president’s report

I am pleased and proud to bring you APTA’s 2002 Annual Report. As you will see in the pages that follow, our accomplishments are many, our goals are clear, and our dedication to our patients and our profession is unwavering.

APTA’s leaders showed great wisdom a few years ago in drafting the Vision Statement for Physical Therapy 2020. We knew the time had come—for ourselves and for our patients—to realize the dream of all that we can be. Our members across the country have showed great wisdom as well, embracing the Vision Statement and working day-in and day-out to achieve our goals.

This Vision Statement calls for consumers to have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. The goal is truly autonomous practice recognized by other health care professionals, consumers, and third-party payers alike—and all the rights, responsibilities, and privileges that go along with it.

Looking at the many significant victories of 2002, I believe we are further along the road to achieving our Vision than we dared hope when we drafted it a few years ago. As we strive toward direct access for all consumers, Pennsylvania became the 35th state to achieve direct access in 2002, with more following in 2003.

As we get closer to our goal of direct access in every state, we must ensure third-party payer recognition for direct access to physical therapist services. A monumental step toward that goal came with the introduction in 2002 of the Medicare Patient Access to Physical Therapists Act, which would allow Medicare Part B beneficiaries direct access to physical therapists. This legislation not only means greater access to needed health care for countless older citizens, but it also sets a major precedent for legislatures and third-party payers across the country. Support for this legislation continues to grow in 2003. And it is all happening because of APTA’s advocacy expertise and the respect we have on Capitol Hill.

Another important component to achieving fully autonomous practice is the DPT. As more and more physical therapist education programs make the move to the advanced degree, APTA has kept its promise of making the DPT accessible to our currently practicing clinicians. In 2002, APTA developed the Physical Therapist Evaluation Tool (PTET), a mechanism for documenting the knowledge and experience of licensed physical therapists who are applying to transition DPT programs. This tool makes the DPT a reality for so many who are already practicing at this advanced level of clinical expertise.

APTA also offers a wealth of continuing education opportunities to help members keep up with the complex and changing health care system. In 2002, we offered a series of new home-study education courses; new evidence-based Advanced Clinical Practice Seminars; online audio/video courses on current clinical topics and business management; the new Interactive Guide to Physical Therapist Practice With Catalog of Tests and Measures Version 1.0; and many options for post-professional clinical residency programs.

Evidence-based practice also is essential as we move along the road to our “Vision” for 2020. In 2002, APTA launched “Hooked on Evidence,” a Web-based review of research literature that can be used by clinicians to enhance clinical decision making and practice. The Foundation for Physical Therapy funded a 3-year, $1.5 million Clinical Research Network. And APTA launched new initiatives to increase major funding for physical therapy researchers, most notably within the National Institutes of Health.

Our accomplishments and successes come on so many fronts—practice, research, education, public relations, reimbursement, professional development, legislation—and nowhere is that more apparent than in reading through our Annual Report. Take a look. You’re sure to be amazed and proud of all that we have done in 2002.

Our vision for the future of physical therapy, along with our dreams for today, are all coming true! And it’s because of you. Thank you for all of your hard work on behalf of your patients, your profession, and your Association.

Ben F. Massey, Jr, PT, MA

APTA Vision Statement

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 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 service 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.
Achieving direct access in every state remained a priority in 2002. Nine states introduced direct access legislation, with Pennsylvania becoming the 35th state to achieve direct access. In each of these states are dedicated chapter members working tirelessly to draft and support direct access legislation. And there are Association leaders and staff working along with them providing expertise, support, and the tools they need to be effective advocates.

Association leaders, members, and staff also worked at the national level on behalf of direct access, supporting the very important Medicare Patient Access to Physical Therapists Act. We had many legislative victories in 2002. Among them, we:

- Achieved Medicare coverage for electrical stimulation for the treatment of stage III and IV pressure, arterial, diabetic, and venous stasis ulcers.
- Advocated successfully to increase the practice expense component in the Physician Fee Schedule.
- Achieved Medicare coverage for biofeedback and electrical stimulation for the treatment of urinary incontinence.
- Prevented chiropractors’ efforts to prohibit physical therapists from performing manual manipulation of the spine.

APTA’s legislative efforts are enhanced by 300 members in the Key Contact program and another 15,000 members in the PTeam Network. Your Association is a special organization because of the dedication of national leaders, staff, and countless members at the grassroots level. And this is true not just in the legislative arena, but in the areas of practice, education, research, reimbursement, public relations, and more.

We know that APTA’s voice in each of these arenas is only as strong as the number of members behind it. For that reason, we have continued to enhance the number of products and services available to meet your needs, along with our membership recruitment and retention efforts.

As you will see in this Annual Report, 2002 was a great year for APTA! To all of you who helped bring about these many accomplishments, I thank you. And to those who seek to find out more about APTA, I urge you to spend some time with this Annual Report, and to visit our user-friendly Web site (www.apta.org). You will certainly be impressed by all that APTA has to offer. And you will most likely find a particular area in which you would like to become involved.

This June, you have a unique opportunity to visit your Association headquarters during our annual conference in Washington, DC. In addition to educational programming that I promise you is second to none, you will have a once-in-a-lifetime opportunity to represent your profession on Capitol Hill (we provide you with training before you visit your legislators) and to join the first-ever PT March on Washington. (More information is available on our Web site.) I look forward to seeing you in Washington!

Frank Mallon, Esq

APTA Mission Statement

The mission of the American Physical Therapy Association (APTA), the principal membership organization representing and promoting the profession of physical therapy, is to further the profession’s role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.
Practitioner of Choice
Recognition and Promotion of PTs as Preferred Health Care Providers
❖ Twelve APTA chapters successfully lobbied state legislators to introduce bills updating their states’ physical therapy practice acts to better reflect physical therapists’ (PTs’) optimal scope of practice.
❖ National media exposure included 124 news releases and eight feature releases, reaching 2.5 million consumers. For the second year, the Association teamed with Land’s End for the company’s Back-to-School Campaign by providing backpack tips that were incorporated into a media kit sent to the Associated Press. APTA also worked with Land’s End to produce a video news release about backpack safety that Land’s End distributed via satellite to television stations nationwide.
❖ The Association published the third annual For Your Health magazine, a consumer-oriented supplement to PT Magazine that explains the benefits of using physical therapy services. The cover story, featuring Pulitzer Prize winner Art Buchwald and Carole Lewis, PT, PhD, GCS, was made available free to all members, who distributed nearly 500,000 copies to patients/clients and others.
❖ The 2002 National Physical Therapy Month (NPTM) Public Relations Kit featured a first-ever pull-out, reproducible brochure. The brochure, on computer ergonomics, offered tips and a diagram demonstrating proper posture and computer positioning. Also new was “Ask a PT” on APTA’s Web site. Throughout October, consumers were able to submit questions via e-mail regarding correct computer ergonomics, with APTA members providing responses. Many of these questions and answers were posted on the Web site for the benefit of all visitors.
❖ To encourage members to examine new or expanding areas for which they could be the practitioner of choice, APTA added Emerging Practice Update #9, Performing Arts, to the Association’s online series to meet members’ needs for information on ongoing changes in physical therapist practice and emerging niche practice areas.

Autonomous Practice
To Preserve and Protect Physical Therapist Practice
❖ After years of effort by APTA members and staff, including litigation, the Centers for Medicare & Medicaid Services (CMS) issued a positive coverage decision concerning electrical stimulation to treat chronic non-healing wounds. Under the new national policy, Medicare will cover electrical stimulation for the treatment of stage III and IV pressure, arterial, diabetic, and venous stasis ulcers. The Association had successfully sued CMS in 1997 to block the issuance of a non-coverage policy, despite what APTA argued was sufficient evidence to support Medicare coverage.
❖ Throughout the year, APTA monitored the literature and the positions of other organizations to ensure that the role of physical therapists was accurately represented. The Association wrote several letters to those groups clarifying that physical therapy services can be provided only by a physical therapist or a physical therapist assistant working under the direction and supervision of a physical therapist.
❖ The Association worked with its chapters to protect the scope of practice in Arkansas, Ohio, and Washington, which faced threats to the legal freedom of physical therapists to perform manual therapy.
❖ The federal government and APTA secured agreement from the American Chiropractic Association (ACA) to dis-
miss litigation challenging the rights of physical therapists to perform manual manipulation of the spine as a Medicare covered service. Dismissal of the federal lawsuit was a major victory for APTA in its long-standing effort to protect the ability of physical therapists to perform spinal manipulation for Medicare beneficiaries.

❖ APTA played an active role in negotiating Medicare standards for making, fitting, and billing for prostheses and customized orthotics that preserve the ability of physical therapists to provide these services.

To Advance Physical Therapist Practice
❖ In February, APTA provided testimony for the House Ways and Means Health Subcommittee in opposition to the 2002 payment reductions under the Medicare Part B physician fee schedule. APTA also worked within a coalition of health care organizations in other efforts to oppose the fee schedule reduction, including a meeting with White House officials in May. Although the 2002 fee schedule cut remained in effect, APTA’s efforts set the stage for congressional action in early 2003 to correct a flawed formula for 2003 and beyond.

❖ In other good news about the physician fee schedule, CMS’ revision of its data requirements in 2002 allowed it to accept APTA survey data that had been previously rejected. APTA’s survey data on physical therapy practice expenses corrected the relative values of many physical therapy services and increased 2003 payments to physical therapists by about 2%.

❖ After intense lobbying by APTA and its members, the Medicare Access to Rehabilitation Services Act, H R 3834, was introduced on March 4. H R 3834 would have permanently repealed the $1,500 cap on therapy services for Medicare beneficiaries. APTA helped to secure 123 cosponsors for H R 3834 and 30 cosponsors for the Senate companion bill, S 1394. Support for this legislation provided the momentum to include a 2-year moratorium on implementation of the therapy cap in the Medicare Modernization and Prescription Drug Act, H R 4954, which the House passed in June. However, the legislation stalled in the Senate, and Congress adjourned in November without completing action to prevent implementation of the therapy cap in 2003.

❖ The Medicare Patient Access to Physical Therapists Act (PAPTA), S 2386, was introduced on April 29, thanks largely to APTA lobbying efforts. S 2386 would eliminate the referral requirement to physical therapists under Medicare Part B in states where direct access is permitted; provide a statutory definition of “qualified physical therapist”; and separate speech, occupational, and physical therapy in Medicare. By the end of the 107th Congress, APTA had secured four cosponsors for S 2386 and 51 cosponsors for the House companion bill (H R 3363), with commitments from several other members of Congress to support the bill in 2003.

❖ Nine chapters introduced direct access legislation and continued to make significant progress toward passage of bills. Pennsylvania became the 35th state to achieve some form of direct access in April, when new legislation took effect that allows for the issuance of a certificate of authorization to practice physical therapy without referral for up to 30 days after the first treatment. New Hampshire enacted legislation to remove burdensome limitations on physical therapists’ ability to treat patients without a referral.

❖ As important was activity to help ensure recognition of direct access by third-party payers. In New Hampshire, then-Gov Jane Hull (R) signed legislation allowing physical therapists to be reimbursed by insurers without requiring a referral. And both the Arizona and North Dakota chapters successfully petitioned Blue Cross Blue Shield in those states to reimburse for physical therapy services provided without physician referral.

❖ Advertisements illustrating which states do not provide direct access were placed in conference programs for the National Conference of State Legislatures, the National Black Caucus of State Legislators, and the American Legislative Exchange Council. The ad also was made available to chapters, as were brochures, to assist in their direct access efforts.
Doctor of Physical Therapy (DPT)
Working Toward a Doctoring Profession
❖ To help ensure that every US-licensed physical therapist can be part of the evolution of physical therapy to a doctoring profession, APTA introduced the Physical Therapist Evaluation Tool (PTET), a standardized instrument that physical therapists can use to document their knowledge and experience when applying to a transition DPT program.

❖ To help physical therapists more easily investigate their options for obtaining a transition DPT (t-DPT), APTA added information to its Web site (www.apta.org/Education/transitiondpt) about the transition DPT that includes frequently asked questions (FAQs), t-DPT competencies, the APTA Board of Directors Plan in Support of the Transition DPT, a list of the 28 available t-DPT programs, and information about the PTET.

❖ Providing even more information and insight into the DPT, PT Magazine published the following articles on the subject of the DPT: “The DPT: A Real-World Update” (February); “Comments on Direct Access and the DPT” (May); and “Electronic Education and Distance Learning: Pioneer t-DPT Programs Report In” (May). To reach more targeted audiences, presentations were made at CSM and PT 2002 on the t-DPT. In addition, APTA staff presented and consulted on the DPT, the t-DPT, and curricula at physical therapist education programs in Georgia, Idaho, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, and Washington.

Evidence-Based Practice
Advancing the Science of Physical Therapy
❖ Progress continued at a rapid pace on implementation of “Hooked on Evidence.” APTA’s online research reporting and querying tool to help members improve their evidence-based practice techniques, PT Magazine published a June article explaining the project (“Getting Hooked on Hooked on Evidence”), and APTA’s efforts in evidence-based practice were highlighted in the October issue of Rehab Management. In addition, APTA staff and participating members made several presentations to members and external health care professional groups. As a result of these efforts, the database grew substantially, with 470 extracts in the database and 220 extracts either partially completed or awaiting APTA approval at year end. Nearly 3,000 physical therapists and physical therapist students visited the site since it became available in May.

❖ Results of the “Hooked on Evidence” extracts also were made available to APTA members, who now can search the database based on keywords. The Advisory Panel on Research, APTA staff, and a group of consultants on measurements was to design the next enhancement of the database in January 2003.

❖ Advancing the Guide to Physical Therapist Practice to a new level, the Interactive Guide to Physical Therapist Practice With Catalog of Tests and Measures, V1.0, debuted in CD format, offering all the content from the Guide plus more than 1,500 references to articles on reliability and validity, linked to MEDLINE abstracts, on nearly 500 specific tests and measures.

❖ Physical Therapy continued its 82-year tradition of publishing peer-reviewed articles, abstracts, and reviews with 12 issues in 2002. New for the year, the Journal introduced “Evidence in Practice,” a recurring feature that uses patient examples and focuses on a single clinical question to illustrate ways in which physical therapists can use online technology to access evidence about the effectiveness of interventions or other aspects of patient/client management. The series also illustrates database features that can make a literature search more useful.

❖ One hundred sixty-five research platform or poster presentations were made by physical therapists during PT 2002. Each presentation was original research pertinent to the practice of physical therapy.

❖ APTA began a new initiative, the Advanced Clinical Practice (ACP) Course Series, designed to provide physical therapists with...
advanced clinical practice information and skills that are based on evidence. These courses focus on evidence-based approaches to evaluation and interventions and feature hands-on labs, limited enrollment to ensure interaction with instructors, prior reading assignments, case studies, and more.

Professionalism

Physical Therapy’s Maturity as a Profession

“Vision 2020: Transition to a Doctoring Profession” was the title of APTA’s first Board of Directors and Advisory Panel Summit meeting held in early May. More than 30 invited advisory panel and committee members met with the Board of Directors and designated staff for a 2-day session focused on Vision 2020. The purpose of the summit was to refine and extend the Strategic Plan for Transitioning to a Doctoring Profession (RC 37-01), with outcomes from the summit serving as advice and counsel to the Board for planning and evaluating activities and budgeting for 2003 and beyond.

Members had more continuing education (CE) opportunities than ever, as APTA expanded its offerings. A calendar of 15 topical seminars and a library of more than 45 home-study courses was available, in addition to CE programming presented during CSM and PT 2002. All offerings provided CEUs and the added benefit of member pricing.

In recognition of the value of APTA’s educational offerings, Healthcare Providers Service Organization agreed to provide a 10% discount on its professional liability insurance plan. Eighteen courses at PT 2002 were approved for credit, as were several of the Association’s stand-alone continuing education offerings and the new Business Skills in Physical Therapy: Legal Issues home-study course.

To help identify factors that enter into health care professionals’ decision to refer patients to certified specialists, Professional Examination Services (PES) awarded funding to APTA and ABPTS for a research study to investigate the value and meaning of the specialist certification credential to health care professionals. The survey is designed to collect data to determine the impact of specialist certification on health care professionals’ referral patterns.

The Association continued working to educate APTA members and the general public on the importance of valuing cultural diversity in the profession and the Association. Diversity 2000, held in New York City in October, raised more than $50,000. For the year, nearly $100,000 was raised from Diversity and other donations. The Minority Scholarship Fund currently totals more than $365,000. Minority members represented 11.16% of total Association membership at the end of 2002, an increase from 10.75% at the end of 2001.

In recognition that volunteerism is an indicator of physical therapy’s maturity as a profession, APTA continued as a sponsor of Physical Therapy Overseas (PTO) division of Health Volunteers Overseas (HVO). PTO is the fastest growing division of HVO, with more than 300 members.

A successful meeting of the North America/Caribbean Region (NACR) of the World Confederation for Physical Therapy was held at APTA headquarters with President Ben Massey, PT, and APTA voting delegate Marilyn Moffat, PT, PhD, FAPTA, representing the Association. Physical therapists from Bermuda, Canada, Guatemala, Jamaica, Puerto Rico, Panama, Suriname, and Trinidad and Tobago attended the meeting.

Member readership of PT Bulletin Online, the weekly online newsletter, rose from 44,000 to more than 47,000 by year end. The Bulletin’s 53 issues for 2002 again included special editions—covering activities from the June House of Delegates meeting and the November APTA Board of Directors meeting—that allowed APTA to distribute information to members within days of each meeting. In addition, PT 2002 introduced a daily online update, with photos of conference activities, accessible via APTA’s Web site.
In 2002...

- More than 2.5 million consumers were reached via 124 APTA news releases and 8 feature releases.
- More than 2,500 bills in state legislatures were monitored by APTA.
- 508 clinical specialists were certified, and 102 were re-certified, bringing the total number of specialists to 4,126.
- The Committee on Cultural Competence reviewed 45 applications for the 2002 Minority Scholarship Awards.
- Minority members represented 11.16% of total Association membership at the end of 2002.
- PT-PAC raised $1.2 million in the 2001-2002 election cycle, contributing almost $780,000 to more than 230 candidates who are friends of physical therapy; 91% won their races.
- More than 8,000 APTA members contributed to PT-PAC, with individual contributions averaging $90.
- 8,829 orders were placed for National Physical Therapy Month products, representing $687,115 in revenue.
- 5,193 people registered for the 2002 Combined Sections Meeting; 2,290 registered for PT 2002; and 574 registered for other APTA workshops and seminars.
- Weekly readership of PT Bulletin Online was 80,771 at the end of the year; the Association’s online newsletter published 53 issues in 2002.
- Members received 496,292 free copies of For Your Health, APTA’s annual consumer magazine.
- The number of page views for APTA’s Web site, www.apta.org, was 21,852,028. Average number of page views per day was 58,106.
- APTA received 173,389 toll-free phone calls, down 14% from 2001 as more members accessed the Association via the Internet.
- 4,354,553 copies were reproduced in APTA’s copier facility, down 26% from 2001.
During 2002, the Ethics and Judicial Committee (Committee or EJC) revised the portion of the Guide for Professional Conduct (GPC) stating that a physical therapist is obliged to inform patients of the benefits, costs, and substantial risks (if any) of the recommended intervention and treatment alternatives. The EJC amended GPC Section 2.4(D) to curtail the physical therapist’s disclosure burden. Under the new clause, the obligation to inform does not extend to alternatives to what is recommended, and requires disclosure only of “substantial risks.”

The EJC in 2002 issued an ethics opinion prompted by an inquiry from two APTA members about a situation in which a physical therapist hired to review patient records discovers information indicating that the treating physical therapist acted in an unethical, incompetent, or illegal manner. The EJC said that the purpose of the ethical obligation to report misconduct (GPC Section 9.1(C)) is to protect the public and that misconduct must pose some risk of harm to the public in order to trigger a reporting obligation. The GPC does not attempt to tell physical therapists to whom they must report misconduct because the possible circumstances vary widely. In deciding where, when, and how to report misconduct, a physical therapist must exercise good judgment as to how best to serve the underlying purpose of protecting the public. The EJC noted that the existence of a duty to report would depend on the nature and quality of the evidence of misconduct possessed by the physical therapist. It stated that the existence of a duty to report depends on the physical therapist having sufficiently reliable evidence of misconduct. Because some states incorporate into law APTA’s ethical principles, the EJC took care to address the meaning of GPC Section 9.1(C) and to say that it “does not interpret the Code or the GPC to require a physical therapist, in every case in which he/she becomes aware of unethical, incompetent, or illegal conduct, to make a report to the physical therapy licensing agency.”

Another EJC opinion addressed the ethical implications of a physical therapist accepting compensation from the distributor of certain products for recommending the products to patients, with the amount of the compensation tied to the number of orders placed by patients. The opinion emphasized that a physical therapist always must act in the best interests of the patient (whether or not compensated for the recommendation). In cases in which the recommendation is compensated, the physical therapist must make sure that he/she acted in the best interests of the patient, not his/her financial self-interest. In addition, in such a case the physical therapist must disclose his/her financial interest to the patient. The physical therapist also must act to maintain the patient’s freedom of choice, which would preclude any agreement not to give the patient the benefit of the therapist’s best judgment concerning the patient’s need for the product or for some competing product.

The EJC’s opinions are accessible on APTA’s Web site.

The Nominating Committee expresses its sincere appreciation for the support of our members and looks forward to your future input and participation in the nomination process. We also thank all of the candidates who have consented to serve the Association and wish them all the best in the upcoming election.

2002-2003 APTA Nominating Committee
Charlene Portee, PT, MS (Chair)
William D. Bandy, PT, PhD, SCS, ATC
Carolyn L Bloom, PT
Peter R Kovacek, PT, MSA
Dave Powers, PT, MA, MBA
The specter of the war that has become a reality in 2003 greatly affected the economy of 2002, causing the stock market and the overall economy to under-perform. These events had a major impact on the Association’s financial performance because the market value of the portfolio drives a significant portion of revenue. However, during the same time, the Association has scored many victories in practice, research, and education, and the profession has moved forward to implement Vision 2020. Active membership grew in 2002, and other nondues revenues were up significantly because of high member participation rates in conferences and workshops, solid sales of products and services, excellent royalty revenues from affinity programs, expanded advertising revenues, and growing participation in specialization/certification programs. Technology has enabled the Association to do so much more in providing member services at lower costs. The use of e-mail, the Internet, and other electronic enhancements, such as getting a less expensive long-distance carrier, have allowed us to cut costs. Co-mailing of Physical Therapy and PT Magazine continues to reap cost savings.

As this Annual Report highlights, your Association has taken the necessary actions to make substantial improvements in the practice landscape, gaining legislative and regulatory victories and maintaining its solid financial stature to meet member needs. The foresight of previous leaders in establishing a reserve fund with a comprehensive investment plan and a strong technology infrastructure positioned the Association to continue its plans and programs during these critical times. We are cautiously optimistic that 2003 will end the year with a net revenue in the “black” and a solid balance sheet to serve as our financial underpinning.

Langan Associates, APTA’s independent auditors, practicing exclusively in the not-for-profit arena, performed the Association’s independent audit that validated the financial statements, tested internal control procedures, and issued a “clean” audit report that contains no material recommendations. A partner in the firm briefed APTA’s Finance Committee at its April 2003 meeting, and a written management letter and the audit were provided to the Board of Directors and the Finance Committee.

The financial charts included with this Treasurer’s Report highlight the many sources and uses of funds, in addition to assets, reserves, revenue, and expense information. Dues revenues accounted for just less than half of every dollar of revenue, thanks to the Association’s non-dues revenue programs. Please take some time to review these charts, and if you have any questions regarding any facet of the Association’s financial performance let me know. We will provide you with a copy of the audited financial statements upon written request.

I look forward to serving you as APTA Treasurer in the year ahead, and I commit to you my full support in making the Association and its components as cost-effective and efficient as possible. Best wishes as you pursue your professional goals in the year ahead.

Fran Welk, PT, MEd, Treasurer
# APTA Statement of Functional Expenses for the Year Ended December 31, 2002

<table>
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<tr>
<th>Administration</th>
<th>Supporting Services</th>
<th>PT ’02/ Combined Sections Meeting</th>
<th>Professional Services and Government Relations</th>
<th>Periodicals</th>
<th>Education/Research and Professional Development</th>
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<td>600 Salaries</td>
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| Total          | 2,920,023         | 5,406,926                       | 2,242,078                                   | 4,945,634   | 4,745,558                                   | 23,007,870 |

APTA’s 2002 consolidated financial statements have been audited by Langan Associates, PC, independent certified public accountants. Copies of the 2002 financial statements and independent auditor’s report are available on request. To obtain a copy of the financial statements, contact Charles L Martin, Jr, CAE, senior vice president for finance/administration, at 800/999-2782, ext 3130.
2002 Schedule of Program Expenditures and Income

2002 Program Expenditures Schedule

Administration & Supporting Services
Administration 2,920,023
Marketing 636,995
Membership Services 814,442
Public Relations 461,574
Board of Directors/House of Delegates 821,163
Financial Affairs 2,190,515
Component Relations 482,237
Total 8,326,949

Conference/Combined Sections Meeting
Annual Conference Program & Exhibits 1,007,391
Combined Sections Meeting Program & Exhibits 1,234,687
Total 2,242,078

Periodicals
Includes Physical Therapy, PT Magazine, PT Bulletin & Other Publications 4,745,558
Total 4,745,558

Professional Services and Government Relations
Risk Management & Member Benefit Services 165,019
Minority Affairs 231,271
International Affairs 115,005
Government Relations & Judicial/Legal Affairs 1,918,489
Practice 391,947
Women’s Issues 64,886
Specialist Certification 675,931
Reimbursement 641,109
Contract Management Services 557,808
Student Assembly 83,403
National Assembly 100,766
Total 4,945,634

Education/Research and Awards
Research Services 346,873
Information Resources 114,112
Analytic Support 152,077
Education 607,739
Accreditation 1,152,855
Professional Development 373,995
Total 2,747,651

Total 2002 Program Expenditures 23,007,870

2002 Sources of Income

Non-Dues Revenue
Investment Income (1,148,279)
General Sales & Staff Services 4,067,326
Meeting Registrations 2,073,934
Meeting Exhibits 1,082,304
Special Events & Courses 87,588
Subscriptions/Nonmembers 470,120
Advertising 346,873
Royalties 1,152,855
Sale of Resources & Products 1,183,180
Subtotal (51% of Total Income) 11,488,273

Member Dues & Member Subscriptions
Active 8,651,169
Affiliate 353,497
Student 584,621
Total Member Dues 9,589,287
Member Subscriptions 1,339,884
Subtotal (49% of Total Income) 10,929,171
Total (100%) 22,417,444

2002 APTA Income Dollar *

Dues: 49¢
Periodicals: 8¢
Royalties: 6¢
General Sales & Staff Services: 17¢
Conferences & Education: 13¢
Sale of Resources & Products 7¢

2002 APTA Expense Dollar

PT 2002 & Combined Sections Meeting: 10¢
Periodicals: 21¢
Supporting Services: 24¢
Professional Services & Government Affairs: 21¢
Administration: 12¢

Total APTA Membership Statistics 2001-2002

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<th>Category</th>
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<th>Gain/(Loss)</th>
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