We Are APTA

APTA Vision Statement for Physical Therapy 2020

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American Physical Therapy Association
APTA Vision Statement
for Physical Therapy 2020

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

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

Association staff and members working on behalf of the Association:

• are committed to excellence in practice, education, and research;
• respect the dignity and differences of all individuals and commit to being a culturally competent and socially responsible Association;
• act with professionalism, integrity, and honesty; and,
• make decisions that reflect visionary thinking, excellence, innovation, collaboration, and accountability.
# APTA Membership Statistics 2008-2009

<table>
<thead>
<tr>
<th>Category</th>
<th>2008</th>
<th>2009</th>
<th>Gain/(Loss)</th>
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<tr>
<td>*PT</td>
<td>47,731</td>
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<td>PT TRANSFER</td>
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*These categories include members who do not pay full dues.*
Board of Directors

Back row from left to right are: Mary C. Sinnott, PT, DPT, MEd, Lansdowne, PA; Aimee Klein, PT, DPT, DSc, OCS, Chelsea, MA; Shawne E. Soper, PT, DPT, MBA, Richmond, VA, speaker of the House; Connie D. Hauser, PT, DPT, ATC, Barbourville, KY, treasurer; R. Scott Ward, PT, PhD, Salt Lake City, UT, president; Paul Rockar, Jr, PT, DPT, MS, Murrysville, PA, vice president; Babette Sanders, PT, MS, Glenview, IL, secretary; Laurita M. Hack, PT, DPT, MBA, PhD, FAPTA, Bryn Mawr, PA, vice speaker of the House; Kevin L. Hulsey, PT, DPT, MA, Nampa, ID; Lisa K. Saladin, PT, PhD, Mt Pleasant, SC.

Front row left to right are: Dianne V. Jewell, PT, DPT, PhD, CCS, Richmond, VA; Stephen C.F. McDavitt, PT, DPT, FAAOMPT, Falmouth, ME; Sharon L. Dunn, PT, PhD, OCS, Shreveport, LA; Nicole L. Stout, PT, MPT, CLT-LANA, Bethesda, MD; Kathleen K. Mairella, PT, DPT, MA, Nutley, NJ.
I’m excited and proud of the many accomplishments that APTA’s members helped make happen in 2009. You may remember a video that APTA produced at the end of the year highlighting some of these activities; it was just a prelude to our more-comprehensive accounting in this annual report. It’s clear that we are making progress toward the outcomes of our Strategic Plan, and you’ll read about that progress here. I also want to draw your attention to some additional initiatives that APTA staff took on to provide us with powerful tools to help achieve our goals.

- Throughout the health care reform debate, APTA advocated for provisions critical to our profession and our patients. As a result, several APTA priorities were addressed, including a 1-year extension of the therapy cap exceptions process, and authorization of a study of direct access under Medicare. To keep members informed and engaged in the reform process, APTA issued e-mail alerts, rallied members in person and online, hosted podcast updates, and posted reports and tools on the Web site’s Health Care Reform Resource Center. These included an outline of the policy provisions that APTA believed should be included in any health care reform legislation, and a discussion of how physical therapists can contribute to that reform.
• Our new online Learning Center makes it easier for PTs and PTAs to maintain continued competence and earn CEUs. Also in the area of continued competence, APTA awarded a record number of credentials in 2009 for clinical instructors, clinical residencies and fellowships, and board-certified clinical specialists.

• Even in the face of a recession, we held two of our most successful conferences ever. Our Combined Sections Meeting in Las Vegas brought in a record 8,400 attendees. And PT 09, our annual conference in Baltimore, drew its highest attendance in 3 years.

• In the publications area, PT Magazine took on a new look and focus, including a new title, PT in Motion. The magazine also launched a digital edition that is searchable and offers a one-click connection to any e-mail or Web site listed in any article or advertisement. You also have access to past issues online and the ability to share articles.

• Finally, as part of the Strategic Thinking and Planning Initiative, APTA began its governance review to determine how to best get the work of the association completed, and achieve the outcomes in Vision 2020. The goal of the governance review is a more nimble, transparent, and efficient association that will better serve members, the profession, and the public.

I have mentioned just a few of so many things that APTA accomplished for you in 2009. I hope you enjoy reading, viewing, and listening to this entire annual report. I think you’ll be impressed with the return on your investment in APTA membership!
The 2009 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.

One of the most significant accomplishments during the 2009 House was the discussion, debate, and adoption of a revised Code of Ethics and Standards of Ethical Conduct. The revised Code and Standards become effective in July 2010. The revised documents include contemporary language
and concepts and are written in a revised format. A summary of all the actions taken by the House can be found on the APTA Web site at www.apta.org/hod; click on House of Delegates Community.

The elections process for the 2008–2009 cycle was altered based on the feedback of delegates and candidates. Delegates and candidates were surveyed after the 2009 House, and the changes implemented were viewed as overwhelmingly positive.

The close of the 2009 House immediately followed into preparation for the 2010 House. Based on feedback from delegates via a post-House survey, minor alterations were made to the 2010 elections and House processes and schedule. Additional priorities for the 2009–2010 House cycle included the continued development of the four regional caucuses, enhancement of the House communication tools, 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 (available at www.apta.org/communities, in the House of Delegates community) that are considered during each year’s House of Delegates and then sharing your ideas and thoughts with your delegates. I also encourage you to get involved 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.

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

The Committee on Chapters and Sections (COCS) salutes APTA on the work accomplished in 2009. The components of APTA continue to work tirelessly on issues that mean the most to our members and the patients and clients we serve. Over the past year, APTA has worked diligently to carry out its inaugural Strategic Plan, striving to realize Vision 2020. Within this new framework, the mission of the Committee on Chapters and Sections (COCS) to increase communication and collaboration between and among chapters, sections, and APTA leadership and staff is crucial to success. The 2009 collaborative accomplishments at the chapter and section levels laid the groundwork for some of APTA’s broader strategic outcomes and objectives.

When it comes to government affairs issues, our members are keenly aware of the tireless efforts of the APTA staff in Washington, DC. National health care reform was a big topic, with endless hours contributed by the APTA staff to keep members informed of the ongoing developments in the debate. Activating the call to action to members to communicate with their legislators in a timely manner helped make our voice even stronger.

But while this action was going on in the nation’s capital, many components were facing challenges in their own state legislatures, including needed changes to physical therapy practice acts and threats to the scope of PT practice. APTA monitored state activity closely and in 2009 proved to be an invaluable ally and resource to chapter leaders as they met these challenges head on. The COCS commends our government affairs staff for their ongoing support rendered on a daily basis as we advocate for our profession and the patients we serve.
APTA can attain such successes only when members are informed and motivated. To increase member involvement in and knowledge of state-level policy issues that affect the profession, in September APTA co-hosted the State Government Affairs Forum, where participants heard from influential public policy makers and other physical therapy advocates and networked with colleagues to improve their components’ advocacy efforts.

Similarly, collaboration between sections and APTA national resulted in another highly successful Combined Sections Meeting, with a record 8,400 attendees despite the nation’s economic downturn.

APTA provided a variety of resources to the members, including the newly developed Learning Center for continuing education opportunities, an assortment of “members-only” benefits, and communication of the “brand.” Throughout the year, APTA fostered excellence in its components and its members, and it celebrated achievement.

Although I have highlighted only a few facets of APTA’s support for components, space limitations prohibit further specifics. However, I believe it is fair to say that APTA works with the components to achieve excellence in the profession that we love. The components look forward to ongoing collaboration as we partner with APTA on issues that matter the most to our profession of physical therapy.

*Geraldine M. Grzybek, PT, GCS*
Chair, Committee on Chapters and Sections
Ethics and Judicial Committee Report

APTA's 2009 House of Delegates adopted significant revisions to the Code of Ethics and Standards of Ethical Conduct for the Physical Therapist Assistant. These two core association documents have been expanded to better delineate the ethical obligations of all PTs and PTAs. After the 2009 House, the Ethics and Judicial Committee (EJC) executed a multi-phase Communication Plan that encompassed several dissemination and educational initiatives described below.

To start, a dedicated APTA Web page was created and it contains numerous educational resources, including Frequently Asked Questions and the articles “Bringing Us Up to Code—Change Is Coming to APTA’s Ethics Documents for PTs and PTAs,” “New and Improved—Updated Ethics Documents for PTs and PTAs,” and “Practical Matters—
Applying the New Ethics Documents to Clinical Scenarios,” written by Nancy R. Kirsch, PT, DPT, PhD. Additional educational resources include a PowerPoint for use by Component Leaders.

In addition, during 2009 both EJC and Ethics Task Force members presented on the Code and Standards. In July, Laura Lee (Dolly) Swisher, PT, MDiv, PhD, and Peggy Hiller, PT, co-chairs of the Ethics Task Force, co-authored materials that Swisher presented to the West Central District of the Florida Chapter. In October, Bruce J. Anderson, PT, presented at the National Student Conclave and Nancy R. Kirsch, PT, DPT, PhD presented at the Federation of State Boards of Physical Therapy (FSBPT). In August, APTA Legal Staff presented an audio conference to component leaders. In December, Cathy Hinton, PT, PhD, Awilda (Willie) Rose Haskins, PT, EdD, Jon Nordrum, PT, DPT, DScPT, GCS, Bruce J. Anderson, PT, Terry Nordstrom, PT, EdD, Board Liaison Sharon Dunn, PT, PhD, OCS, and APTA Legal Staff presented an audio conference to component leaders.

Finally, through e-mail blasts, the Code and Standards were disseminated to all APTA members, all education program directors, and to the licensing boards via the FSBPT. The Code and Standards now are available in newly designed downloadable PDFs that were displayed at the 2010 Combined Sections Meeting. An online ethics course is now available through APTA’s Learning Center.
APTA’s Strategic Thinking and Planning (STP) Initiative was in full swing in 2009, and the association pursued all of the Strategic Plan’s 6 outcomes that over the next 3 to 5 years will move us toward achievement of Vision 2020, our vision of the future of physical therapist practice. While the highlights below don’t begin to describe everything APTA did in 2009, they do summarize the steps taken specifically toward the areas of focus outlined in our Strategic Plan.
Strategic Outcome:
Access to Physical Therapist Services

*Policy barriers to patient/client access to physical therapist services will be reduced and where possible eliminated.*

APTA continued to pursue legislation to enable Medicare beneficiaries’ direct access as part of health care reform. Included in the health care reform that was passed in early 2010 was a provision that authorized a new Innovation Center within the Centers for Medicare and Medicaid Services (CMS) that will begin to study direct access to physical therapists. In addition, efforts continued on APTA-initiated direct access legislation—more than 50 members of the US House of Representatives signed onto the Medicare Patient Access to Physical Therapists Act (HR 1829) prior to its introduction. The bill would allow physical therapists to evaluate and treat Medicare Part B beneficiaries without a physician’s referral in states in which direct access is authorized.

APTA supported the Alabama and Indiana chapters, the 2 remaining states without any form of direct access, to lay the groundwork for legislative changes in 2011 and 2012 by providing financial assistance and educating members on grassroots advocacy, the legislative process, and tactics used to oppose direct access. Also at the state level, APTA refocused its presence at the annual event of the National Conference of State Legislatures (NCSL) to emphasize our referral-for-profit and direct access goals.

At October’s International Summit on Direct Access and Advanced Scope of Practice, PTs from around the world heard that direct access and patient self-referral to a physical therapist is proven
to be safe and results in improved health outcomes, more timely care, higher patient satisfaction, and lower costs for all health systems, whether public or private. APTA, the World Confederation for Physical Therapy, and the Canadian Physiotherapy Association co-hosted the event.

After the Centers for Medicare and Medicaid Services issued rule changes for inpatient rehab facilities (IRFs) and skilled nursing facilities (SNFs), APTA posted comprehensive summaries to make members aware of the significant implications the new rule would have on the way physical therapists practice in these settings. The revised IRF and SNF rules continue to make regulation of physical therapy services in those areas more uniform under the Medicare and Medicaid programs.

APTA led independent efforts and joined with a coalition of associations to address the in-office ancillary exception to the federal Stark laws that prohibit physicians from referring to physical therapy services in which they have a financial interest. APTA also led efforts to identify other policy options affecting referral for profit, as well as independent efforts with the Medicare Payment Advisory Commission (MedPAC) to eliminate physical therapy as a designated health service under the in-office ancillary service exception.

To position physical therapy in health care reform, more than 200 physical therapists, physical therapist assistants, and students of physical therapy gathered at APTA’s headquarters and Capitol Hill to improve their advocacy skills and promote physical therapy issues to members of Congress at the 2009 Federal Advocacy Forum. A “virtual” health care reform rally held later in the year drew more than 600 participants online to hear about such topics as how reform might address referral for profit, the role of the PT in the medical home, workforce issues, direct access, bundling of post-acute services, and caps on medical liability.
Strategic Outcome: 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.

APTA laid the groundwork to describe the current and future status of clinical education, as the Physical Therapist Clinical Performance Instrument was moved to an online format and a database created to collect information about clinical education sites and clinical instructors.
The number of clinical instructors certified under APTA’s basic and advanced programs for Clinical Instructor Education and Credentialing (CIECP) reached 27,589 credentialed clinical instructors and 500 advanced clinical instructors, nearing the association’s goal of 30,000 and 750, respectively.

Two postprofessional clinical residency and two fellowship programs were credentialed in 2009, acknowledging the programs for consistently exhibiting high standards of quality and rigor in teaching the advanced practice of physical therapy, bringing the total of APTA’s fellowships to 24 and residencies to 60. To foster further increases the number of graduates from postprofessional clinical residency and fellowship programs, the credentialing committee was transitioned to a Board structure and provided additional resources to promote the development of more programs.

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level (BOD G11-08-09-18) was finalized. Minimum skills were defined as foundational skills that are indispensable for a new graduate PTA to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the PT.

Two new categories of proficiency—Geriatric and Pediatric Physical Therapy—were added to APTA’s Advanced Proficiency for the Physical Therapist Assistant program. The program was begun in July 2004 and honors PTAs who have obtained the required experience and advanced education in the areas of Cardiopulmonary, Geriatric, Integumentary, Musculoskeletal, Neuromuscular, and Pediatric physical therapy while also demonstrating leadership abilities through contributions to their communities and the profession.
Payment policymakers will better recognize the value of physical therapist practice and create payment policies that more accurately reflect the resources required to achieve efficient and efficacious patient/client outcomes.

As part of APTA’s participation in the health care reform debate, the association continued its push for legislation to remove the therapy cap on Medicare reimbursement for physical therapy services. As a result, the health care reform bill that was signed in early 2010 extended, until December 31, 2010, the existing exceptions to the therapy cap that would have expired in March. Meanwhile, the Medicare Access to Rehabilitation Services Act (HR 43/S 46), designed to end the Medicare therapy caps altogether, was introduced on the opening day of the 111th Congress, and APTA continued to push for its passage.

PTs now can report on back pain quality measures under the Physician Quality Reporting Initiative (PQRI) program, after APTA advocated changing the codes associated with back pain to include the CPT codes for PT evaluation and reevaluation. PQRI establishes a financial incentive for eligible professionals, including PTs, to participate in a voluntary quality reporting program. PTs who report on at least 3 quality measures may earn a 2% bonus payment for covered Medicare Physician Fee Schedule services. Along with back pain, PTs can report on 7 other measures: use of electronic health records, BMI screening, diabetic foot and ankle care (footwear evaluation), diabetic foot and ankle care (neurological evaluation), documentation and verification of medications, falls risk assessment and plan of care, and pain assessment prior to initiation of therapy.
APTA secured voting privileges on the Ambulatory Quality Alliance and the American Medical Association-convened Physician Consortium for Performance Improvement to represent physical therapist interests in promoting quality measures and in the development, testing, and maintenance of evidence-based clinical performance instruments.

At APTA’s urging, CMS rescinded a ruling that would have restricted Medicaid reimbursement to outpatient hospitals. APTA had argued that the restrictions could limit Medicaid patients’ access to physical therapy services in the outpatient hospitals; CMS then rescinded its “Clarification of Outpatient Hospital Facility Services Definition rule saying it was not the agency’s intent to “limit access to or the quality of physical therapy.”

APTA joined with other major medical and health care organizations to launch the Practice Expense Equity Coalition, a grassroots and advertising campaign to ensure that the CMS will begin implementation of up-to-date practice expense rates into Medicare physician payments, without unnecessary intervention by Congress. The new practice expense rates use accurate data from a rigorous survey supported by more than 70 medical and health care professional groups and recognize that overhead costs differ among physician and health care specialties. This effort results in a 2% increase in practice expense values to physical therapists who bill the Medicare physician fee schedule over the next 4 years.

APTA continued to investigate long-term and short-term alternative payment policies with CMS, participating in 3 major projects and developing criteria to determine the intensity and severity of various physical therapist services.

Numerous problematic coverage policies were targeted for change at both the federal and local levels, resulting in more favorable payment policies for specific interventions including wound care, EMG, pulmonary rehabilitation, iontophoresis, and provision of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) services.
Targeted consumer and professional groups will recognize the benefits of and increase use of the services of physical therapists as practitioners of choice in maximizing movement and function.

APTA’s multiyear brand campaign with its tagline Move Forward. Physical Therapy Brings Motion To Life. was launched at the 2009 Combined Sections Meeting. Throughout the year APTA educated members on key messages and on how to live the brand through the new Brandbeat Web site using Brand tools such as the Brand Guidelines, a Brand Webinar and PowerPoint presentation, and talking points. Toward the end of the year, the association began developing resources for the second 2 phases of the campaign—outreach to other health care professionals and consumers. APTA developed a Marketing to Health Care Professionals toolkit for this purpose.

With the launch of the brand, APTA debuted a new consumer Web site, www.moveforwardpt.com, to educate consumers about how physical therapists can help them achieve and maintain mobility and quality of life without surgery or prescription medication, in many cases. The site offers downloadable patient education handouts on diabetes, low back pain, neck pain, stroke, lymphedema, and more. FAQs provide information on educational requirements of PTs, specialist certification, and insurance coverage. A prominent logo that links to APTA’s Find a PT allows consumers to more easily find an APTA member for their physical therapy needs.
Several national publications touted the benefits of physical therapy in 2009. A CNNMoney.com article that ranked physical therapy as seventh in a list of 50 “Best Jobs in America” featured Jennifer Gamboa, PT, DPT, OCS, who also was mentioned with Julie Keysor, PT, PhD, in a BusinessWeek article that described the physical therapy profession as “soaring.” An article in The Washington Post emphasized that careers in health care, specifically physical therapy, continue grow despite the country’s employment crisis. An article in the New York Times about the rise in injuries among “casual athletes” who participate in triathlons featured APTA members Mary Delaney, PT, Nikki Grisnik, PT, and Scott Miller, PT, MS, SCS, CSCS. And Marilyn Moffat, PT, DPT, PhD, FAPTA, was featured in “The Back Story,” an article in AARP magazine.

PT & Society Summit (PASS) brought together more than 100 leaders in physical therapy, medicine, academia, engineering, bioscience, information technology, and health care policy to determine areas of opportunity to empower physical therapists to be leaders in integrating innovative technologies and practice models and establishing collaborative multidisciplinary partnerships that address current, evolving, and future societal health care needs. The theme of the meeting was Imagination. Inspiration. Innovation. Graphic recordings captured the energy, thought processes, key themes, and insights that were generated throughout the Summit.

More than 560 attendees at the 2009 AARP Vegas @50+ Expo were screened for balance and falls by physical therapists from the Nevada Chapter and the Section on Geriatrics. In total, 44 APTA volunteers (13 physical therapists, one physical therapist assistant, and 30 students) hosted APTA’s booth for the 3-day event.
Strategic Outcome: Research

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

The APTA Research Agenda was revised and expanded to include more types of research and will be published in 2010.

Attendees of APTA’s Vitalizing Practice Through Research and Research Through Practice Conference drafted 18 recommendations to achieve a new culture in the physical therapy profession in which clinicians and researchers collaborate to transfer research into practice. Approximately 70 researchers and clinicians attended the meeting, and several people commented on APTA’s Moving Forward blog after a summary of the conference was posted.
In comments to the Federal Coordinating Council on Comparative Effectiveness Research, APTA outlined its rationale for the importance of including rehabilitation interventions in the scope of the research. Among other things, the comments point out that physical therapy for conditions such as low-back pain and knee osteoarthritis could potentially improve public health while providing efficiencies for a reformed health care delivery system.

In response to members’ requests for guidance as they are typically asked by study reviewers how their data compare with data that is collected nationally, APTA developed wording for demographic questions to assist researchers and members as they develop and conduct studies and surveys.

*Physical Therapy*, APTA’s scientific journal, hosted the annual online meeting of the International Society of Physiotherapy Journal Editors (ISPJE) in November. A network of the World Confederation for Physical Therapy, ISPJE provides a forum to discuss issues related to scholarly journal publication in physical therapy, to enhance quality of and collaboration among journals, and to promote physical therapy journals worldwide.
Evidence-based practice principles will be routinely identified, applied, and integrated in physical therapist practice.

An APTA survey assessed members’ abilities to apply evidence-based practice and identify barriers to its use. The information gleaned from the results will inform new resources to meet members’ needs, including courses at APTA conferences, distance education resources, and information that PTs and PTAs can easily access and use at the point of patient care.

APTA’s Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant (Code/Standards) were expanded to better delineate the ethical obligations of all physical therapists (PTs) and physical therapist assistants (PTAs). The new Code and Standards, adopted by the APTA House of Delegates in June, are effective July 1, 2010. The Code addresses the 5 roles of the PT (clinician, administrator, educator, researcher, and consultant), the core values of the profession, and the multiple realms of ethical action. The Standards more fully address the roles of the PTA in all areas of physical therapy and the multiple realms of ethical action.
Financials

Treasurer’s Report

2009 Sources of Revenue

2009 APTA Revenue Dollar

2009 APTA Expense Dollar

How did 2009 end up?

Statement of Financial Position at December 31st
As we review the year of 2009 and the successes we have celebrated, as well as the growing pains associated with these successes, I personally would like to thank APTA staff and my Board colleagues for all their support during the last year. APTA’s Finance and Audit Committee worked diligently throughout the year to ensure that we brought in a budget that is at a zero deficit for 2010, but also continued throughout 2009 to monitor expenses and revenues. During our annual budget meeting in September, we worked with staff in reviewing every program and detail so that the 2010 budget reflected the commitment we have made to be good stewards of your revenues.

In the “Big Picture” for 2009, we saw a slight growth in revenue of 0.90%, well under the budgeted growth we had projected of 7.3%. Expenses were well under budget (by $1.45 M) as staff managed to respond well to our decreased revenues. We had a very successful CSM in Las Vegas, and CSM 2010 in San Diego showed very positive numbers as well. In the category of non-dues revenue we were well below our budgeted income, much due to lack of sales. APTA has formed a work group to address potential non-dues revenue streams and avenues to facilitate growth in this area. We are hoping to bring new ideas and opportunities to this area, which will benefit APTA overall.

History will record 2009 as a good year; in general good for stock and bond markets, and in particular for APTA’s reserve fund as the total fund advanced over 20% for the year. Thanks to investment consultant Mike Bostler of the Bogdahn Group, APTA was rewarded for staying
consistent with a long-term investment strategy during roller-coaster returns of 2008 and early 2009. By maintaining the allocation to stocks during the challenging times of the market the fund was positioned for recovery. APTA’s total fund portfolio of seven US stock managers combined to gain 26.8%, while both of the international stock managers combined to average over 29%.

The Foundation for Physical Therapy officially moved independently on January 1, 2010, so during the last quarter of 2009 APTA worked with the Foundation Trustees and staff to ensure this transition happens as smoothly as possible. We look forward to a continued healthy relationship and continued success in awarding of scholarships and grants.

The Finance and Audit Committee interviewed potential new audit firms in September and engaged Johnson Lambert & Co to perform our 2009 audit. The numbers presented in the annual report were audited by Johnson Lambert & Co in the first quarter of 2010. As in years past, APTA received a “clean” audit opinion, and the audit process went smoothly with no issues of material misstatement or deficiencies in internal controls.

Rob Batarla, APTA’s CFO, and I continue to provide the components and sections with updated reports quarterly in an attempt to apprise you of any and all activities that may be of benefit. This annual report includes several financial graphs and charts for your information. If you have questions, ideas, or suggestions please contact Rob or me. It is a pleasure to continue to serve you in my role as treasurer of APTA.

Connie D. Hauser, PT, DPT
Treasurer
2009 Sources of Revenue

**Member Dues and Member Subscriptions**
- $13,515,547
- $1,535,261
- **Subtotal (42%)** $15,050,808

**Dues**
- $3,126,864
- $2,700,260
- $3,728,467
- $3,728,467
- $1,964,892
- $2,157,083
- $1,531,829

**Nondues Revenues**
- $13,515,547
- $2,700,260
- $3,728,467
- $5,518,519
- $1,964,892
- $2,157,083
- $1,531,829
- **Subtotal (58%)** $20,727,914

**Total (100%)** $35,778,722

**2009 Program Expenditures**
- $14,325,872
- $3,311,671
- $4,171,766
- $8,623,991
- $4,489,766
- **Total (100%)** $34,923,066

**Administration and Supporting Services**
- $3,126,864
- $2,700,260
- $3,728,467
- $5,518,519
- $1,964,892
- $2,157,083
- $1,531,829

**Conference & Education**
- $3,126,864
- $2,700,260
- $3,728,467
- $5,518,519
- $1,964,892
- $2,157,083
- $1,531,829

**Subtotal (100%)** $20,727,914

**How did 2009 end up?**

**2009 APTA Revenue Dollar**

**2009 APTA Expense Dollar**

**Statement of Financial Position**

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# 2009 APTA Revenue Dollar

<table>
<thead>
<tr>
<th>Source</th>
<th>Revenue (in cents)</th>
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<td>Interest &amp; Dividends</td>
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<td>Conferences &amp; Education</td>
<td>16</td>
</tr>
<tr>
<td>Dues</td>
<td>42</td>
</tr>
<tr>
<td>Sale of Resources &amp; Products</td>
<td>4</td>
</tr>
<tr>
<td>Periodicals</td>
<td>5</td>
</tr>
<tr>
<td>Staff Services/Donations/Contracts</td>
<td>8</td>
</tr>
<tr>
<td>Accreditation &amp; Certification Exam Fees</td>
<td>10</td>
</tr>
<tr>
<td>Royalties &amp; Affinity</td>
<td>6</td>
</tr>
</tbody>
</table>

**Breakdown of Revenue:**

- **Dues**: 42 cents
- **Conferences & Education**: 16 cents
- **Interest & Dividends**: 9 cents
- **Sale of Resources & Products**: 4 cents
- **Periodicals**: 5 cents
- **Staff Services/Donations/Contracts**: 8 cents
- **Accreditation & Certification Exam Fees**: 10 cents
- **Royalties & Affinity**: 6 cents
2009 APTA Expense Dollar

- 12 cents: Periodicals
- 25 cents: Prof Services & Gov’t Affairs
- 9 cents: PT09 & CSM09
- 17 cents: Administration
- 13 cents: Education/Research & Awards
- 24 cents: Supporting Services
# How did 2009 end up?

<table>
<thead>
<tr>
<th></th>
<th>2009 ACTUAL</th>
<th>2008 ACTUAL</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Dues and Member Subscriptions</td>
<td>$15,050,808</td>
<td>$14,700,007</td>
<td>$350,801</td>
</tr>
<tr>
<td>Non-Dues Revenue</td>
<td>$18,108,347</td>
<td>$18,150,920</td>
<td>($42,573)</td>
</tr>
<tr>
<td>Total Revenue from Operations</td>
<td>$33,159,155</td>
<td>$32,850,927</td>
<td>$308,228</td>
</tr>
<tr>
<td>Less: Expenses</td>
<td>$34,923,060</td>
<td>$33,492,227</td>
<td>$1,430,833</td>
</tr>
<tr>
<td>Net (before investments)</td>
<td>($1,763,905)</td>
<td>($641,300)</td>
<td>($1,122,605)</td>
</tr>
<tr>
<td>Investment Return</td>
<td>$2,619,567</td>
<td>($6,056,996)</td>
<td>$8,676,563</td>
</tr>
<tr>
<td>Net Funds Collected on Behalf of WCPT</td>
<td>$6,869</td>
<td>$5,215</td>
<td>$1,654</td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>$862,531</td>
<td>($6,693,081)</td>
<td>$7,555,612</td>
</tr>
</tbody>
</table>
## Statement of Financial Position at December 31st

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Investments</td>
<td>$23,613,962</td>
<td>$19,929,498</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$10,133,660</td>
<td>$12,549,379</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$33,747,622</td>
<td>$32,478,877</td>
</tr>
<tr>
<td>Liabilities</td>
<td>$19,816,975</td>
<td>$19,414,763</td>
</tr>
<tr>
<td>Net Assets</td>
<td>$13,930,647</td>
<td>$13,064,114</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$33,747,622</td>
<td>$32,478,877</td>
</tr>
</tbody>
</table>