ways that empower its members by giving them the tools they need to move the profession forward.

The year began with the announcement of J. Michael Bowers as the new CEO of APTA after an extensive 6-month search process. Bowers, who has a rich background in association leadership in mission-based organizations, was selected in part because of his commitment to bring innovation to the creation of excitement around a vision.

In addition to a change in leadership, the year brought a few changes to longstanding APTA member offerings. One of the most dramatic was the association’s annual spring meeting, a regular (and popular) event that in 2014 was revitalized as the NEXT Conference and Exposition. As its name implies, NEXT, held in Charlotte, North Carolina, was all about connecting members with the future of the profession, while also providing relevant educational programming important for today.

Another change that was hard to miss: a complete redesign of PT in Motion, the association’s monthly member magazine, that gave the publication a more energetic look and more dynamic content. The magazine redesign was the first in a series of ongoing changes to the ways the association will be communicating with members, who want to stay engaged through relevant, focused content.

That attention to the changing needs of members surfaced in other ways, too: a new tool to measure professional excellence allows PTs to self-assess their strengths in relation to APTA’s core values.
of professionalism. Resources—including new videos—were added to APTA's webpage. And the association endorsed 4 Interprofessional Education Collaborative Core Competencies that will help the profession prepare for future health care systems that will depend on collaboration and shared understandings.

In other areas, the work had less to do with change and more to do with supporting programs that are already clear success stories: APTA continued its ABPTRFE–accredited Education Leadership Institute fellowship program, which now has 42 graduates since it began in 2011; and 2014 was a special year for the American Board of Physical Therapy Specialties, which marked its 30th anniversary by welcoming 1,746 specialists—a record number—to its ranks, which now include over 16,000 PTs.

So in the end, does APTA membership matter? With a record-high 90,000 members in 2014, it seems the answer is yes.

It certainly does to the larger health care community, which relies on APTA members to contribute the profession's perspective in a variety of settings, including the national quality forum, the ambulatory quality alliance, the physician consortium for performance improvement, and CMS technical expert panels providing input into Medicare outpatient and inpatient payment policy.

And it matters to the public who, thanks to the work and contributions of members, are receiving more information than ever on the value physical therapy can bring to their lives, through MoveForwardPT.com and the association's many public relations campaigns.

But, most important, it matters to our members themselves, who are energized, committed, creative, and ready to share the value of the association—qualities that were on display during the APTA “Membership Matters Week,” and continue to drive the Membership Matters section of the APTA website.

Julia, PT, shut down her computer. She had just finished another article about how physical therapy is projected to be one of the most “in demand” jobs in health care, with the need for PTs far outweighing the number of PTs available.

It seemed to her like one of these articles popped up every few weeks, regularly telling her that the profession she loved was needed—desperately—across the country, and that this demand would grow.

Except Julia didn’t feel so in-demand at the moment.

Yes, she had a job, but it wasn’t exactly what she had hoped it would be. And while she liked the part of the country she now lived in, she was open to the idea of living somewhere else. She knew she was a prime candidate for a change—but finding a job wasn’t easy, especially with a fulltime job. If my career is so in-demand, she thought, why aren’t recruiters knocking on my door right now?

The truth is, besides the fact that job recruiting isn’t a door-to-door business, PTs interested in making a career change need to take some action. That’s where APTA’s Career Center comes in.

In 2014, the association’s online job bank, known as “Red Hot Jobs,” was revamped with a new design and the inclusion of even more career resources. It’s now easier than ever to search for your next job, whether it’s a few blocks away or across the country.

And if you want to get an even more direct idea of the opportunities out there, you can sign up for APTA’s Virtual Career Fair, a twice-yearly event that brings PTs and recruiters together online. You can share information and interests directly, in real time, with people representing a wide range of facilities and programs across the country, all looking for qualified PTs.

Fire up that computer, Julia. Meet that demand you’ve been hearing about.
2014 marks another record year of membership!

**MEMBERSHIP STATISTICS 2013-2014**

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<td>156</td>
<td>20</td>
</tr>
<tr>
<td>Honorary</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Student PT</td>
<td>19,912</td>
<td>20,985</td>
<td>1,073</td>
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<tr>
<td>Student PTA</td>
<td>3,664</td>
<td>4,178</td>
<td>514</td>
</tr>
<tr>
<td>Master's Student</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Doctoral Student</td>
<td>417</td>
<td>351</td>
<td>-66</td>
</tr>
<tr>
<td>Totals</td>
<td>88,590</td>
<td>90,586</td>
<td>1,993</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.
“Time and Tide wait for no man”
“And time waits for no one, and it won’t wait for me”

Whether you’re quoting Chaucer or The Rolling Stones, time doesn’t stand still, even to allow for producing an annual report, and neither has APTA. Here’s a look at some activities and initiatives already under way in 2015 that will impact the coming year and years ahead:

- **Payment reform**
  Congress voted in April 2015 to repeal the flawed sustainable growth rate system after 18 years, and APTA’s historic grassroots efforts came close to also ending the Medicare therapy cap; instead, the exceptions process was extended through 2017. Meanwhile, US Health and Human Services initiatives for value-based services, innovative delivery models, and many other issues continue to develop.

  In conjunction with these payment reform initiatives, APTA continues to shepherd new proposed physical medicine and rehabilitation codes through the American Medical Association’s CPT approval process.

- **PT in Motion Friday Focus**
  Earlier this year, the association launched a new set of thematically anchored weekly newsletters. Called “Friday Focus,” the series features a rotating theme each week: payment, professional issues, evidence and care, and the membership-related “APTA & You.” Members can opt to receive any or all newsletters, each designed to provide the information most relevant to the individual reader.

- **CoHSTAR**
  In February, the Foundation for Physical Therapy announced that the dream of a center of excellence for physical therapy health services research is now reality. The Center on Health Services Training and Research (CoHSTAR) was officially launched with the award of a $2.5 million grant to Brown University. The multi-institutional program will combine the expertise of Brown, Boston University, and the University of Pittsburgh to create this first-ever center for physical therapy research that will inform practice and policy. Funding for CoHSTAR included a $1 million grant from APTA and gifts from 50 APTA components.

- **Member energy and expertise**
  APTA’s members never let up. In the first quarter of 2015, members of the APTA Private Practice Session and other association advocates participated in a Capitol Hill fly-in that touched on a wide range of topics, from payment reform to rehabilitation research. And while some members were bringing physical therapy’s voice to legislators, others were creating new opportunities for physical therapy to be at the center of major research: in February the Patient-Centered Outcomes Research Institute announced that 2 of its 5 inaugural research funds had been awarded to physical therapist researchers, amounting to $28 million of a $64 million program.

- **New website features**
  APTA.org’s growth and improvements are ongoing, and by early 2015 the association had already added 2 more resources: a webpage devoted to the physical therapist scope of practice, and a tracking map that allows users to take a deep-dive into state legislation—by state, by topic, and by status of the legislation.
Despite an overall decrease in net assets, APTA had a strong year. Two activities contributed to our net loss in 2014: full realization of our $1.0 million conditional pledge to the Foundation for Physical Therapy’s Centers of Excellence and negative actuarial changes to our frozen postretirement health benefit. However, there are some positive aspects in APTA’s performance within the 7 key financial metrics for associations as calculated by the APTA Finance Department:

1. **Revenue Growth.** Year-over-year revenue (not inclusive of investment gains) increased by 4.53%, which is higher than 2013.

2. **Revenue Diversification.** The year ended with 60% of association revenue coming from sources other than dues and subscriptions; our internal benchmark is 55%.

3. **Programmatic Expense Percentage.** We want to make sure that at least 75 cents on the dollar goes toward the membership and programs, and we are pleased to report that we exceeded that goal with 77.34 cents on the dollar.

4. **Current Ratio.** At the end of the year we look to reinvest cash collected, which puts our cash position lower than normal. The benchmark is 2 times current assets to current liabilities, and at year end we were at only 1 time, with excess cash having been moved to investments.

5. **Profitability Ratio.** As noted above, we had a net loss this year with a few unanticipated items. However, the year was strong with regards to accomplishments, and the use of net assets this year is not alarming.

6. **Total Reserves.** Our total reserve balance (ie, net assets) dropped slightly to 40.7%.

7. **Liquid Reserves.** Our liquid reserve balance (ie, investments) also dropped slightly to 54.5%. At year end, investments totaled over $28.1 million.

Your Board of Directors, working with staff, are continuously working to strategically align the association’s resources with key initiatives. With organization, planning, and prioritization, critical programs receive the budgetary support that they require.

As your treasurer, I will continue to work closely with my Board colleagues and association staff to achieve APTA’s strategic initiatives. It is an honor to serve an association that has chosen “Transforming society by optimizing movement to improve the human experience” as its collective vision. It is my personal mission to ensure that we have the financial strength to achieve our vision.

_Elmer Platz, PT_
APTA Treasurer
STATEMENT OF ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues and subscriptions (39.7%)</td>
<td>$ 17,153,469</td>
<td>$ 17,110,465</td>
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<tr>
<td>Meetings and conferences (23.3%)</td>
<td>10,048,712</td>
<td>8,984,361</td>
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<tr>
<td>Royalties, staff services and contract income (18.2%)</td>
<td>7,843,087</td>
<td>7,319,822</td>
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<tr>
<td>Accreditation and exam fees (9.9%)</td>
<td>4,259,391</td>
<td>3,784,813</td>
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<td>Advertising income (3.7%)</td>
<td>1,604,943</td>
<td>1,788,956</td>
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<tr>
<td>Other income (3.0%)</td>
<td>1,308,246</td>
<td>1,401,745</td>
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<tr>
<td><strong>Total revenue, not including investment gains (97.7%)</strong></td>
<td>$ 42,217,848</td>
<td>$ 40,390,162</td>
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<td><strong>EXPENSES</strong></td>
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<tr>
<td>Membership (33.4%)</td>
<td>14,814,889</td>
<td>13,857,804</td>
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<tr>
<td>Education, research and professional development (22.3%)</td>
<td>9,906,544</td>
<td>9,893,471</td>
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<tr>
<td>Conference/Combined Sections Meeting (10.9%)</td>
<td>4,829,874</td>
<td>4,113,358</td>
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<td>Government relations (10.7%)</td>
<td>4,756,390</td>
<td>4,059,278</td>
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<tr>
<td>Administration (22.7%)</td>
<td>10,053,443</td>
<td>9,349,053</td>
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<tr>
<td><strong>Total expenses (100%)</strong></td>
<td>44,361,140</td>
<td>41,272,964</td>
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<tr>
<td>Change in net assets before investment gains</td>
<td>(2,143,292)</td>
<td>(882,802)</td>
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<td>Realized and unrealized investment gains (2.3%)</td>
<td>978,014</td>
<td>4,041,969</td>
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<td>Change in net assets</td>
<td>($1,165,278)</td>
<td>$3,159,167</td>
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<tr>
<td></td>
<td>2014</td>
<td>2013</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,302,809</td>
<td>$3,191,923</td>
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<td>Accounts receivable</td>
<td>1,257,096</td>
<td>1,073,139</td>
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<td>APT Properties receivable</td>
<td>10,072,687</td>
<td>9,647,687</td>
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<td>Investments</td>
<td>28,125,328</td>
<td>27,048,010</td>
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<td>Property and equipment, net</td>
<td>1,212,261</td>
<td>1,179,453</td>
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<td>Other assets</td>
<td>908,836</td>
<td>1,211,421</td>
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<td><strong>Total assets</strong></td>
<td>$42,879,017</td>
<td>$43,351,633</td>
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<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Accounts payable and accrued expenses</td>
<td>$2,698,753</td>
<td>$2,767,575</td>
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<td>Funds collected on behalf of others</td>
<td>679,613</td>
<td>$667,856</td>
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<td>Deferred dues</td>
<td>9,693,622</td>
<td>9,952,111</td>
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<td>Other deferred revenue</td>
<td>8,704,457</td>
<td>8,498,322</td>
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<td>Post-retirement benefit obligation</td>
<td>3,393,386</td>
<td>2,591,305</td>
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<td><strong>Total liabilities</strong></td>
<td>25,169,831</td>
<td>24,477,169</td>
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<tr>
<td>Unrestricted net assets</td>
<td>17,709,186</td>
<td>18,874,464</td>
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<td><strong>Total liabilities and net assets</strong></td>
<td>$42,879,017</td>
<td>$43,351,633</td>
</tr>
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</table>
THANK YOU TO OUR 2014 STRATEGIC BUSINESS PARTNERS

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MERCER
OMRON®
DePuy Synthes
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HPSO

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