APTA'S VISION FOR THE PHYSICAL THERAPY PROFESSION:
“Transforming society by optimizing movement to improve the human experience.”
ADOPTING A NEW VISION

APTA’s House of Delegates adopted a new Vision Statement for the Physical Therapy Profession (HOD P06-13-18-22). The vision is supported by guiding principles that build on the foundation of Vision 2020 and will inform annual updates to APTA’s Strategic Plan. Vision 2020, which was adopted by the House of Delegates in 2000, was influential in the direction of the profession over its 13 years. Although elements of Vision 2020 are not explicitly mentioned in the current vision or its guiding principles, the values of Vision 2020 remain significant to the successful fulfillment of the new vision and to the goals of the Strategic Plan.

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.

APTA’S NEW VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION:

“Transforming society by optimizing movement to improve the human experience.”
ADOPTING A NEW VISION

GUIDING PRINCIPLES TO ACHIEVE THE VISION

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

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

THE PRINCIPLES ARE DESCRIBED AS FOLLOWS:

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

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

APTA VISION FOR PHYSICAL THERAPY

COLLABORATION. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

VALUE. Value has been defined as “the health outcomes achieved per dollar spent.”¹ To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.² Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

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

CONSUMER-CENTRICITY. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.
ACCESS/EQUITY. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

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

References
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 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.
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BOARD OF DIRECTORS

2013 APTA Board of Directors, front row from left: Carolyn Oddo, PT, MS, FACHE; Kathleen K. Mairella, PT, DPT, MA; Nicole L. Stout, PT, MPT, CLT-LANA; Stuart Platt, PT, MSPT, vice speaker of the House of Delegates. Back row from left: Laurita M. Hack, PT, DPT, MBA, PhD, FAPTA, secretary; Sue Whitney, PT, DPT, PhD, NCS, ATC, FAPTA; Mary C. Sinnott, PT, DPT, Med; Roger A. Herr, PT, MPA, COS-C; Sharon L Dunn, PT, PhD, OCS, vice president; Paul Rockar Jr, PT, DPT, MS, president; Shawne E. Soper, PT, DPT, MBA, speaker of the House of Delegates, Lisa K. Saladin, PT, PhD; Jeanine M. Gunn, PT, DPT; Jennifer E. Green-Wilson, PT, MBA, EdD; Elmer Platz, PT, treasurer.
Your Board of Directors holds the fiduciary duty to manage the affairs of the American Physical Therapy Association, exercising decision-making authority over development of the association’s strategy and prioritizing the use of APTA resources, taking into account the directives and policies determined by the House of Delegates.

As president of the APTA Board, I’m pleased to report on several initiatives that demonstrate money, time, and effort well spent in 2013 toward achieving the goals of the association. These activities are investments that are paying off now and will continue to do so well into the future. While other sections of this annual report describe these and many more activities and accomplishments—and even then will not be able to include all of APTA’s good works in 2013—I want to mention these few as particular highlights in our progress toward becoming the profession we envision.

**Vision.** Committing to what we do envision as an association and a profession was a top achievement in itself. As you’ll read in the report from the House of Delegates, APTA adopted a new vision for the profession: Transforming society by optimizing movement to improve the human experience. This vision picks up the baton from our previous Vision 2020 and will move us forward within the current health care climate.

**Membership.** Our numbers continue to grow as members see the value of APTA’s advocacy efforts, practice and educational resources, and strong sense of community. The 40% jump we’ve enjoyed over the last 10 years—to 88,000 members—is impressive, especially given some of the economic challenges in some of those years. But we’re seeking to push even further past the steady 30% market share we hold. Imagine the impact of going out to decision makers and saying “I represent 130,000 members” or 150,000 members! New initiatives for member onboarding and retention, such as the pilot enhanced Career-Starter Dues program, were developed to help us reach this goal.

**Physical Therapy Outcomes Registry.** The upcoming registry, for which the Board approved $500,000 in financial support for development and piloting, has over 40,000 episodes of care. In addition, more data will be obtained from a larger cohort of practitioners. A pilot program begins in 2014, more data is to be obtained from a larger cohort of practitioners, and a launch is projected for January 2015.

**Physical Therapy Classification and Payment System.** Although APTA alone cannot change the course of payment trends and health care reform, the association continues to look for opportunities to fight payment cuts and burdensome reporting requirements. It is increasingly clear that we cannot sustain the current payment system. That’s why APTA is developing the physical therapy classification and payment system (PTCPS) for outpatient services. By the end of 2013, a schematic of the plan had been drafted and refined, thanks to many hours of staff and member volunteer effort, and valuable input from the membership at large. APTA was well prepared for the early 2014 CPT editorial panel meeting, where it would be determined that a pilot program would generate additional needed data on the impact of the payment reform model.

I want to thank all of you for being APTA members—you’re critical to our association’s forward movement. To see the great things that are going on from the physical therapy perspective, visit our website and read the communications you receive from APTA. Even more, share them with your nonmember peers to help convince them to become members, which will increase our strength, our influence, our reach, and our effectiveness.

Paul Rockar Jr, PT, DPT, MS
APTA President
I am always pleased and proud to share the accomplishments of the APTA House of Delegates, the governing body of the American Physical Therapy Association responsible for policies and direction that affect the profession. For 2013, in particular, however, I applaud the work of the House, and by association and representation all APTA members, in adopting a new bold and forward-thinking vision for the profession:

**Transforming society by optimizing movement to improve the human experience.**

A highly mindful process began with a 2011 House motion to revise the existing Vision 2020 statement and ended with thoughtful discussion and vote on the floor of the 2013 House. In between were “visioning sessions” that guided the House, the Board of Directors, and a Vision Task Force in developing a draft that was opened to the entire membership for feedback through focus groups, interviews, an environmental scan, and online comment venues.

In the 2013 House discussion delegates showed their understandable concern for making such an ambitious promise to the health care consumers we serve—“Can we really say we will ‘transform society’? Does what we do ‘improve the human experience?’”—but they responded with an enthusiastic “yes,” reminding each other that every patient or client whose function and movement is improved, enhanced, or maintained by physical therapy is a transformation. Joined together, and combined with our efforts to seek better access to all consumers who need our services, these successes contribute to a better society.

I said above that the process “ended” with the 2013 House of Delegates, but that isn’t quite true. This is now a beginning to our profession’s evolving stewardship of individuals and society for conditions that affect movement and function. The 8 guiding principles of the vision—identity, quality, collaboration, value, innovation, consumer-centricity, access/equity, and advocacy—outline how the profession and society will look when our vision is achieved.

I invite you to review and embrace the vision and its guiding principles, which your delegates deftly refined on the House floor from the proposed language to its inspired final version. And review a summary of all actions taken by the 2013 House, found on the APTA website at [www.apta.org/HOD](http://www.apta.org/HOD); follow the link to the House of Delegates Community and explore the Archives area.

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
APTA’s strength is in our federated system, which connects members within APTA through our components—our 51 chapters, 18 sections, American Council of Academic Physical Therapy (ACAPT), and Student Assembly. These components provide members with a touchstone within our large organization, with opportunity to build personal networks, to learn from one another, to band together on important issues, to meet inspiring mentors and colleagues, and to connect and be an active part of APTA. It is no small task to lead these components. In addition to the tireless efforts put forth by volunteer leaders at the component level, these leaders assembled at Combined Sections Meeting (CSM) in San Diego and at the APTA conference in Salt Lake City to discuss the following issues:

- Positioning physical therapy effectively in today’s health care environment
- Responding to members and driving association decisions through APTA’s strategic plan
- Promoting APTA’s campaign to enhance accountability in the profession
- Maximizing others’ contributions through effective facilitation and enhancing communications to expand our reach and build stronger relationships
- Developing new learning domains to guide APTA’s professional development offerings and priorities
- Supporting the development of the Foundation for Physical Therapy’s Center of Excellence to effectively train future physical therapy researchers

2013 brought in some exciting developments and initiatives for components:

- The 2013 House of Delegates (House) approved the American Council of Academic Physical Therapy (ACAPT) as a new APTA component. ACAPT provides institutional membership to physical therapy education programs, allowing them to work together to promote the highest standards of excellence in academic physical therapy. An educational summit on the future of clinical education will be held in the fall of 2014.
- The 2013 House also established a student corresponding member category, so that students can more cost-effectively join more than 1 chapter. This category will be available in January 2015.
- A CSM Steering Group formed to help guide innovations and high-level decision making among stakeholders of the Combined Sections Meeting. The group developed a strategic focus and vision for the meeting to help drive ongoing enhancement that will maximize the attendee experience. A new Leadership Development Committee also came together to work toward providing strategic direction, resources, and opportunities for APTA members to develop their leadership skills.
APTA could not be successful at accomplishing our goals without the collaborative efforts of our volunteer leaders. Their contributions toward this organization and the profession are deeply appreciated. To highlight a number of the successful initiatives led by component leaders in 2012, the following Component Awards were announced at the 2013 conference in Salt Lake City:

- 2013 Outstanding Chapter Award winners: Massachusetts Chapter, Minnesota Chapter, and New York Chapter
- 2013 Outstanding Section Award recipient: Neurology Section
- 2013 Innovative Component Award recipients: Section on Women’s Health, Colorado Chapter, and Student Assembly
- 2013 Innovative Effort Award: Oregon Chapter
2013 STRATEGIC PLAN GOAL 1: IMPROVING EFFECTIVENESS OF CARE

APTA will better enable physical therapists to consistently use best practice to improve the quality of life of their patients and clients.

The journey toward the creation of the nation’s most extensive physical therapy outcomes database officially began in 2013, when the APTA Board of Directors announced that it would move ahead with plans to implement the Physical Therapy Outcomes Registry. When completed, the registry will function as a repository for data on physical therapists and the work they do—data that will inform practice, empower research, and underscore the powerful outcomes that PTs can achieve in a changed health care landscape.

While APTA took steps to shape the future of physical therapy, it never lost sight of present challenges facing physical therapists. The association guided its members through new functional limitation reporting requirements with a vast array of resources, including a toolkit and videos at APTA.org, and a more than 40 tests and measures for high-volume conditions at PTNow.org (with more being added continually), identified and obtained collaboratively with APTA sections and EDGE taskforces.

The ongoing need for evidence was recognized through APTA’s support of 5 sections in the development of 7 clinical practice guidelines and appraisals. To broaden its efforts to create a dynamic pool of evidence for PTs, APTA also developed a process for endorsing clinical practice guidelines developed both within and outside the physical therapy profession.

Because APTA recognizes that evidence-based practice is, after all, about real-world practice, the association also continued its efforts to help PTs and PTAs understand the connection between research and real life. In 2013, APTA added to its resource offerings by developing podcasts to encourage evidence-based practice as a practical way to provide high-quality care and decrease unwarranted variation in practice. These podcasts joined a virtual toolkit of resources available to members at any time to help them keep their own practices and the profession as a whole strong and informed.
APTA will be the recognized leader in supporting physical therapists in the delivery of patient- and client-centered care across the lifespan.

Both the association’s Vision 2020 and its new vision are grounded in the idea that physical therapists are agents of change across the lifespan. Again in 2013, APTA worked to put that idea into practice.

These efforts included the continuing development of an annual PT physical exam as part of integrating the continuum of care into physical therapist practice, and the creation of resources for regenerative rehabilitation, genetics, hospice and palliative care, and technology in patient care. They also included more outward-facing work to ensure that the profession was well-represented on multidisciplinary issue-based organizations, with APTA members appointed to the National Physical Activity Alliance Board of Directors, the Commission on Cancer, and the Joint Commission Professional Technical Advisory Committee for home care, nursing and rehabilitation care, ambulatory care, and hospital programs.

The association also advanced physical therapy’s role across the lifespan by bringing professionals together to look at the future of the profession. APTA played host to the 2013 Innovation Summit on Collaborative Care Models that reached nearly 1,200 in-person and online attendees to showcase new models of care delivery, and joined the Canadian Physiotherapy Association, with help from the World Confederation of Physical Therapy, in hosting an International Workforce Summit that generated ideas on how to facilitate global workforce planning.

All the while, APTA kept consumer education as a top priority, and garnered national attention for its Fit After 50 and Fittest Cities for Baby Boomers campaigns as part of National Physical Therapy Month. Those efforts were accompanied by Painless Parenting 101, a media initiative focusing on women’s health before, during, and after pregnancy. The outreach efforts resulted in local and national media attention, including Boomer magazine, HuffPost50, The AARP blog, Reuters, Washington Business Journal, The Oz Blog, The Wall Street Journal’s Market Watch, Investor Place, About.com, Yahoo.com, and World News Press.
APTA will empower physical therapists to demonstrate and promote high standards of professional and intellectual excellence.

Physical therapy shows what people can accomplish through individual effort, but it’s also a profession built on the importance of community. Patients and clients work hard every day, and physical therapists put in long hours to help them succeed, but the profession couldn’t advance unless it operated under a shared set of values and common vision for the future.

APTA’s approach to professional growth and development reflects that combined dynamic. Again in 2013, the association balanced its commitment to help individual PTs grow through lifelong learning with an acknowledgment that for that growth to be truly meaningful, professionals need to engage with each other across specialties and areas of interest.

The meaning of “professionalism” itself was addressed as APTA identified, through member input, top ways to model professional behavior and how well association resources help advance these behaviors, which will inform future APTA resources and programs that promote professionalism.

One aspect of professional growth of individual PTs was made easier in 2013 when APTA launched the Residency/Fellowship Physical Therapist Centralized Application Services (RF-PTCAS). Under RF-PTCAS, applicants only need to fill out 1 web-based application to apply to multiple residency and fellowship programs. Growth was also reflected in the record number of specialists (1,455) certified by the American Board of Physical Therapist Specialties (ABPTS), bringing the number of PTs who have achieved ABPTS certification to 14,392. The value the profession places on continuing competence is also evidenced in the APTA Learning Center, which developed learning domains to better define major areas of competence and enrich its continuing education offerings to members based on areas of highest priority.

Individual growth opportunities are crucial, but the profession gathers its strength from sharing ideas and coming together to recharge and get a sense of just how diverse physical therapists can be. The 9,600 attendees to the 2013 Combined Sections Meeting in San Diego felt that strength, as did the 1,400 attendees to the National Student Conclave in Louisville. That combined energy fueled the association’s decision to rebrand and revise its spring meeting into the NEXT Conference and Exposition, a gathering focused on innovation set to debut in June 2014.
2013 STRATEGIC PLAN GOAL 4: PROMOTING VALUE AND ACCOUNTABILITY

APTA will be the recognized leader in setting the standards for physical therapy service delivery and establishing and promoting the value of physical therapist practice to all stakeholders.

APTA continued to make the case for the effectiveness and excellence of physical therapists at nearly every level of the health care system, from federal payment issues impacting physical therapists in the here-and-now to scope of practice issues that will strengthen and inform the profession into the future.

At the federal level, the association’s lobbying efforts were successful in preserving therapy cap exceptions and avoiding a scheduled SGR pay cut, while a student-led Flash Action Strategy engaged members and helped to generate more than 20,000 letters to Congress in support of the Physical Therapy Workforce and Patient Access Act of 2013 (HR 1252/S 602), which would authorize physical therapists to participate in the National Health Service Corps (NHSC) Loan Repayment Program. The association also supported and promoted a series of Government Accountability Office studies on in-office ancillary services abuses, which along with other mounting evidence prompted the introduction of the Promoting Integrity in Medicare Act (HR 2914) in Congress to curb abuses in physician self-referral.

State-level successes included securing direct access in Indiana, which means that now physical therapist evaluation without referral is a reality in all US jurisdictions. While 48 states and Washington, DC, also permit some form of treatment, next steps for the association are to remove restrictions on treatment so that health care consumers can more easily benefit from the full scope of physical therapist services. Also on the state front, Hawaii passed legislation requiring licensing of physical therapist assistants (PTAs)—and all 51 US jurisdictions now regulate PTAs. The association also fought for fair physical therapy copay legislation in Connecticut, Arkansas, and Missouri to ensure that patients and clients can access affordable physical therapist services.

APTA also worked on multiple fronts to support fair payment for and higher recognition of the skilled services of physical therapists. Through continued collaboration with multiple professional societies, APTA refined the proposed Physical Therapy Classification and Payment System (PTCPS) for outpatient physical therapist
services. PTCPS is the association's bid to replace the flawed sustainable growth rate (SGR) system that for years has frustrated both Medicare and the professionals who treat Medicare patients. A new payment system is on track for 2016, and APTA continues its efforts in 2014 toward this goal.

In other activities, APTA sponsored the annual insurance forum for payers, medical directors, and case managers; and further developed the Regional Payment Pilot program in New England. That pilot program, which reached the mid-way point in 2013, has involved the introduction of physical therapy pilot programs with various payers, an advocacy day, and strategies to enhance relationships with payers, legislators, and employers.

Because APTA recognizes that value and accountability are anchored in professionals who are well-equipped with the knowledge they need to effectively manage their careers, the association continued to add to the resources available to individual PTs. During 2013, APTA developed online resources for multiple procedure payment reductions, expansion of coverage under health care reform, and workers' compensation regulations. The changing health care landscape resulting from health care reform remained a top focus for the association, which made several additions to its collection of resources, including the Making Sense of Health Care Reform series.

The association’s commitment to promoting the worth and responsibility of physical therapists also includes preparing for the future of the profession. In 2013, APTA laid the groundwork for an aggressive 2014 campaign to mitigate the spread of fraud and abuse in the health care system and to promote the profession’s commitment to integrity in practice. The association also recognized the evolving nature of the profession by developing a process for determination of scope of practice issues, a process that can be applied in both a regulatory context and as a way to contextualize the role of physical therapy in emerging health care systems.
ENSURING THE FUTURE: A PREVIEW OF 2014

The year 2013 was a springboard for a number of significant activities that will help shape the future of the profession and the association. As we entered into 2014, we already started seeing progress. In our longstanding effort to eliminate the flawed sustained growth rate (SGR) and therapy cap by overhauling the Medicare payment system, APTA submitted a coding proposal to the AMA CPT Editorial Panel in February for the association’s proposed Physical Therapy Classification and Payment System, on track for implementation in 2016. Next steps are a pilot program to investigate the impact of the proposed new CPT codes, and member education on new payment systems in health care.

Another upcoming pilot project involves the Physical Therapy Outcomes Registry. With “the build” in place—the system elements such as visit report forms, workflow and patient or client management lists, and data exchange—a pilot test of the registry will begin in early June while APTA finalizes legal, marketing, and communications aspects of the project.

Content has been finalized for the third edition of the Guide to Physical Therapist Practice, which will transition in 2014 into a fully electronic-only resource for

APTA NAMES J. MICHAEL BOWERS NEW CEO

One of the first events of 2014 was the selection of J. Michael Bowers as APTA’s new chief executive officer. Bowers joined APTA February 28, 2014, after an extensive nationwide search that began in 2013. Bowers came to APTA with recent experience as the CEO of the American Association for Marriage and Family Therapy (AAMFT). He worked at AAMFT in a variety of leadership positions for more than 25 years, developing expertise in many aspects of association management, including advocacy, governance, volunteer development, financial management, and member relations.

While at AAMFT, Bowers presented testimony in 22 state legislatures, the US House of Representatives, and US Senate, and has appeared on CNN and NBC Nightly News. He led the effort to achieve universal licensure for marriage and family therapists, and he was instrumental in AAMFT becoming a part of the Substance Abuse and Mental Health Services Administration Minority Fellowship Program and having marriage and family therapy recognized as a core mental health profession. He also led AAMFT to its highest student membership in the organization’s history.
physical therapist and physical therapist assistant educators, students, and clinicians. Efforts by member volunteers and staff have the Guide poised for release in August.

And more specifically for clinicians, researchers, and educators, the **6 learning domains** for physical therapy continuing education that were under development in 2013 were determined in early 2014:

- Patient- and Client-Centered Care
- Evidence-Based Practice and Research
- Prevention and Wellness
- Professional Excellence and Responsibility
- Health Care Management
- Health Care Leadership

These will be incorporated into the APTA Learning Center, the association’s continuing education site, which is seeing its own upgrade and redeployment in 2014.
Over the past 10 years, APTA membership has grown by nearly 40%, and now includes more than 88,000 members. But member strength isn’t a matter of sheer numbers—it’s about connections, and the way those connections empower the profession.

APTA strengthened these connections in many important ways in 2013. A revamped Strategic Business Partner Program added 5 new partners and renewed 3 existing contracts, and when a new Business Leader Roundtable enabled APTA staff and vendors to exchange information and share industry trends, its success prompted business leaders to ask for a follow-up meeting in 2014.

The association also enhanced its connection with consumers through the continuing development of resources at MoveForwardPT.com, APTA’s official consumer information website. New for 2013: a Did You Know section, which includes social-media-friendly graphics to inspire shares. For even more outreach to consumers, APTA aired 30 episodes of Move Forward Radio, available via Blog Talk Radio and iTunes, including a patient success stories series in October for National Physical Therapy Month. Social media referrals increased to MoveForwardPT.com by 40%, while followers increased at consumer-targeted platforms on Facebook, Twitter, and Pinterest. The importance of APTA’s consumer outreach was not lost on members who participated in an online quiz that measured their understanding of the Move Forward brand concepts: members who took the The Successful Physical Therapist quiz scored an average 82%.

APTA members stayed connected with each other through in-person interactions such as the Combined Sections Meeting and national June conference, but also via social media, which continued to grow in 2013. APTA’s most popular social media platforms targeting the physical therapy community, Twitter and Facebook, exceeded 22,000 followers and 24,000 followers, respectively.

Finally, APTA brought the House of Delegates to a wider audience by making pre-House motions public and by livestreaming the House proceedings to members, both for the first time. Board of Directors meetings also were livestreamed for member viewing, continuing a practice started in 2012.
# Membership Statistics 2012-2013

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*These categories include members who do not pay full dues and student members who recently graduated and are eligible for reduced career starter dues.*
TREASURER’S REPORT

As I complete a term as APTA treasurer I am again pleased to report that the financial position of our association is strong. The following were notable for 2013:

- Revenue from operations grew 4.3%.
- 77% of total expenses went toward the member or the profession, with only 23% for the association.
- Nondues revenue remains strong.
- Despite some unanticipated costs, we still ended up in the black before unrealized investment gains.
- Significant return on investments added to a positive bottom line. In fact, the investment balance of just over $27 million is the highest ever for APTA!
- At year-end, total reserves (i.e., net assets/expense budget) were at 45% and liquid reserves (investments less $1.5 million/revenue budget) at 61%, the highest year-end level since 2007.
- A successful 2013 audit revealed no material weaknesses or internal control recommendations.

With the passage of the new Vision by the House of Delegates, the Board of Directors will be revising the strategic plan for the association at its July 2014 meeting. The strategic plan will be prioritized to effectively align discretionary financial resources with the plan. Upon creation and prioritization of the strategic plan by the Board of Directors and staff, staff will meet again to allocate resources and programs with attention to strategic plan alignment with budget recommendations.

It has been a privilege to serve you in the role of fiduciary steward. As a result of the efforts of APTA staff as well as member volunteers, I remain confident that you will continue to benefit from the highest level of professionalism and integrity in the financial management of your association. In the future I would endeavor to support continued efficiency in operations and in the completion of work performed on behalf of the members and the profession.

Elmer Platz, PT
APTA Treasurer
### 2013 APTA REVENUE DOLLAR

(Sources of Revenue)

<table>
<thead>
<tr>
<th>Source</th>
<th>Revenue (cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>41</td>
</tr>
<tr>
<td>Conferences and Education</td>
<td>16</td>
</tr>
<tr>
<td>Accreditation and Certification</td>
<td>15</td>
</tr>
<tr>
<td>Exam Fees</td>
<td>15</td>
</tr>
<tr>
<td>Staff Services/Donations/Contracts</td>
<td>12</td>
</tr>
<tr>
<td>Sale of Resources, Products, and Periodicals</td>
<td>6</td>
</tr>
<tr>
<td>Royalties and Affinity</td>
<td>6</td>
</tr>
<tr>
<td>Investment Income</td>
<td>4</td>
</tr>
</tbody>
</table>
## 2013 APTA Expense Dollar

(Program Expenditures)

<table>
<thead>
<tr>
<th>Category</th>
<th>Expense (cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association Membership</td>
<td>47 cents</td>
</tr>
<tr>
<td>The Profession</td>
<td>30 cents</td>
</tr>
<tr>
<td>Association Business</td>
<td>23 cents</td>
</tr>
</tbody>
</table>
### How Did 2013 End Up?

<table>
<thead>
<tr>
<th></th>
<th>2013 Actual</th>
<th>2012 Actual</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Dues and Member Subscriptions</td>
<td>$17,136,712</td>
<td>$16,707,076</td>
<td>$429,636</td>
</tr>
<tr>
<td>Nondues Revenue</td>
<td>$24,705,219</td>
<td>$23,391,959</td>
<td>$1,313,260</td>
</tr>
<tr>
<td>Total Revenue From Operations</td>
<td>$41,841,931</td>
<td>$40,099,035</td>
<td>$1,742,896</td>
</tr>
<tr>
<td>Less: Expenses</td>
<td>$41,272,964</td>
<td>$39,516,709</td>
<td>$1,756,255</td>
</tr>
<tr>
<td>Net (before investments)</td>
<td>$568,967</td>
<td>$582,326</td>
<td>($13,359)</td>
</tr>
<tr>
<td>Investment Return</td>
<td>$2,590,199</td>
<td>$1,632,851</td>
<td>$957,348</td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>$3,159,166</td>
<td>$2,215,177</td>
<td>$943,989</td>
</tr>
</tbody>
</table>
## STATEMENT OF FINANCIAL POSITION
### AT DECEMBER 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Investments</td>
<td>$30,239,933</td>
<td>$25,033,123</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$13,111,700</td>
<td>$13,794,106</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$43,351,633</td>
<td>$38,827,229</td>
</tr>
<tr>
<td>Liabilities</td>
<td>$24,477,169</td>
<td>$23,111,965</td>
</tr>
<tr>
<td>Net Assets</td>
<td>$18,874,464</td>
<td>$15,715,264</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$43,351,633</td>
<td>$38,827,229</td>
</tr>
</tbody>
</table>
APTA THANKS ITS 2013 STRATEGIC BUSINESS PARTNERS

Bioness
LiveOn

Hocoma

HPSO
Healthcare Providers Service Organization

MERCER

OMRON

PARKER LABORATORIES, INC.

Performance Health

BIOFREEZE

TheraBand
Systems of Progressive Exercise

Redoc

Rehab documentation software