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.
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 2011-2012

<table>
<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2012</th>
<th>Gain/(Loss)</th>
</tr>
</thead>
<tbody>
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<td>*PT</td>
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<tr>
<td>*PTA</td>
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<td><strong>81,179</strong></td>
<td><strong>84,628</strong></td>
<td><strong>3,449</strong></td>
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Board of Directors

Back row from left: Laurita M. Hack, PT, DPT, MBA, PhD, FAPTA, Bryn Mawr, PA, secretary; Elmer Platz, PT, Vernon, NJ, treasurer; Roger A. Herr, PT, MPA, COS-C, Seattle, WA; Shawne E. Soper, PT, DPT, MBA, Richmond, VA, speaker of the House; William F. McGehee, PT, MHS, Peoria, IL, vice speaker of the House; Mary C. Sinnott, PT, DPT, MEd, Lansdowne, PA; Stephen Levine, PT, DPT, MSHA, Plantation, FL; Dave Pariser, PT, PhD, Crestwood, KY. Front row from left: Jennifer E. Green-Wilson, PT, MBA, EdD, Rochester, NY; Nicole L. Stout, PT, MPT, CLT-LANA, Bethesda, MD; Kathleen K. Mairella, PT, DPT, MA, Nutley, NJ; Paul A. Rockar Jr, PT, DPT, MS, Murrysville, PA, president; Sharon L. Dunn, PT, PhD, OCS, Shreveport, LA, vice president; Dianne V. Jewell, PT, DPT, PhD, CCS, Richmond, VA; Jeanine M. Gunn, PT, DPT, Mercer Island, WA.

The Board, and all of the APTA community, sincerely miss David Pariser, who passed away in early 2013 before finishing his term as director. Pariser often was characterized as an outstanding gentleman and a quiet leader, on the APTA Board, as part of the physical therapy profession, and within his community.
This is my first Annual Report message as APTA president, and I thank the membership for giving me the opportunity to serve. There has been a learning curve since my election, and I would like to extend my appreciation to the staff, the Board of Directors, the component leadership, and the membership for their patience and, most of all, their assistance and hard work.

This Annual Report will illustrate to you the tremendous amount of work that you, your APTA Board of Directors, APTA staff, and your component leaders accomplished in 2012. The following are just a few examples of the initiatives we have undertaken.

- APTA membership continues to grow, and we have passed the 85,000 mark.
- We collaborated with many external groups including, but not limited to, quality measures committees, the National Coalition of State Legislatures, National Academy for State Health Policy, American Hospital Association, American Nursing Association, National Rural Health Association, and Medical Group Management Association.
- We initiated outreach to large health organizations and to our business partners so these groups can collaborate not only with each other but also with APTA.
- Health care patients in Alabama now have direct access to physical therapists, and other chapters, including California, Illinois, Kansas, Michigan, and Texas, have initiated efforts to lessen restrictions on direct access in their states.
- Work continued on PTNow so clinicians can have easy access to valuable evidenced-based materials.
- We continued to be leaders in the development of an alternative to the flawed fee-for-service payment system. In 2012 our proposal for a physical therapy patient classification and payment system was refined and poised for continued action in 2013.
- We recognized the innovative and collaborative models of care that many of our members have been instrumental in developing. To share these models as widely as possible, we developed the first Innovation Summit, scheduled for March 2013, which also debuts APTA’s foray into a dual face-to-face/virtual meeting.
- As a precursor to the virtual summit, the APTA Board of Directors meeting in late 2012 was livestreamed to allow members to view the proceedings remotely, either live or via recorded video afterward.
- The new Volunteer Interest Pool (VIP) allows members to submit their interest and qualifications electronically and give Board and staff ready access to the credentials of those interested and willing to serve the association.
The association’s planning calendar was adjusted to better integrate the input of the House of Delegates and membership into the Strategic Plan, linking with goals, objectives, and metrics, and ultimately into the budget.

We also continued work on many ongoing projects:

- The Governance Review Work Group prepared and the Board presented suggested bylaw changes for consideration by the House of Delegates.
- The model of delivery of physical therapy care and the use of support personnel continues its work as directed by the House.
- A new Prevention Task Force will give the Board guidance in this growing area.
- A new Leadership Development Committee will help prepare our future leaders.
- The Vision Task Force completed its work, and the Board presented a new Vision statement for consideration by the House.

I encourage you to review this entire Annual Report to read more about the great work being done by your colleagues, your association leaders, and APTA staff. Despite significant changes over the past months, and more on the horizon, I am confident we will meet our challenges. My confidence has been boosted by the immense passion that I have witnessed in my interactions with all of our membership: PTs, PTAs, and students. We, collectively as a membership organization, can and must grasp our opportunities and address these challenges to move the association and the profession forward.

Paul Rockar Jr, PT, DPT, MS
President
The 2012 House of Delegates (House) met in Tampa, Florida, June 4–6. The delegates elected officers and directors to the American Physical Therapy Association Board of Directors, elected members to the APTA Nominating Committee, and acted on main motions brought to the House intended to shape the future of our profession.

The 2012 delegates debated and voted on a number of important topics. Policies that were amended during the session included Diagnosis by Physical Therapists and Physical Therapist’s Role in Management of the Person with Concussion. Motions also were passed to initiate the following actions:

- Explore the feasibility of changing the degree requirements for PTA to a baccalaureate degree
- Develop resource materials on serving as an expert witness, serving as a mentor, standards of conduct in the use of social media, and practicing in the emergency department
- Make Hooked on Evidence available free of charge to health care professionals around the world
- Promote physical therapists as expert providers of exercise and physical activity prescription
- Explore development of a program to recognize physical therapy centers of excellence
- Recognize the physical therapist’s role in safe patient handling

In addition, the important discussion about the models of service delivery continued in the 2012 House, including a report from the Health Care Professionals and Personnel Involved in the Delivery of Physical Therapy Task Force. After robust discussion and debate, the House opted to expand the initial charge of the group and request additional information for future consideration. An interim report on this body of work will be forwarded to the 2013 House, and a final report is scheduled for 2014.

A summary of all the actions taken by the House can be found on the APTA website at www.apta.org/hod; follow the link to the House of Delegates Community, and then explore the area entitled “Archive.”

Based on feedback from the 2011 delegates, interviews of Nominating Committee candidates were again recorded and posted to the APTA website for member and delegate viewing. Board and officer candidates were interviewed onsite in Tampa, and the elections were held using an audience response system on June 4.

The House of Delegates sets the direction for our future through debate and decision making on substantive issues facing our profession and through the election of individuals to serve on the Nominating Committee and Board of Directors. 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 (at APTA.org/Communities, in the House of Delegates Community) and reviewing candidate materials (at APTA.org/Elections and in the House of Delegates Community under Reference Materials and then the Nominations, Candidacy, and Elections folder). Then please share your perspectives with the delegates who represent you. 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

APTA’s greatest strength is our volunteer leaders. Our 51 chapters and 18 sections are led by a tremendous group of dedicated professionals. In addition to their tireless efforts at the component level, these leaders come together at APTA conferences to discuss issues most relevant to the profession and the association. In 2012, leaders assembled during Combined Sections Meeting (CSM) in Chicago and PT 2012 in Tampa to engage in discussion on the following:

- Framing the future of physical therapy within a changing health care environment
- Reforming payment consistent with APTA’s Vision and exploring new models of collaboration, such as the New England Regional Payment Pilot
- Launching the PTNow clinician portal to promote evidence-based practice
- Examining issues such as essential health care benefits, term protection, dry needling, and antitrust
- Engaging members in quality-reporting initiatives and promoting innovation in the profession
- Funding research for the profession through collaborative efforts
- Understanding change leadership and considering a future on the APTA Board of Directors
- Examining our governance structure to enhance and streamline the effectiveness of APTA

Chapters hosted reimbursement seminars to educate payers, lobbied toward state legislative victories, and addressed scope of practice issues within their states.

A Section Governance Work Group was developed to consider the optimal structure of sections within APTA governance to enhance access to their content expertise. The group explored alternative structures to sections (no recommendations were made to change existing section structure), section delegates having a vote and increased representation in the House of Delegates (to be considered by the 2013 House of Delegates), and ongoing work to examine innovative ways to make it easier for members to access information.

The CSM Review Work Group completed its charge to clarify roles, responsibilities, and decision-making authority for this ever-growing annual event. The APTA Board of Directors adopted a number of the recommendations, including the development of a CSM Steering Group. This group will develop a CSM plan to guide high-level oversight and ongoing innovation of the meeting to enhance the attendee experience.

Collaboration continues to be integral to our success. As we look toward the future, the relationship between APTA and our components is pivotal toward achieving common goals. One of these goals is the development of new leaders. The Member Engagement and Leadership Development (MELD) Task Force completed its work in 2012 with the approval of a Leadership Development Committee (LDC) to be established in 2013. We look forward to combining LDC and component efforts to further engage our members and increase diverse volunteer participation across the association.

Our component volunteers led a number of successful initiatives in 2012. At PT 2012, the following Component Awards were announced:

- The Ohio Chapter was awarded the 2012 Outstanding Large Chapter Award.
- The West Virginia Chapter was recognized as the 2012 Outstanding Small Chapter.
- The Neurology Section and Section on Research each received an Outstanding Section Award.
- The Aquatic Physical Therapy Section won an Inspirational Component award.
- Other components recognized for outstanding programs and inspirational efforts included the Florida Chapter and the South Dakota Chapter.
Payment for Services

Payment policies will reflect the clinical and practice management expertise and resources required to deliver quality physical therapist services to patients and clients.

APTA's lobbying efforts helped avert a 27.4% cut in the 2012 physician fee schedule; instead, physical therapists received an average 4% increase in payment under Medicare.

Comments to the Centers for Medicare and Medicaid Services (CMS) from APTA in 2012 will result in more flexibility regarding performing functional reassessments and coverage of therapy visits under the 2013 home health prospective payment system.

APTA submitted comments to CMS related to CCI edits for manual therapy and compression bandages, coverage of TENS for chronic low back pain, manual medical review for the therapy cap, home health and outpatient hospital prospective payment system rules, the physician fee schedule rule, overpayment regulations, and others.

APTA implemented the New England Regional Payment Pilot. Activities included submitting amendments to the Massachusetts health care reform bill to include PTs on various health care reform boards; presenting the concept at an American Society of Association Executives conference, where 2 other associations indicated interested in implementing a similar strategy; and holding the first New England region payers forum, which lead to discussions with BCBS of Massachusetts and Tufts Healthcare about starting a PT pilot program.

When member inquiries in October showed that members and their patients needed clarification of a CMS letter announcing therapy cap changes, APTA quickly responded with resources posted to APTA.org.

CMS and private payers implemented a new place of service (POS) code to indicate physical therapist (PT) delivered services at a patient's worksite. APTA initiated a request for the new code through CMS.

APTA assisted several chapters with efforts to enact fair copay legislation, including creating a website resource. Copay legislation was enacted in South Dakota.

After being notified by APTA, CMS stopped erroneous RAC audits that were denying payments to private practice PTs when patients also were being treated in outpatient hospitals.

To educate members and payers and to promote the Physical Therapy Model Benefit Plan that APTA introduced in December 2011, the association created an insurance design content area on APTA.org that includes podcasts describing medically necessary services, the model benefit plan, and ways that PTs are using the plan in advocacy efforts related to insurance benefits.

The Physical Therapy Classification and Payment System (PTPCS) (formerly Alternative Payment System) was further developed in 2012. After members were surveyed to help further refine the model, APTA staff presented the concept at national and state meetings. APTA also held discussions with key policymakers, insurers, workers compensation carriers, and other health care organizations. In October, a work group was formed to rewrite the Physical Medicine and Rehab section of the AMA CPT book, a key step in the process to secure approval and implementation of the PTPCS.

Anticipating member questions related to several changes in health care regulations, APTA created web resources on multiple procedure payment reduction (MPPR), audits, therapy cap manual medical review (MMR), functional limitation reporting requirements, the Physicians Quality Reporting System (PQRS), and insurance exchanges.

An end-of-the-year advocacy initiative included a Capitol Hill Day to lobby Congress on the flawed sustainable growth rate, therapy cap, and in-office ancillary services; meetings between APTA President Paul Rockar, APTA staff, and congressional leaders about the therapy cap; and a 30-day campaign that resulted in more than 9,000 e-mails from members and patients.

APTA intervened on payment concerns involving several individual payers, such as United Health Care, Cigna Government Services, and Walmart.
**EFFECTIVENESS OF CARE**

Facilitate the adoption of advances in practice that enhance the effectiveness of patient/client care.

PTNow, APTA’s clinician portal, prepared for its move out of beta format by fully populating an Editorial Board, developing a 3-year strategic plan, gaining IRB approval for a usability study, consulting with APTA’s clinical sections on the Clinical Tools area of the portal, and developing a plan to measure change in clinician behavior after exposure to PTNow. The site added more than 200 clinical practice guidelines to the Evidence-based Practice Library, with another 100 due in early 2013.

Revisions to the Guide to Physical Therapist Practice progressed, with reviews being conducted on Chapters 1-5, tests and measures templates, and interventions templates.

APTA debuted an audio conference series, Moving Evidence Into Practice, which targets interventions with strong evidence. Topics in 2012 included neuromuscular electrical stimulation of the quadriceps postsurgery and tips to measure and improve practice quality.

To help sections develop clinical practice guidelines (CPGs) and clinical practice appraisals (CPAs), APTA hosted an onsite training session with 33 participants from various sections. Four subsequent proposals were accepted and funded: the Neurology Section’s CPGs for vestibular rehabilitation for peripheral hypofunction; the Section on Geriatrics’ clinical guidelines statement for the identification, prevention, and treatment of falls in community-dwelling older adults; the Oncology Section’s CPA on management of secondary upper quadrant lymphedema; and the Cardiovascular and Pulmonary and Acute Care Sections’ CPGs for the prevention, assessment of risk, and physical therapy management with lower or upper extremity venous thromboembolism.

A new web resource on collaborative care models features video interviews and other presentations by member experts involved in innovative care delivery models such as accountable care organizations and patient-centered medical homes. Out of the work for this web resource came development of APTA’s first Innovation Summit, and the association selected 17 members in November as “innovators” to participate in the 2013 event.

New online resources cover hospice and palliative care, health behavior change, regenerative medicine, physical therapists’ use of CPR and AEDs, PTs’ role in the emergency department, and vital signs and other patient screenings.

To support the physical therapist’s role in prevention, wellness, and fitness, APTA appointed a work group, per charge by the House of Delegates, to develop an annual physical therapy examination. The association also established the Board-directed Task Force on the Physical Therapist’s Role in Prevention, Wellness, Fitness, and Disease Management.

In other efforts to support the role of PTs across the lifespan, APTA published the new Adult Fitness Examination: A Physical Therapy Approach. Adult Fitness Examination is an assessment tool that can create baseline and follow-up information for adult physical therapy clients as well as a textbook for PT education programs.

A new APTA “pocket guide,” Physical Fitness for Individuals with Spinal Cord Injury, is based on evidence and expert consensus.
ACCESS TO PHYSICAL THERAPIST SERVICES

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

With continued support from APTA and the hard work of the chapter, Alabama enacted direct access legislation in May. For the remaining state without any direct access, Indiana, APTA provided grant funds, grassroots support, and counsel on legislative language and strategies to help the state move closer to a direct access bill.

APTA supported other direct access initiatives in California, Illinois, Kansas, Michigan, Mississippi, and Texas to improve existing direct access constraints.

APTA initiated a project to create a Congressional Budget Office-style 10-year “score” of the federal costs or savings associated with allowing Federal Employees Health Benefits Program employees direct access to physical therapist services.

APTA provided funding for the Foundation for Physical Therapy’s study to examine referral-for-profit arrangements. The study was awarded to Jean Mitchell and will investigate the influence of physician self-referral on the provision of physical therapy services.

Through efforts by the Alliance for Integrity in Medicine (AIM), of which APTA is a founding member, the Congressional Budget Office began reviewing cost savings associated with elimination of physical therapy and other services from the in-office ancillary services (IOAS) exception to the Stark anti-referral laws.

Also as part of AIM, APTA publicized reports from MedPAC (radiation oncology) and the Government Accountability Office (advanced imaging) that highlighted IOAS abuses in these areas.

Anticipating the increased need for physical therapist services in the future, APTA developed a model to predict supply and demand of physical therapists through 2020 and shared the model with the Health Resources and Services Administration (HRSA). In other meetings with HRSA, APTA discussed the administration’s project to collect a minimum data set of information that would help track and describe the workforces of various health care professions, including physical therapy.
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.

APTA continued work on an Outcomes Data Registry, drafting a dictionary of “core” data elements so that all sites supplying data provide the same information. Outcome Inc was chosen to develop the registry after APTA conducted an RFP process.

During a research fly-in on March 19-20 to Capitol Hill, 11 researchers from 9 states lobbied for more funding for specific National Institutes of Health programs and for prioritizing rehabilitation research in the translational science research agenda.

Physical Therapy (PTJ) launched its groundbreaking series “Rehabilitation of People With Critical Illness: Taking the Next Steps,” presenting recent advances in managing critical illness across the continuum of care, from the intensive care unit (ICU) to the community setting.

Open Door, APTA’s members-only portal to evidence-based research, reached the 1 million mark for unique searches. The association’s online repository/library catalog increased by 1,755 new records in 2012, including books, journal articles, APTA surveys, and APTA policy letters.
EDUCATION

Physical therapist and physical therapist assistant educational opportunities of sufficient quality and number will be available to meet the needs of students, clinicians, and society.

The first phase of Physical Therapist Education for the 21st Century (PTE-21), APTA's funded project to investigate the crucial dimensions of excellence in physical therapist education across academic and clinical settings, began with the selection of and visits to 4 sites—MGH Institute of Health Professions and University of Delaware as the project's academic sites, and Good Shepherd Penn Partners and Madonna Rehabilitation Hospital as the clinical sites. Case findings at these sites will inform a Delphi study of academic and clinical education leaders that explores the feasibility of implementing specific changes consistent with excellence. A report on phase 1 is expected in fall 2013 by the investigators.

The number of APTA-credentialed clinical instructors rose to 39,851, as 3,659 individuals were awarded the CI credential in 2012. There were 390 graduates in 2012 from credentialed residency and fellowship programs, representing a 23% increase from 2011.

To increase the number of programs and graduates, the types of residency and fellowship practice areas were expanded, including the recognition and credentialing of a neonatology fellowship and, for the first time in APTA history, a nonclinical fellowship program, the Education Leadership Institute.

ABPTS certified a record number of specialists in 2012 (1,410), an increase of 20% from 2011, bringing the total at year-end to 12,937 physical therapists who have achieved board certification. In addition, ABPTS developed a Maintenance of Specialist Certification program, to which all board-certified specialists will transition within the next 5-10 years from the current recertification process.

APTA added acute care, aquatics, and oncology to its program for Recognition of Advanced Proficiency for the PTA.
STRATEGIC PLAN

PUBLIC AWARENESS / RECOGNITION

Consumer and professional groups will recognize physical therapists’ unique contributions and collaborative efforts as self-directed practitioners within patient/client health care/provider teams.

From the launch of the consumer portal in June 2011 through June 2012, visits to http://www.moveforwardpt.com increased 107% (from an average of 235 per day to 487 per day). Page views increased 104% (from an average of 767 per day to 1,564 per day).

APTA published an e-book on brand principles, The Successful Physical Therapist, for iPad, PC, and mobile device uses, complete with questions at the end of each section and a link to a member survey/quiz.

Other activities that furthered APTA’s Move Forward brand promotion to increase consumer awareness included:

- Launching a Blog Talk Radio show that covered such topics as concussion and low back pain
- Expanding the video library
- Forming a MoveForwardPT.com editorial board
- Participating, through the APTA Media Corps, in 85 media interviews
- Producing a video of members at CSM who described how they are living the brand principles and recording a panel discussion at APTA Conference about the role of the brand in fostering interprofessional professionalism

APTA developed a webpage for its new Fit After 50 campaign that included a social media toolkit with branded tweets and Facebook posts, a branded Baby Boomers fact sheet, and a campaign video by spokesperson Patrice Winter, PT, DPT, MHA, FAAOMPT, that included brand language and resources. The campaign, which aligned with National Physical Therapy Month, included outreach to bloggers and reporters.

The revised and updated National Physical Therapy Month webpage and event planning guide featured brand language and tools that reflected the brand, including a new event flyer template, bookmark, and newspaper columns.

APTA’s partnership with WebMD expanded APTA’s reach to consumers by providing member PT experts to serve in the following online health communities: fibromyalgia, multiple sclerosis, pain management, and sports medicine.

A partnership opportunity was identified with Lands’ End for its Back-to-School event during BlogHer, a large expo for bloggers held in August. APTA Media Corps Member Mary Ann Wilmarth, PT, DPT, spoke to nearly 230 “mommy” and health and wellness bloggers.

APTA launched its support of the Joining Forces Initiative (JFI), a project to ensure that returning soldiers and veterans get the health care assistance and care they need—particularly related to traumatic brain injury.

Strategic partnerships were developed or explored with the American Association of Retired Persons, United States Masters Swimming, National Council on Aging, and BoomerCafe.com, featuring blog posts by APTA President Paul A. Rockar Jr, PT, DPT, MS, and Patrice Winter, PT, DPT, MHA, FAAOMPT.

Other collaborations included:

- Sponsoring an Arthritis Foundation event on a new CDC report
- Partnering with the Falls Free Initiative Coalition for its Awareness Day

APTA was included with the likes of the Mayo Clinic in receiving an honorable mention from Ragan’s Health Care PR and Marketing Awards for best use of social media.

I’m very pleased to report that APTA is in a strong financial position even in light of a national economy that remained sluggish in 2012.

Highlights in 2012 included the best CSM ever in Chicago with 10,634 attendees. This was a 17% increase over the CSM 2011 in New Orleans (9,094 attendees). There was an 8% growth in APTA’s revenue, return on investments was significant, and nondues revenue remained strong. At year’s end total reserves were at 40%, and liquid reserves were at 53%.

The annual audit, conducted by Johnson Lambert & Co, was concluded with no audit adjustment or internal control improvement recommendation. With support from the Board of Directors, the Finance and Audit Committee, and staff, the budgeting process for 2013 was further refined, and linkage of the strategic plan to the budget was achieved.

As I approach the completion of my second year as APTA treasurer I look forward to continuing to serve you in my role as your fiduciary steward. In working with APTA staff I remain confident that you will continue to benefit from the highest level of professionalism and integrity in the financial management of your association. My contact information is below if you have any questions about APTA’s finances.

Elmer Platz, PT
Treasurer
973/764-6136
Fax 973/764-4515
<table>
<thead>
<tr>
<th>Source</th>
<th>Revenue Dollar</th>
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</thead>
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<tr>
<td>Dues</td>
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<td>Conferences and Education</td>
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<tr>
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<tr>
<td>Sale of Resources, Products, and Periodicals</td>
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<tr>
<td>Royalties and Affinity</td>
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</tr>
<tr>
<td>Investment Income</td>
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2012 APTA Expense Dollar

- 52 cents: Association Membership
- 27 cents: The Profession
- 21 cents: Association Business
BUILDING STABILITY AND SUCCESS

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

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

ASSOCIATION BUSINESS
Similar to other businesses, associations must perform basic activities related to human resources, information technology, governance, finance, and maintenance of the physical structure of the business. Typical charity-like organizations aim to spend no more than 25 cents of every dollar on “business functions.” Although APTA is not a charity, we work to keep this percentage as low as possible.
## HOW DID 2012 END UP?

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<thead>
<tr>
<th></th>
<th>2012 ACTUAL</th>
<th>2011 ACTUAL</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Dues and Member Subscriptions</td>
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<td>$16,044,733</td>
<td>$662,343</td>
</tr>
<tr>
<td>Nondues Revenue</td>
<td>$23,391,959</td>
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<tr>
<td>Total Revenue From Operations</td>
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<td>$36,580,430</td>
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<td>Less: Expenses</td>
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<td>$37,436,967</td>
<td>$2,079,742</td>
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<td>Net (before investments)</td>
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<td>$1,438,863</td>
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<tr>
<td>Investment Return</td>
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<td>Change in Net Assets</td>
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<td>($1,219,296)</td>
<td>$3,434,473</td>
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# Statement of Financial Position

**at December 31**

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<th>2011</th>
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</thead>
<tbody>
<tr>
<td>Cash and Investments</td>
<td>$25,033,123</td>
<td>$22,823,118</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$13,794,108</td>
<td>$12,311,583</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$38,827,231</td>
<td>$35,134,701</td>
</tr>
<tr>
<td>Liabilities</td>
<td>$23,111,966</td>
<td>$21,634,612</td>
</tr>
<tr>
<td>Net Assets</td>
<td>$15,715,265</td>
<td>$13,500,089</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$38,827,231</td>
<td>$35,134,701</td>
</tr>
</tbody>
</table>
APTA THANKS ITS 2012 STRATEGIC BUSINESS PARTNERS:

- Bioness, Silver Partner
- Marsh US Consumer, Silver Partner
- Performance Health, Silver Partner