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.

Association Purpose

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.

APTA Membership Statistics 2007-2008

<table>
<thead>
<tr>
<th>Category</th>
<th>2007</th>
<th>2008</th>
<th>Gain/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Active (PT)</td>
<td>47,339</td>
<td>47,731</td>
<td>392</td>
</tr>
<tr>
<td>Active Transfer</td>
<td>1,781</td>
<td>2,053</td>
<td>272</td>
</tr>
<tr>
<td>*Affiliate (PTA)</td>
<td>4,275</td>
<td>4,359</td>
<td>84</td>
</tr>
<tr>
<td>Affiliate Transfer</td>
<td>614</td>
<td>719</td>
<td>105</td>
</tr>
<tr>
<td>Life</td>
<td>2,269</td>
<td>2,299</td>
<td>30</td>
</tr>
<tr>
<td>Retired</td>
<td>84</td>
<td>87</td>
<td>3</td>
</tr>
<tr>
<td>Honorary</td>
<td>11</td>
<td>10</td>
<td>(1)</td>
</tr>
<tr>
<td>Student PT</td>
<td>12,362</td>
<td>13,442</td>
<td>1,080</td>
</tr>
<tr>
<td>Student PTA</td>
<td>1,938</td>
<td>1,860</td>
<td>(78)</td>
</tr>
<tr>
<td>Master’s Student</td>
<td>22</td>
<td>16</td>
<td>(6)</td>
</tr>
<tr>
<td>Doctoral Student</td>
<td>286</td>
<td>231</td>
<td>(55)</td>
</tr>
<tr>
<td>Totals</td>
<td>70,981</td>
<td>72,807</td>
<td>1,826</td>
</tr>
</tbody>
</table>

*These categories include members who do not pay full dues.
2008 was a challenging year for everyone due to the tough economic times we are facing. While these challenges have at times been daunting for our country and for our profession, your association continues to build a record of success on behalf of the members of the American Physical Therapy Association.

APTA’s Vision 2020 is a close-at-hand destination rather than the lofty goal it may have appeared to be when the House of Delegates adopted it nine short years ago. I am pleased to report that APTA is making progress toward the achievement of Vision 2020 due to the adoption and implementation of our Strategic Plan.

Our Strategic Plan identifies strategic outcomes in key areas that we must address to move the physical therapy profession toward our Vision. Your APTA Board of Directors and APTA staff will focus efforts and resources on these areas of emphasis. You can read more about the Strategic Plan and its specific objectives on APTA’s Web page. They include:

- **Access to physical therapist services**: Policy barriers to patient/client access to physical therapist services will be reduced and where possible eliminated.
- **Standards for practice**: Evidence-based practice principles will be routinely identified, applied, and integrated in physical therapist practice.
- **Public identity**: 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.
- **Education**: 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.
- **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.

The branding initiative debuted at the 2009 Combined Sections Meeting. With the slogan “Move Forward: Physical Therapy Brings Motion to Life,” the new brand will position physical therapists as the experts in restoring and improving motion in people’s lives.

While we are enhancing and improving our communication efforts to the public, we are doing the same with our communication efforts to you, the members of APTA. This includes improvements to *PT Magazine*, work on enhancing the APTA Web site so it is more helpful and meaningful to APTA members, and the introduction of the “Moving Forward” blog. The blog allows the association to introduce current topics for immediate comment and discussion. I—and all of you who post responses or simply read others’ insights—have been rewarded with rich discussions on unfolding events that have an impact on our profession. Additional projects in the works will enhance communication and involvement, enabling members to feel more included in decision making and knowledge sharing. With APTA as the venue for this network, membership will be ever more essential, and it’s my hope and expectation to attract new members as well as keep our valued current members engaged.

Under the “Highlights” area of this annual report you will see the incredible number and scope of successes we have achieved for the members of APTA and for our profession. From payment issues to advances in education to continued progress on direct access … we have achieved great victories together for our profession and for our patients.

With our Strategic Plan now in place to guide our actions and focus our resources, I am optimistic about meeting our objectives. I hope you share my pride in what we have accomplished and what we will be accomplishing in the years ahead!

R. Scott Ward, PT, PhD
President, American Physical Therapy Association
APTA members can be proud of many accomplishments in 2008. One of our biggest efforts was the development and implementation of our Strategic Plan that outlines specific strategic outcomes and objectives that will help us achieve APTA’s Vision 2020.

The process for the creation of the Strategic Plan was highly collaborative, with input from component leaders, external stakeholders, and more than 6,000 APTA members. The Strategic Plan is one of three components of the Strategic Thinking and Planning Initiative; the other two are a review of APTA’s governance system and the ongoing development of the Board of Directors and APTA staff to be a more effective and efficient team working on behalf of association members.

The adoption of the Strategic Plan was a true achievement. We are not done, however. Regular reports to the Board of Directors will track our progress in meeting our objectives, and the plan will evolve as environmental changes and input from APTA members require. Your continued participation in the Strategic Plan—both in reaching our objectives and determining what they should be—is vital to achieving APTA’s Vision 2020.

In addition to the Strategic Thinking and Planning Initiative, there were a number of other reforms implemented at APTA during 2008, including:

- Development and implementation of a new organizational structure for APTA, including the creation of the Payment Policy and Advocacy Department and the Member Relations Unit bringing new focus and resources to these critical areas.
- Adoption of a comprehensive membership recruitment and retention plan that includes cutting-edge programs that will be rolled out in the months and years ahead.
- Creation of a comprehensive communications plan. From the brand initiative to updating the APTA Web site to the adoption of social networking opportunities, this new communications plan will get our message out to the public and to key targeted groups, and will improve how we communicate with APTA members.
- Creation of an Information Technology Plan. This plan will guide our decisions on the emerging technologies that we will need to adopt in order to continue to effectively and efficiently provide the programs, services, and representation that APTA members have come to expect from their association.

These are but a few of the many reforms and improvements that have been implemented at APTA over the last year. APTA is and has been a great association for many years. But greatness lies in the continuous pursuit of ideals, not in achievement of any particular goal along the way. Only by working constantly to improve can we deliver the quality of services that the members of APTA expect and deserve. That is our commitment to you.

---

John Barnes
CEO
House of Delegates Report

The 2008 House of Delegates (House), representing the opinions and interests of all the physical therapist, physical therapist assistant, and student members, discussed and debated issues that shape the future of our profession. The House also elected officers, directors, and Nominating Committee members.

The House passed a number of important motions, to both amend current APTA positions and establish new ones. Among the actions taken were amendments to current positions on diagnosis by physical therapists and on promotion of physical activity/exercise; endorsement of the International Classification of Functioning, Disability, and Health (ICF) model; and development of positions on adopting electronic health records, including physical therapy in continuity-of-care records, and establishing a physical therapist of record and patient hand-off procedure. A summary of all the actions taken by the House can be found on the APTA Web site at www.apta.org/hod (scroll down to HOD Archives).

The close of the 2008 House was immediately followed by preparation for the 2009 House. Based on feedback from delegates via a post-House survey, changes that the House officers implemented include refinement of the candidate Web page content, alterations to the candidate interview format, and changes to the onsite House schedule. Additional priorities for 2009 include the continued development of the four regional caucuses, enhancement to ongoing House communication, and the use of technology to facilitate House efficiency.

The House of Delegates sets the direction for our future through debate and decision-making on substantive issues facing our profession. Your voice is heard through the delegates that you elect to represent you. I encourage you to get involved in the process by reviewing the issues (www.apta.org/hod, click on Motion/Reports) that will be considered this year by the delegates and then sharing your ideas and thoughts with them as they prepare for the 2009 House.

Shawne E. Soper, PT, DPT, MBA
Speaker of the House

Components Report

The Committee on Chapters and Sections (COCS) would like to applaud APTA and its dedicated staff for a very ambitious agenda in 2008. While in the midst of the association’s work on developing a strategic plan, laying the groundwork for the governance review, and conducting a review of our programs as part of an update to our organizational structure, we were cognizant of continued strides in all areas and departments, and we were keen to observe increased collaboration among APTA national, chapters, and sections.

Component leaders were able to participate on various expert panels at the Centers for Medicare and Medicaid Services and other national health care organizations. Being able to “sit at the tables” of those who are drafting policies and legislation related to health care is essential if we as a profession are to make an impact on health policy today and in the future. Health care reform is the focus of the Obama administration, and we are confident that our Federal Government Affairs Department will continue to seek out opportunities for component leaders and members to participate in these discussions in 2009 and beyond.

Support from the Government and Payment Advocacy Unit has resulted in a continued expansion of tools and resources available to components and members at the grassroots level to allow for frequent and timely contacts with state and federal representatives. During our nation’s recent election cycle, more than 90% of the candidates “friendly” to physical therapy and supported by PT-PAC won their respective seats.

It has been exciting to see the various changes within APTA’s Communications Unit over the last year that began with the hiring of a new vice president and culminated with the rollout of our new branding initiative. The renewed focus on how we communicate who we are as a profession to the public, formulating a tagline to communicate a succinct message, a revitalized consumers Web page, and the development of tools and resources to communicate our message have been refreshing and invigorating. We eagerly await the targeted rollout of more of these resources in 2009 and the further development of “brand champions” who will help us to live the brand.

Another milestone achieved in 2008 was the adoption of the association’s new Strategic Plan, one aspect of the association’s Strategic Thinking and Planning Initiative. The completion of this plan was a direct reflection of the collaborative efforts of APTA national, component leadership, members, and various stakeholders.

These are but a few of the ambitious agenda items that we have seen over the course of 2008, each serving as a launching pad for greater future initiatives. The COCS again applauds the association’s willingness to think big, to be nimble, and to be visionary. We eagerly anticipate what lies ahead in 2009 and opportunities for the components to partner with APTA national to bring about continued success in our future endeavors.

Craig A. Moore, PT, MS
APTA Committee on Chapters and Sections
The year 2008 saw the introduction of APTA's Strategic Thinking and Planning (STP) Initiative (www.apta.org/stp). The STP Initiative includes three major components: a strategic plan, a review of APTA's governance system, and development of APTA's Board of Directors and staff. It was designed to enhance APTA's ability to think and plan in a more strategic fashion, and move toward achievement of Vision 2020, the association's vision of ideal physical therapist practice.

Here are highlights of APTA's activities and accomplishments in 2008 that progressed toward the six elements of Vision 2020: Practitioner of Choice, Autonomous Practice, Direct Access, Doctor of Physical Therapy (DPT), Evidence-based Practice, and Professionalism.

**Practitioner of Choice**

How has APTA moved consumers and other health care providers to recognize and prefer physical therapists to diagnose, treat, and prevent impairments, functional limitations, and disabilities related to movement, function, and health?

- One of APTA's most exciting activities was development of a new brand for physical therapists, with a plan for rolling out the brand in 2009 and beyond. Using the slogan “Move Forward: Physical Therapy Brings Motion to Life,” the new brand will better position physical therapists as the experts in restoring and improving motion in people's lives. Development of the branding campaign began with a presentation to the House of Delegates at PT 2008; “brand champions” were then selected to help members understand and “live” the brand once it was introduced in 2009.

- In conjunction with the strategic plan and the brand campaign, APTA developed a comprehensive communications plan in 2008. The plan's goal is to create association-wide communications vehicles and messages that cohesively and consistently convey both the APTA and the physical therapy profession brands. It identified target audiences and the key messages and strategies for each audience. For example, to increase media outreach on research and policy, APTA's strategy is to become “part of the dialogue” on health care policy and consumer issues by responding more often and more quickly to media coverage of health-related issues, legislation, and
To promote physical therapy as a career to middle school students, APTA created “You Can Be Me,” a documentary-style video that highlights young physical therapists working in a variety of settings. The video package includes outtake interviews on why featured APTA members became physical therapists and what advice they would have for those considering a career in physical therapy. In addition to selling a DVD of the video APTA posted it on YouTube.

APTA enjoyed increased media coverage of evidence-based information such as news releases on Physical Therapy studies and comments/analyses of studies from other well-known scientific journals. In 2008, APTA’s media relations efforts resulted in coverage in such well-known outlets as USA Today, Newsweek, the New York Times, the LA Times, The Washington Post, National Public Radio, and Reuters.

The Life @ 50+ Expo hosted by AARP provided a backdrop in October for a balance and falls screening of about 200 participants. The sections on Geriatrics and Neurology and 35 physical therapy volunteers from the Washington, DC, Maryland, and Virginia chapters conducted screenings, spoke with conference attendees, and distributed literature on conditions that physical therapists manage.

To promote physical therapy as a career to middle and high school students, APTA entered into an alliance with the Occupational Safety and Health Organization to promote ergonomic health and safety for all health care workers. This effort is in response to the high rate of injuries in health care workers and the essential role physical therapists have in safe patient handling. Related to that, an expert panel convened to develop a curriculum guide for professional physical therapist education programs that addresses safe patient handling.

Autonomous Practice

Physical therapists accept the responsibility to practice autonomously and collaboratively in all environments to provide the best care to patients and clients. Autonomous physical therapist practice is characterized by independent, self-determined, professional judgment and action. How has APTA fostered an environment that enables PTs to practice by these guidelines?

APTA successfully lobbied for an 18-month extension of the therapy cap exceptions process as part of the Medicare Improvement for Patients and Providers Act (HR 6331) until December 31, 2009. This ensures access for seniors and people with disabilities to essential physical therapy services.

Thanks to APTA’s advocacy efforts, which included testimony on May 8 before the US House Committee on Small Business, Congress voted for a 1.1% increase in the physician fee schedule conversion factor for 2009, replacing a projected 15.1% cut.

APTA entered into an alliance with the Occupational Safety and Health Organization to promote ergonomic health and safety for all health care workers. This effort is in response to the high rate of injuries in health care workers and the essential role physical therapists have in safe patient handling. Related to that, an expert panel convened to develop a curriculum guide for professional physical therapist education programs that addresses safe patient handling.

Positive changes to regulations and manuals that affect PTs included: new personnel standards in all settings; elimination of the requirement that physical therapists rent an entire swimming pool to provide aquatic services; and elimination of the requirement that PTs in private practice be accredited in order to provide durable medical equipment prosthetics and orthotics to patients.

Cedaron Medical Inc, which partners with APTA to provide the patient record system CONNECT, was qualified by the Centers for Medicare & Medicaid Services (CMS) as a registry to submit quality measures information on behalf of eligible PTs who participate in the Physicians Quality Reporting Initiative. The qualified registries offer additional options for PTs, specifically those who practice in institutional settings, to participate in the reporting initiative that offers bonuses to providers who report on eligible quality measures. There also were more eligible quality measures to report on in 2008, thanks to APTA’s efforts to develop them.

Continuing to enhance our position in the overall health care community, physical therapists joined numerous expert panels, including the National Quality Forum, the Ambulatory Quality Alliance Steering Committee, the Agency on Healthcare Research and Quality, the American College of Occupational and Environmental Medicine, the Peripheral Artery Disease Coalition, the DVT Coalition, and the technical expert panels for Research Triangle Institute’s project on developing outpatient therapy payment alternatives.

A new CPT code allows PTs to bill for services provided to patients with vestibular disorders. The code, 95992, is for reporting of canalicul repositioning, which is described as “therapeutic maneuvering of the patient’s body and head designed to use the force of gravity.” Previously, this maneuver was billed by physicians as part of evaluation and management services, and by PTs and other providers under other CPT codes such as 97112 and 97530. APTA and several other clinical associations cooperated in developing a means to accurately describe these services. (The new code originally was bundled, and the procedure was not eligible...
for separate payment. Further APTA advocacy, however, prompted CMS to change its policy in 2009 to allow PTs to continue to bill the procedure separately under CPT 97112.)

- APTA successfully lobbied for passage of The Higher Education Opportunity Act/College Opportunity and Affordability Act (HR 4137). This legislation includes a provision that will enable physical therapists to participate in an existing student loan repayment program for health care professionals who provide services to children, adolescents, and veterans.

- APTA advocated for passage of the Safety of Seniors Act (S 845), which authorized a federal initiative to reduce falls in seniors. This includes the development of public and professional education strategies to raise awareness of and prevent falls in older people, encouragement of research both to identify older adults at high risk of falling and to evaluate falls interventions, and support for demonstration projects aimed at preventing falls.

- Contributions from more than 9,000 APTA members made PT-PAC the sixth largest political action committee representing health professions. More than $1.3 million went to candidates in the 2007-2008 election cycle, resulting in a 92% success rate for candidates friendly to physical therapy issues.

- APTA worked with a number of chapters, including Pennsylvania and Vermont, to improve and revise their states’ PT practice acts.

- A new core document, “Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level,” will help guide future decisions about the work of the physical therapist assistant (PTA) and facilitate greater consistency among PTA education programs, about what employers can expect from graduate PTAs, and for patients/clients to whom these skills are directed. The document, adopted by the Board of Directors in November, is a description of entry-level skills that every PTA graduate should be competent in performing on patients/clients.

- APTA joined the World Health Organization (WHO) and other international organizations in endorsing the WHO International Classification of Functioning, Disability, and Health (ICF) model. The model focuses on human functioning and provides a unified, standard language and framework that captures how people with a health condition function in their daily lives rather than focusing on their diagnosis or the presence or absence of disease. APTA developed a Web resource page that includes educational material and links to multiple ICF resources.

- The Home Health Section and APTA released updated guidelines for PTs and PTAs who care for patients in their homes. The 10 nonbinding statements of advice cover the roles of the PT and PTA, qualifications, orientation to agencies, referral information, scheduling, examination/evaluation visits, plan of care, discharge planning, and documentation. The booklet also includes a bibliography, a list of online resources, and suggested “tools of the trade.”

- Anticipating health care reform debate in Congress, APTA created a Health Care Reform Resource Center on the association’s Web site with up-to-the-minute information and reports on the actions APTA is taking on behalf of its members.

- The Defensible Documentation Resource, which helps PTs and PTAs demonstrate best practice in documentation, launched an online course on the APTA Learning Center and expanded to include specialty areas of pediatric, skilled nursing facility, and home care information.
Doctor of Physical Therapy (DPT)

The Doctor of Physical Therapy (DPT) is a clinical doctorate degree (entry level degree) that reflects the growth in the body of knowledge and expected responsibilities that a professional physical therapist must master to provide best practice to the consumer. All physical therapists and physical therapist assistants are obligated to engage in the continual acquisition of knowledge, skills, and abilities to advance the science of physical therapy and its role in the delivery of health care.

- The new Physical Therapist Centralized Application Service (PTCAS) for the 2008-2009 admissions cycle launched on August 1, allowing applicants to use a single Web-based application and one set of materials to apply to multiple physical therapist education programs. PTCAS facilitates the PT admissions process and better promotes the profession to a broader cohort of prospective students.

- By the end of 2008, 10 additional professional PT education programs began offering the DPT degree, and three new developing programs plan to offer it, for a total of 200 (93%) out of 215 accredited and developing programs. Approximately 17,300 students now have been awarded the professional DPT degree.

- As of October 2008, postprofessional DPT (transition) degree programs report that since 1999, an estimated 19,108 students have been or currently are enrolled in t-DPT programs, of which 10,333 have graduated and or are anticipated to graduate in 2008-2009. For 67% of these programs, the minimum degree required for acceptance into a DPT (transition) program is a bachelor's degree in physical therapy, with 94.9% requiring US PT licensure or licensure eligibility.

Evidence-Based Practice

Evidence-based practice is access to, and application and integration of, evidence to guide clinical decision making to provide best practice for the patient/client. Evidence-based practice includes the integration of best available research, clinical expertise, and patient/client values and circumstances related to patient/client management, practice management, and health care policy decision making. Aims of evidence-based practice include enhancing patient/client management and reducing unwarranted variation in the provision of physical therapy services.

- Embarking on its first steps to develop Clinical Practice Guidelines and other evidence-based documents in conjunction with APTA sections, the association drafted a process in December for the development of clinical practice guidelines for physical therapist practice.

- The rising “impact factor” of Physical Therapy (PTJ) was one indicator of its growing reputation as the premier scientific journal for physical therapy. PTJ ranked in the top 5 of all rehabilitation journals and #1 among all physical therapy journals worldwide, according to the 2008 ISI Web of Knowledge Journal Citation Reports. The impact factor is calculated based on a 3-year period and is an approximation of the average number of citations in a year (2007) that were given to papers published in a journal during the 2 preceding years (2005 and 2006).

- Examining the effect of diabetes on function and the challenges that diabetes presents to rehabilitation, PTJ published a series of articles collectively titled “People With Diabetes: A Population Desperate for Movement.” The series contains original research, including an RCT, and covers topics from epidemiology, exercise and glycemic control, microvascular and macrovascular disease, combined aerobic and eccentric resistance exercise versus aerobic-only exercise, the economics of diabetes, and issues
in physical therapy services delivery. Physical therapists, physicians, physiologists, and epidemiologists contributed to the series.

- Open Door, APTA’s online portal to evidence-based practice, celebrated its second anniversary by adding MEDLINE in April and Evidence Based Resources from the Joanna Briggs Institute in June. Members accessed the Open Door home page 74,662 times in 2008, with members conducting 110,681 searches.

- Hooked on Evidence added more than 800 extractions during 2008, bringing the total to more than 4,800. More than 44,600 unique users have accessed Hooked. More than 100 clinical scenarios are available for searching on conditions seen frequently by physical therapists.

- Members’ professional knowledge and skills advanced via more than 166 different professional development offerings for a total of 169 CEUs or 1,690 contact hours through Annual Conference, Combined Sections Meeting (which broke attendance records with 7,267 attendees in Nashville), the Advanced Clinical Practice Series, audioconferences, and CD and online courses.

- Professionalism

  Professionalism is consistently demonstrating core values by aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability.

- To help PTs and PTAs manage their lifelong learning efforts, the new APTA Learning Center launched in August. This Web-based, one-stop application gives instant access to online courses, a comprehensive continuing education transcript, the ability to generate certificates of completion, and tools to help track career development. It debuted with 32 online course offerings, five of them free to APTA members. Course topics include professionalism, documentation, and current research articles from Physical Therapy.

- To help clinical instructors (CIs) offer the best outcomes in clinical teaching and clinical practice for their PT students, APTA launched the Advanced Clinical Instructor Education and Credentialing Program (Advanced CIECP) in January. The Advanced program is open to CIs already credentialed under APTA’s CIECP who want to further their skills and knowledge, be recognized for advanced achievement, and earn continuing education credits.

- APTA’s PT Clinical Performance Instrument (CPI) moved to a Web version, adding features and value that weren’t possible in print or on a CD. The PT CPI assesses student performance during clinical education experiences, enabling users to view and compare completed midterm and final reports online, access a PDF version of the PT CPI, retrieve data, and communicate via smart e-mail. To ensure
greater consistency in the use of the CPI, mandatory free online training and assessment programs teach all individuals involved in student performance assessment how to correctly use the instrument. As of January 2009, more than 9,000 users successfully completed the PT CPI online training and assessment program that transitioned to the APTA Learning Center.

Honoring those who advocate for individuals with disabilities, APTA cosponsored the October awards ceremony celebrating National Disability Employment Awareness Month. This annual event, hosted by the Department of Health and Human Services’ Office on Disability, recognized people with a commitment for full inclusion in the workforce for people with disabilities.

PT Magazine continued its “Ethics in Action,” with 11 columns presenting hypothetical scenarios for readers to analyze and decide how best they would respond.

The work of the Consultant Group on Interprofessional Professionalism continued to develop a set of entry-level behaviors, values, and attitudes that reflect professionalism across various health care professions. APTA began collaboration with the group 3 years ago; in 2008 the group presented a draft of the behaviors, values, and attitudes to their various professions. In addition, an Interprofessional Professionalism wiki page (http://ippmg.pbwiki.com) was developed to facilitate interprofessional communication and feedback.

The Clinical Residency and Fellowship Credentialing Committee credentialed a record number of new programs in 2008, but realized that exponential growth in the number of residency programs is needed to serve the doctoring profession. As a result, the Reviewer Subcommittee increased to 48 trained application reviewers and site visitors who assist in the credentialing process, and the committee added another subcommittee to improve the level of assistance available to developing residency and fellowship programs. As of year-end, 63 programs were credentialed by APTA: 22 fellowship programs in 4 areas of subspecialty practice (hand, movement science, manual therapy, and sports Division I athletics) and 41 residency programs in 6 areas of advanced practice (geriatrics, neurology, orthopedics, pediatrics, sports physical therapy, and women’s health).

APTA’s Minority Scholarship Awards for Academic Excellence program added the Dr. Jules M. Rothstein Minority Research Fellowship Award. In all, APTA awarded 11 awards to 9 physical therapist students, 1 physical therapist assistant student, and 1 faculty member. The 2008 Annual Celebration of Diversity raised nearly $60,000 for the Minority Scholarship Fund.

APTA released the Web-based “Blueprint for Teaching Cultural Competence in Physical Therapy Education” to physical therapy education programs. The committee also began work on creating a similar “blueprint” for use in clinical practice.
Ethics and Judicial Committee Report

Following are highlights of the Ethics and Judicial Committee’s work in completing its functions in 2008.

In addition to making numerous presentations, committee members hosted an Ethics and Judicial Committee (EJC) breakfast at the 2008 Combined Sections Meeting (CSM) for component presidents and executives and chapter Ethics Committee chairs. Committee members Peg Hiller, PT, Nancy Kirsch, PT, DPT, PhD, Cathy Hinton, PT, PhD, and Jon Nordrum, PT, DPT, DScPT, presented on “Generational Ethics” at APTA’s Annual Conference. Also at Annual Conference, Hiller presented “Open Forum on Revision of the Core Ethics Documents” with committee member Dolly Swisher, PT, PhD, and Kirsch presented “Managing Risk through EDM.” Hiller presented “The Model Practice Act: Roadmap to Vision 2020” at CSM and “CSI on Documentation” at the Arizona Chapter’s annual meeting. She also presented at Educational Leadership Conference on “Ethics in Clinical Education” in October. Kirsch presented “Managing Risk” at CSM, made 13 pro bono presentations on “Ethics and Jurisprudence” in New Jersey to about 2,300 physical therapists, gave two presentations on “Ethics and Jurisprudence” at the New Jersey Chapter’s annual meeting, presented “Meeting Ethical Decision Making” at the Arizona Chapter’s annual meeting, and gave a presentation on ethics remediation at the Federation of State Boards of Physical Therapy in Minneapolis. Hinton presented “Ethics and Jurisprudence” at meetings of the Tennessee Chapter. Nordrum presented “Commit Yourself to Ethical Practice—Early in Your Career” at APTA’s 16th Annual National Student Conclave.

The EJC continued to work with APTA staff to publish “Ethics in Action” as a regular column in PT Magazine, with Kirsch writing the column. Kirsch also worked with the Geriatrics Section’s Interdisciplinary Team on various publications.

The EJC had 33 ethics cases in process and on the agendas of its 2008 meetings. The committee reprimanded two members, one for improper training and use of an aide and the other for failing to keep proper records.

The committee also recognized the work done in 2008 by the Task Force for Revision of Core Ethics Documents involving the Code of Ethics.
Nominating Committee Report

The Nominating Committee responsibilities mandated by APTA’s bylaws are (1) to prepare a slate of candidates and (2) to foster activities to maintain and promote a pool of nominees. In addition to preparing the slate, the committee assigned a liaison to individuals who have indicated an interest in future leadership roles or who have been identified as potential leaders, and assisted the individuals with formulating leader development plans.

The committee moderated the component nominating committee chairs message board to facilitate discussions and postings related to the committees’ activities and leadership development. In addition, the committee held meetings with the component Nominating Committee chairs at Annual Conference and the Combined Sections Meeting (CSM), and also hosted an educational program at 2009 CSM. The Nominating Committee, in conjunction with the officers of the House of Delegates, developed a survey distributed to component leaders and delegates to identify their ability and willingness to serve at the national level as well as perceived barriers to service. The results of this survey are posted on the APTA Web site.

The Nominating Committee reviewed all manuals relating to the election process. After House officer review, Nominating Committee activity with the candidates and elections was removed from the Nominating Committee Procedural Manual to strengthen the ability of the committee to carry out its responsibilities as outlined in the APTA Bylaws.

2008-2009
PTA Nominating Committee
Janet L. Downey, PT MPT, PCS, Chair
Paul A. Hildreth, PT, DPT, MPH
Karen A. Paschal, PT, DPT, MS
PJ Phelps, PT
Louise D. Yurko, PT

Board of Directors

Back row from left to right are: Dianne V. Jewell, PT, DPT, PhD, CCS, Richmond, VA; William D. Bandy, PT, PhD, SCS, ATC, Conway, AR; Randy Roesch, PT, DPT, MBA, Steamboat Springs, CO, vice president; R. Scott Ward, PT, PhD, Salt Lake City, UT, president; Kevin L. Hulsey, PT, DPT, MA, Nampa, ID; Paul Rockar Jr, PT, DPT, MS, Murrysville, PA; Stephen C. F. McDavitt, PT, DPT, FAAOMPT, Falmouth, ME; Lisa K. Saladin, PT, PhD, Mt Pleasant, SC. Front row from left to right are: Sharon L. Dunn, PT, PhD, Shreveport, LA; Babette Sanders, PT, MS, Glenview, IL, secretary; Laurita M. Hack, PT, DPT, MBA, PhD, FAPTA, Bryn Mawr, PA, vice speaker of the House; Shawne E. Soper, PT, DPT, MBA, Richmond, VA, speaker of the House; Connie D. Hauser, PT, DPT, ATC, Barbourville, KY, treasurer; Aimee Klein, PT, DPT, MS, OCS, Chelsea, MA. Not pictured: John Wallace, PT, MS, OCS, Duarte, CA.
Since this is my first Treasurer’s Report to the membership, I thank everyone who has supported the association and secured our place in the future. I would be remiss not to mention all my board colleagues, who have provided the underpinning as I have worked to develop new ways to unfold information. As well, our active Finance and Audit Committee, along with staff, brought in a zero deficit budget for 2009 and are proven stewards of APTA’s resources. My “wingman,” the former CFO for 17 years, Chuck Martin, has been the stability and support for my transition to treasurer, and he paved a strong path for our new CFO, Rob Batarla. I know I speak for all members who have served in this position, knowing that Chuck’s wisdom and advice were and always will be deeply appreciated.

As you know, 2008 is a “year to remember” and a “last quarter to forget.” APTA’s portfolio dropped almost 26% for the year, including a 13.95% loss in the fourth quarter that mirrored the benchmarks for a diversified portfolio. Mike Bostler, our investment consultant, has worked with several sections and chapters during these challenging times on investment strategies and portfolio revisions at no charge to the components. Rob and I have been working to achieve two of my goals as treasurer. One is to get comprehensive information to components on a regular basis. Rob, Mike, and I have crafted a quarterly newsletter that is sent to all treasurers as an update on APTA financial activities, as well as thoughts and ideas for providing risk management suggestions for component consideration. Another goal was to bring in a zero deficit budget for 2009 without sacrificing programs or quality. Staff was instrumental last fall, together with the Finance and Audit Committee, in streamlining every process and in allocating dollars to the immediate needs of the association. We believe our budget for 2009 is achievable (albeit a challenge), even in the current financial environment.

In 2008, nondues revenue accounted for 55 cents of every revenue dollar. We did see a slight increase in revenues secondary to increases in dues revenues ($881,995) and in accreditation and certification exam participation ($291,000), but this increase in revenues does not match the inflation rate. We need to keep in mind that we had a 26% ($6 million) loss in our investment returns that brought reserves to a several-year low of 43% ($17 million) when compared with annual budget revenues. Operating efficiencies and vigorous oversight allowed the association to end the year under the expense budget target—a testament to teamwork and planning.

In 2008, APTA revised and expanded the Component Handbook: Treasurer’s Reference and provided it in both hard copy and in electronic format for Web access. This has become a tangible asset to component leaders.

The Foundation for Physical Therapy, under the guidance of new Executive Director Bob Brennan, celebrates the conclusion of another successful year. In 2008, the Foundation completed its Destination: Research Excellence major gifts campaign with astounding results of over $5 million, enabling the Foundation to accomplish one of its first goals set by the campaign—the launch of the New Investigator Fellowship Training Initiative in Health Sciences Research. The outcomes from this fellowship program will be a greater capacity for our profession to speak with authority of its important role in the health care system.

Our 2008 audit was completed in the first quarter of 2009 with APTA’s independent auditor team, Larson-Allen LLP, validating the APTA consolidated financial statements and internal controls. A written Management Letter and the audit report were provided to the APTA Board of Directors and the Finance and Audit Committee with emphasis on LarsonAllen’s issuance of an unqualified (clean) rating.

The financial graphs and charts are attached for your information. If you have any questions, please contact me or Rob Batarla at APTA. Thank you for allowing me to serve as your treasurer and a member of APTA’s Board of Directors.

Connie Hauser, PT, DPT, ATC
Treasurer
## 2008 Sources of Revenue

<table>
<thead>
<tr>
<th>Dues</th>
<th>$13,233,572</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Subscriptions</td>
<td>$1,466,435</td>
</tr>
<tr>
<td><strong>Subtotal (45%)</strong></td>
<td><strong>$14,700,007</strong></td>
</tr>
</tbody>
</table>

### Non-Dues Revenue

<table>
<thead>
<tr>
<th>Interest and Dividends</th>
<th>$781,274</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Services/Donations/Contracts</td>
<td>$2,247,627</td>
</tr>
<tr>
<td>Accreditation and Certification Fees</td>
<td>$3,462,371</td>
</tr>
<tr>
<td>Conferences &amp; Education</td>
<td>$5,086,085</td>
</tr>
<tr>
<td>Periodicals &amp; Nonmember Subscriptions</td>
<td>$2,360,972</td>
</tr>
<tr>
<td>Royalties &amp; Affinity</td>
<td>$2,552,412</td>
</tr>
<tr>
<td>Sale of Resources &amp; Products</td>
<td>$1,660,179</td>
</tr>
<tr>
<td><strong>Subtotal (55%)</strong></td>
<td><strong>$18,150,920</strong></td>
</tr>
</tbody>
</table>

**Total Revenue from Operations** | **$32,850,927**

**Less: Investment Return** | **($6,056,996)**

**Total (100%)** | **$26,793,931**

## 2008 Program Expenditures

| Administration & Supporting Services | $13,091,440 |
| Annual Conference/Combined Sections Meeting | $3,589,389 |
| Periodicals | $4,819,574 |
| Professional Services & Government Affairs | $7,953,704 |
| Education/Research & Awards | $4,038,120 |
| **Total** | **$33,492,227**

### 2008 APTA Revenue Dollar*

- Interest & Dividends: 2 cents
- Conferences & Education: 15 cents
- Dues: 45 cents
- Sale of Resources & Products: 5 cents
- Periodicals: 7 cents
- Staff Services/Donations/Contracts: 7 cents
- Accreditation & Certification Exam Fees: 11 cents
- Royalties & Affinity: 8 cents

*Does not include portfolio loss of $6,056,996

### 2008 APTA Expense Dollar

- Periodicals: 14 cents
- Professional Services & Government Affairs: 24 cents
- PT 08 & CSM: 11 cents
- Administration: 14 cents
- Education/Research & Awards: 12 cents
- Supporting Services: 25 cents
How did 2008 end up?

<table>
<thead>
<tr>
<th></th>
<th>2008 Actual</th>
<th>2007 Actual</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Dues and Member Subscriptions</td>
<td>$14,700,007</td>
<td>$13,802,581</td>
<td>$897,426</td>
</tr>
<tr>
<td>Non-Dues Revenue</td>
<td>$18,150,920</td>
<td>$18,478,987</td>
<td>($328,067)</td>
</tr>
<tr>
<td>Total Revenue from Operations</td>
<td>$32,850,927</td>
<td>$32,281,568</td>
<td>$569,359</td>
</tr>
<tr>
<td>Less: Expenses</td>
<td>$33,492,227</td>
<td>$33,542,009</td>
<td>($49,782)</td>
</tr>
<tr>
<td>Net (before investments)</td>
<td>($641,300)</td>
<td>($1,260,441)</td>
<td>$619,141</td>
</tr>
<tr>
<td>Investment Return</td>
<td>($6,056,996)</td>
<td>$661,680</td>
<td>($6,718,676)</td>
</tr>
<tr>
<td>Net Funds Collected on Behalf of WCPT</td>
<td>$5,215</td>
<td>($25,504)</td>
<td>$30,719</td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>($6,693,081)</td>
<td>($624,265)</td>
<td>($6,068,816)</td>
</tr>
</tbody>
</table>

Statement of Financial Position at December 31st

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Investments</td>
<td>$19,929,498</td>
<td>$25,474,400</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$12,549,379</td>
<td>$12,151,591</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$32,478,877</td>
<td>$37,625,991</td>
</tr>
<tr>
<td>Liabilities</td>
<td>$19,414,763</td>
<td>$17,868,796</td>
</tr>
<tr>
<td>Net Assets</td>
<td>$13,064,114</td>
<td>$19,757,195</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$32,478,877</td>
<td>$37,625,991</td>
</tr>
</tbody>
</table>

DOW JONES

Although total revenues were impacted by the decrease in the stock market in 2008, APTA revenues show continued growth.