YEAR-END REPORT ON 2002 GOALS AND OBJECTIVES
THAT REPRESENT THE PRIORITIES OF THE ASSOCIATION

Goal I: Physical therapists are universally recognized and promoted as the practitioners of choice for conditions that affect movement, function, and health.

Objective A: Ensure that physical therapists are recognized, valued, and utilized by consumers and other professionals as the practitioners of choice in the management of movement, function, and health. (1)

Twelve chapters introduced legislation to revise their states’ physical therapy practice acts, including revisions related to direct access to physical therapist services. Governor Scott McCallum (R) signed a revision of Wisconsin’s Physical Therapy Practice Act on April 11 that allows physical therapists to diagnose movement-related conditions and recognizes that physical therapists are qualified to perform spinal mobilizations and manipulations. New Hampshire successfully removed the two-tiered system that required physical therapists to practice in the state two years and meet other conditions before being able to see patients without a physician referral. APTA’s State Government Affairs staff monitored more than 2,500 bills filed in state legislatures throughout the year.

Fitness clinics were conducted in the state capitals of Missouri, Louisiana, and New Hampshire, with APTA members screening more than 300 individuals, including 60 legislators and their staff. Coverage of the Missouri clinic appeared on the front page of the Jefferson City Tribune.

During the year, APTA participated in four major national conferences of state lawmakers. In Indianapolis, the Indiana Chapter joined APTA in sponsoring events at the National Black Caucus of State Legislators (NBCSL) annual meeting, where APTA Board of Directors member Pauline Flesch, PT, MPS (IN), participated in a NBCSL roundtable and various task force meetings. In Denver, Colorado Chapter President Audrey Waldron, PT, and chapter members honored State Representative Lynn Hefley (R) with a plaque to thank her for her strong support of physical therapy, and hosted an “Are You Fit for Office?” ergonomics assessment and information booth during the National Conference of State Legislatures (NCSL) Summit. To share information on APTA activities at the conference, a “realtime” photo gallery was created that appeared on the Association’s Web site. APTA events were also held at the annual meetings of the American Legislative Exchange Council (ALEC) and the Council of State Governments.

In addition to national organizations, APTA worked with several Washington-based coalitions to monitor state legislative activity. These efforts involved the Council of Licensure, Enforcement, and Regulations, the State Health Affairs Group, and the Washington Area State Relations Group.

APTA President Ben Massey, PT (NC), served as the 2002 chair of the TriAlliance of Health and Rehabilitation Professions (APTA, the American Occupational Therapy Association, and the American Speech, Language, Hearing Association), which continued to work on critical legislative and regulatory issues, including elimination of the $1,500 Medicare therapy cap, the 30-day visit requirement, and Medicare physician fee schedule problems. During the year, Massey and various APTA staff participated in three conference calls with the TriAlliance and in a forum hosted by the TriAlliance at each organization’s annual conference.

APTA was one of the leading non-physician organizations represented in the American Medical Association’s (AMA) Physician Fee Schedule Update Work Group, attending weekly strategy sessions and participating in coalition efforts to secure legislation correcting problems with the fee schedule. Chief Executive Officer Frank Mallon, Esq, met with AARP Executive Director Bill Novelli to join the AMA and other associations in urging AARP not to oppose legislation to increase payment to providers.

The Association continued to participate in the Patient Access to Responsible Care Alliance and the Specialty Access to Care Coalition, although dimming hope for action on a patients’ bill of rights reduced the activity of both coalitions. The Alliance’s priorities for patient protections coincide with APTA’s principles of access, choice, accountability, and use of health care professionals rather than requiring treatment by a physician.

APTA remained an active participant in the Consortium for Citizens with Disabilities (CCD), attending bi-weekly meetings of task forces on education and health care to coordinate activities with other provider and patient organizations. Association staff worked with the Consortium on its August comments on the report of the President’s Commission on Excellence in Special Education. The CCD also pushed for passage of provisions of the Family
Along with representatives of the Women’s Health Research Coalition, APTA supported passage of the Women’s Health Office Act (S. 946/H.R. 1784) to establish a separate Office of Women’s Health within the US Department of Health and Human Services (HHS). Patrice Winter, PT, MPT, MS (VA), was joined by APTA’s 2002 Charles Harker Interns in Government Affairs, Colleen Doherty, PT (PA), and Gail Gallagher, SPT (AZ), in participating in the Coalition’s annual lobby day on July 8. The House passed the Women’s Health Office Act in September, but the Senate was unable to act on the bill.

APTA served as one of the sponsors of the National Partnership for Women and Families Annual Luncheon in Washington, DC. The event was titled “The Power of Women’s Voices,” and Christiane Amanpour, Chief International Correspondent for CNN, was honored.

A fitness consultation program was developed for the Special Olympics Healthy Athlete Health Promotion Program called “FUNfitness.” In addition, the Association initiated a training program to ensure the inclusion of physical therapists and physical therapist assistants in activities of Special Olympics International. Throughout the year, APTA monitored the literature and the positions of other organizations to ensure that the role of physical therapists was accurately represented. A letter was written to the editor of Annals of Internal Medicine regarding an article that inaccurately compared “manual therapy” to “physical therapy,” both of which had been provided by physical therapists. Similarly, a letter was sent to the National Hemophilia Foundation to clarify appropriate use of the term “physical therapy” and to clarify that physical therapy services can be provided only by a physical therapist or a physical therapist assistant working under the direction and supervision of a physical therapist.

Comments were sent to the National Athletic Trainers Association regarding its statement on the "Medical Care of the Secondary School-Aged Athlete." APTA submitted recommendations to the Guidelines Committee of the American College of Occupational and Environmental Medicine for its revision of the Occupational Medicine Practice Guidelines. Comments on the Centers for Disease Control’s (CDC) “Recommendations for Public Health Action - National Initiative on Diabetes and Women’s Health” were finalized. In addition, APTA’s concerns regarding hand therapy’s “scope of practice” were sent to the Hand Therapy Certification Commission, and the Association endorsed the "Position Statement from the National Joint Committee for the Communication Needs of Persons with Severe Disabilities."

As a result of the introduction of the Medicare Patient Access to Physical Therapists Act in the House and Senate, APTA implemented a communications plan to educate members and elected officials on the importance of this legislation. A four-color brochure was developed to educate members on the benefits of the legislation and to outline how they could get involved. The “Medicare Direct Access” brochure was mailed to all members with the May issues of PT Magazine and Physical Therapy, was made available to chapters free of charge, and was distributed at national meetings throughout the year.

Key Congressional districts were identified for media coverage to tell consumers how important it is that Medicare beneficiaries have direct access to physical therapists. Although this is considered a slow process, the Association looks forward to its building over time.

APTA continued to advertise in State Legislatures, the monthly publication of NCSL. A full-page ad printed in this publication was also adapted and shared with chapters for use as a flyer and advertisement.

A new public relations firm was retained to help increase awareness of physical therapy among consumers. The New York-based agency Maloney and Fox will work with staff to educate consumers on Association legislative issues as well as general consumer issues.

Maloney & Fox developed a feature news release about the dangers of children adopting a sedentary lifestyle and the importance of physical education in schools. APTA staff also issued feature releases about how exercise can help prevent osteoporosis, how overweight exercisers can shed pounds safely, and how youths can use backpacks safely.

For the second year, the Association provided backpack safety tips to Lands’ End for the company’s Back To School Campaign. The tips were incorporated into a media kit that was sent to the Associated Press reporter with whom Lands’ End has a working relationship. APTA also teamed up with Lands’ End to produce a video news release about backpack safety that Lands’ End distributed via satellite to television stations nationwide.

Public Relations staff continued to fulfill media inquiries via Profnet, an Internet-based service that connects reporters with experts in various fields. Examples of successful “hook-ups” were two interviews with APTA Vice
President Jayne Snyder, PT, MA (NE), published in the August issue of SHAPE magazine about returning to activity after an injury and in Energy for Women magazine about abdominal exercises.

The 2002 National Physical Therapy Month (NPTM) Public Relations Kit featured a first-ever pull-out brochure addressing the topic of computer ergonomics. The reproducible brochure offered tips and a diagram demonstrating proper posture and computer positioning. Also new was “Ask A PT” on APTA’s Web site. Consumers were able to submit questions via e-mail regarding correct ergonomics while at the computer, with APTA members providing responses. Many of these questions and answers were posted on the Web site for the benefit of all visitors.

In conjunction with NPTM, the Association published the third annual For Your Health magazine, a consumer-oriented supplement to PT Magazine that explains the benefits of using physical therapy services. The cover story featured Pulitzer Prize winner Art Buchwald and Carole Lewis, PT, PhD, GCS (MD). The 16-page magazine was made available free to all members for distribution to patients/clients and others. Nearly 500,000 copies of the 2002 edition were distributed to the public through APTA members. Single copies initially were sent along with members’ October issues of Physical Therapy and PT Magazine. Advertising revenue helped offset the cost of printing and mailing copies completely free of charge to members. In addition to the contribution that For Your Health made on its own to increasing public awareness of physical therapy, the exclusive distribution by APTA members also contributed, because consumers wouldn’t see the magazine without also having contact with a member physical therapist.

The Maryland and Pennsylvania chapters took a new approach to celebrating NPTM by contracting with an outside media firm to purchase commercial airtime on a network affiliate in each state’s major media markets. To assist the chapters in delivering a unified message, APTA edited its 60-second commercial, “Moments Like These,” to be used in a 30-second time slot. The segment was customized to list the physical therapy facilities that sponsored each time slot. This commercial will be offered to all APTA chapters in 2003.

A new marketing tool for members was tested — customized corporate calendars. APTA members and components had an opportunity to purchase calendars for 2003 for distribution to patients, referral sources, legislators, and other target audiences. Calendars carried the member’s company logo, facility name, address, and phone number along with the APTA logo. Private practitioners were targeted with a direct mail campaign for this new product, while other members learned about it through PT Bulletin Online.

In keeping with the success of APTA’s community awareness event kits for “Balance & Falls” and “FUNfitness,” Public Relations staff developed “Fit For the Fairway,” an assessment kit that helps physical therapists evaluate posture and body mechanics during the three stages of the golf swing. The kit includes an instruction manual, assessment forms, tip sheets for attendees, and golf tee giveaways.

New for 2002 was an “Educators Summit.” This day-and-a-half meeting in April was focused on the academic facility and staff of physical therapy programs nationally. One of the prime efforts was not only to include reimbursement as a topic in the curriculum, but to include it as an integrated topic through the program rather than as a stand-alone course. The program was attended by approximately 30 educators and will be conducted again in 2003.

APTA nominated Mary McMillan, educator, author, and leader in the physical therapy profession and founder of the Association, for inclusion in the National Women’s Hall of Fame. McMillan’s nomination stressed the value of her contribution not only to society at large, but also to the field of health care and the progress of women; information on the impact and enduring value of McMillan’s achievements was also included. This is the third year that APTA has submitted McMillan’s nomination, as nominations may be submitted every year until selection is made. It was also the second year that APTA’s Women’s Initiatives staff were asked to serve as a judge for the National Women’s Hall of Fame 2002 nominations review process.

The 2002 Induction Ceremony for the Maryland Women’s Hall of Fame included honoring Florence Kendall, PT, FAPTA, as one of its newest members. Association staff and Maryland Chapter members attended the ceremony and reception.

During the year, APTA held several national conferences across the country – the Combined Sections Meeting (CSM) in Boston, Massachusetts, the Annual Conference and Exposition of the American Physical Therapy Association (PT 2002) in Cincinnati, Ohio, and the National Student Conclave (NSC) in Birmingham, Alabama. By bringing each of these national conferences to different parts of the country, APTA, through its marketing campaigns, was able to heighten public awareness about APTA and the physical therapists, physical therapist assistants, and students of physical therapy the Association represents.
Several new member benefit offerings were investigated and approved for endorsement in 2002. These included a custom calendar program, a custom letterhead and business card program, an advertising services discount program, a billing services discount program, an Internet service program, and a phone service program. All of these new benefits will be actively promoted to the membership in 2003, along with the rest of the ongoing member benefit line-up. As in years past, the majority of member benefit inquiries handled by the Association continue to be related to health insurance, professional liability insurance, and long-term disability insurance.

**Objective B:** Develop and implement strategies and activities that support members in exploring new practice opportunities and enhance their career prospects in the health care environment. (8)

At PT 2002, APTA worked jointly with the Sports Physical Therapy Section and James Zachazewski, PT, MS, SCS, ATC (MA), and William Quillen, PT, PhD (IN), to offer a forum on the *Role of Physical Therapy in Comprehensive Medical Care of the Student Athlete.*

APTA members represented the interests of the profession at a number of conferences and meetings in 2002. Jill Thein-Nissenbaum, MS, PT, SCS (WI), represented APTA at the Summit on Female Athlete Triad (eating disorder, amenorrhea, and osteoporosis) organized by the National Association of Orthopaedic Nurses. Sandra Brotherton, PT (SC), attended the CDC’s conference, “Diabetes and Women’s Health Across the Life Stages.” Robert Gailey, PT, PhD (FL), participated in the Inaugural Health Care Summit: “People with Disabilities and the Promise of Technology” sponsored by the American Academy of Physical Medicine and Rehabilitation and the Foundation for Physical Medicine and Rehabilitation.

APTA provided in-kind sponsorship for the First International Conference on Symptom, Diagnosis, and Disability Validity: Improving Patient Outcomes.

Members of the Committee on Risk Management and Member Benefits continued to be actively involved in the monitoring of all APTA-endorsed member benefits and paid special attention to the insurance offerings, meeting on a semi-annual basis with plan administrators and, as appropriate, plan underwriters. In the area of personal risk management, the Committee and staff worked together to identify and approve new dental and short-term disability insurance plans, and to finalize action steps with regard to managing the claims experience of IncomeGuard – APTA’s group long-term disability insurance plan. Risk Management and Member Benefit Services staff also assisted numerous members throughout the year with personal and professional risk management questions and concerns.

With the assistance of APTA Secretary Randy Roesch, PT, MBA (CO), and Treasurer Francis Welk, PT, MEd (PA), the Association officially launched its APTA Consulting Service. During the course of the year, staff fulfilled more than 100 requests for referrals from members and administered six projects for a total income of more than $3,000. In addition to managing all activity within the practice management consultant network of the Consulting Service, APTA expanded the service to include a new education consultant network. The education consultant network was brought online in November and has since been actively promoted through national and component marketing vehicles.

Two new products were approved for endorsement in 2002 – ThermaCare Heat Wraps, a Procter & Gamble product, and the Therapeutic Pedal System, a product produced by Uni-Cam. Members of the Board Committee to Review Product Endorsements and selected staff reviewed these products, which were then recommended to the APTA Board of Directors for final approval. As of year-end, the Association had endorsement agreements with the following companies: 3M (for a specified selection of ergonomic products), The Hygenic Corporation (for THERA-BAND® Latex and Latex-free Exercise Bands and THERA-BAND® Exercise Tubing), PeakCare (custom-designed exercise videos), Plantronics (for several lines of headsets), ProVox (for TalkNotes, voice recognition software), Sanford Corporation (for PhD Pens and Pencils), and The Rehab Documentation Company (for the ReDoc software product). APTA endorsement of the MRT Research product Intelli-pointer was discontinued in 2002.

At PT 2002, Colonel Nancy Henderson, PT, PhD, OCS (WA), Matthew Elrod, PT, MEd, NCS (VA), and Josef Moore, PT, PhD, SCS (NY), collaborated on a presentation entitled “Physical Therapists in Emergency Response Roles.” APTA contributed to this presentation by preparing a paper identifying and discussing the major legal issues associated with physical therapists’ participation in emergency response roles. In addition, APTA’s Women’s Initiatives provided information and resources and hosted an educational session on the “Art of Negotiating,” and along with Risk Management and Member Benefit Services, hosted a program on “Taking Care of Business.”

During the year, APTA’s Office of Counsel provided members with information concerning the basic legal issues to be considered when opening a private practice to be conducted from home and the potential application of a state’s physician referral requirement to a proposed exercise class (a “mommy and me” program) for parents and small children.
APTA was represented at the US Department of Labor’s summit on “Women Enterpreneurship in the 21st Century” Information shared during the conference targeted women-owned small businesses and covered areas such as work/life balance, media coverage, financing, retirement plans, and health care coverage for employees. President George W Bush, the Secretary of Labor, and the Secretary of the Treasury spoke at the summit, along with numerous senators, Bush administration officials, and a few television personalities. From the summit, an arrangement was made with the Small Business Administration to provide resources, materials, and programming on women-owned businesses at future APTA annual conferences.

“Women’s Issues: An APTA Resource Guide” became available online for APTA members only. This resource guide provides valuable information on various professional issues, including starting and managing a business, career planning, retirement, and education. In addition, APTA Women’s Initiatives provided new Web site resources for members on the topics of balancing life and work; money issues, including retirement; and information of interest to members from HHS.

APTA’s Speakers’ Bureau became available online for APTA members only, and the printed edition was revised. The Speakers’ Bureau provides both a vehicle for members interested in being retained for professional speaking engagements on topics of interest in physical therapy, as well as for components and other organizations to find a physical therapist or physical therapist assistant speaker for meetings or continuing education seminars.

To provide APTA members with ongoing guidance and information on mentoring and APTA’s Members Mentoring Members program, two editions of the mentoring newsletter, Mentor Link, were prepared and sent to mentors and potential protégés who visited the program online. In addition, an updated and redesigned mentoring brochure was printed and included as a resource at conferences and in mailings to graduating students converting to the Active membership category.

In addition to such recurring features as the “Career Coach” column, PT Magazine published articles in each issue that provided useful information to members about various physical therapy career options, practice enhancement, clinical management, and business issues.

Emerging Practice Update #9, Performing Arts, was added to APTA’s online series to meet members’ needs for information on ongoing changes in physical therapy practice and emerging niche practice areas. Each Update provides ideas for branching out in practice arenas that offer potential for advancing careers. Other available updates include, Emergency/Urgent Care, Collaboration with Veterinarians, Performance Enhancement Programs for Golfers, School Sports, Health Clubs, Women’s Health, Occupational Health, and Consulting with Insurers.

Programming for PT 2002 included the themes of Emerging Practice Areas and Health and Wellness. Thirty-six hours of programming on ten different topics were presented under these themes, including “Constraint-Induced Movement (CI) Therapy: Clinical Application,” presented by Jean Crago, PT, MS (AL), and David Morris, PT, MS (AL); “Care of the Young Athlete,” presented by William Quillen, PT, PhD, SCS (IN), and Alan Howell, PT, ATC, SCS (OH); “Incorporating Ultrasound Imaging in the Management of Patients with Spinal Dysfunction: Innovations in Clinical Practice,” presented by Timothy Noteboom, PT, PhD, ATC (CO), and Barbara Tschoepe, PT, PhD (CO); “Positioning Your Practice for Wellness Services,” presented by Peter Lord, PT, PhD (FL), and Michael Folsom, PT, MS, ATC, CSCS (TX); and “Health Promotion Strategies in Rehabilitation,” presented by Tanya Kinney LaPier, PT, PhD, CCS (NY), and Kimberly Cleary, PT, MPT (ID). In addition, APTA’s Fitness & Wellness Consultation Course for physical therapists entering the fitness and wellness environment was offered four times during the year – in Denver, San Jose, Cincinnati, and Atlanta.

APTA worked with Doody’s Book Review Service, Amazon.com, MedLine, NetCertification, and businesses at PTShop to provide useful products, services, and information to Association members online through the Association’s Web site.

Objective C: Facilitate the adaptation and expansion of practice to address the changing demographic composition of society. (16)

The Department of Minority/International Affairs worked with the newly formed Committee on Cultural Competence to develop a new strategic plan that was approved by the APTA Board of Directors in November and posted on APTA’s Web site. The Committee forwarded other recommendations to the Board, including assuring that a person with cultural competence awareness and expertise would be included in groups that develop and/or review major APTA documents. New initiatives planned for 2003 include the development of a liaison program for components that will involve members with expertise in cultural competence with Committee members assigned as regional leaders.
The Minority/International Affairs segment of APTA’s Web site continued to contain an extensive array of information on cultural competence, including bibliographies, cultural diversity videos, and information on obtaining grant support for diversity initiatives, as well as other issues of diversity and international interest.

APTA was the only non-medical Association to participate in the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health sponsored by HHS’ Office of Minority Health. Department of Minority/International Affairs staff provided information on physical therapy as a profession and health care resources to more than 1,000 leaders in health, education, government, and diversity services from around the country. APTA also participated in an initiative from ASPIRA, a major Latino advocacy group, on developing materials for Latinos and their families in choosing health care careers.

The Association provided input for an article in the publication Diversity in Allied Health Careers highlighting APTA’s diversity initiatives as well as the importance of being a member of the professional organization for students of physical therapy. Kay Ahern, PT, CHT (AZ), and staff also provided input for the publication Winds of Change, which encourages American Indians to become physical therapists. The document Pathways to Success: Helping Students Prepare for Allied Health Careers was also developed with assistance from the Department of Minority/International Affairs.

Genetics research and genetic education for health professionals continued to grow during the year. APTA, as a member of the National Coalition for Health Professional Education in Genetics (NCHPEG), participated in its annual meeting and commented on NCHPEG’s Three-Year Strategic Plan.

PT Magazine published the following articles that addressed changing demographics or other aspects of society: Multi-Generational Perspectives (February); Fostering Excellence in a Diverse World (April); Baby Boomers: Keeping Up with an Aging Population (July); The Building Blocks for Helping Patients with SIGHT or Hearing Impairments (July); PTs with Impairments (October); The Rewards and Promise of Geriatric Physical Therapy (October); The Challenges of Modern Society, Parts 1 and 2 (October, November); and Developing Cultural Competence in a Multicultural World (December).

Goal II: Academic and clinical education prepares doctors of physical therapy who are autonomous practitioners.

Objective A: Promote the “Doctor of Physical Therapy” (DPT) as the first professional degree, including the transition of master’s-degree-level professional programs to the doctoral level and the development of postprofessional “transition” DPT programs for the licensed physical therapist.

A Consensus Conference on Professionalism was convened June 19-21. The intent of the conference was to facilitate the achievement of high levels of agreement on a specific set of core values and their indicators related to Vision 2020 (specifically, professionalism in a doctoring profession). Twenty-one participants representing a variety of stakeholder groups (educators, clinicians, administrators, etc) attended the conference. Over a two-and-a-half-day period, the participants: 1) achieved high levels of agreement on the preferred core values and their associated indicators of the physical therapy profession (in most cases, a consensus of greater than 90%), 2) formulated practice expectations and educational objectives, and 3) identified relevant primary content, example terminal behavioral objectives, and examples of instructional objectives to be achieved in the classroom and clinical practice. Complete outcomes documentation from the conference was submitted to the member consultants for final review and editing. It is anticipated that the professionalism supplement will be posted on APTA’s Web site in summer 2003. In addition, strategies are being developed to integrate aspects of the professionalism supplement into physical therapist practice.

The Physical Therapist Evaluation Tool (PTET) was developed and pilot tested, and became available in the late spring. In addition, a draft of the portfolio component was reviewed by program administrators and the final draft developed based on stakeholder feedback. This voluntary evaluation tool can be used by learners and programs to document and evaluate an applicant’s knowledge, skills, and behaviors. For those programs that elect to waive or substitute coursework based on the possession of the requisite knowledge, the PTET can serve as a valid mechanism for evaluating an applicant’s capabilities. Learners request the PTET from Credentialing Services, pay the fee, and complete the entire application. A comprehensive score report is forwarded to the applicant and the applicant’s program(s) of choice by Credentialing Services. Academic programs may elect to customize their report by linking the specific tasks in the Task Analysis Component to a specific program’s transition DPT curriculum.

The final of three annual reports to APTA’s House of Delegates on the Position on Physical Therapy Education Program Development and Expansion (HOD 06-99-28-30) was provided in June. The report highlighted data regarding changes occurring in education and practice. Although no correlation can be established between the House
position and specific changes in the development or expansion of programs, the data did show a decrease in the
number of developing physical therapist and physical therapist assistant education programs. The position was
amended by the 2002 House (RC 68-02) to continue indefinitely the recommendation against the development of new
physical therapist and physical therapist assistant education programs until such time as “…there is an adequate supply
of qualified academic and clinical faculty as well as an increase in the demand for physical therapists and physical
therapist assistants.”

The Task Force on the Future Role of the Physical Therapist Assistant (RC 40-01) completed its charge to study
the role of the physical therapist assistant in relation to 1) scope of work, 2) education level, 3) post entry-level
education, and 4) employment and market factors. In addition to the two task force meetings held in January and
December, 19 regional forums were held at a variety of locations throughout the US. Attendees had an opportunity to
learn about preliminary outcome statements that the task force was considering relative to each of the four identified
areas, with candid discussion held on each. Forums were scheduled on a first-come, first-served basis, and a written
feedback form was used to collect opinions, impressions, and suggestions related to the task force outcome
statements. A full task force report will be made available to the APTA Board of Directors and the House of Delegates in
2003.

The Clinical Instructor Education Board (CIEB) conducted the first five-year review of the Clinical Instructor (CI)
Education and Credentialing program content based on feedback and comments offered by Credentialed Clinical
Trainers and Credentialed Clinical Instructors who have completed the program. Decisions about program content
modification and organization are to ensure congruence with APTA policies and positions, consistency with
contemporary literature, sensitivity to issues of diversity as part of clinical education, clarity of content that is more
complex, expansion of content that is associated with clinical education in a doctoring profession, and to further tighten
the linkage of content between sections within the 2 day program.

As part of a marketing initiative of the CI Education and Credentialing program, an article was published in the January
issue of PT Magazine. As a result, credentialed trainers provided 127 programs throughout the US, the most
offered in any one year since the program’s inception in the fall of 1997. As of December 31, there were 9,337
credentialed CIs, 8,104 of whom are physical therapists and 1,233 of whom are physical therapist assistants. There are
currently 138 active credentialed clinical trainers who are available to teach the CI Education and Credentialing
Program.

In response to the House motion Investigation of Alternative Models of Physical Therapist Professional Clinical
Education (RC 36A/C-01), the Association solicited proposals (RFP) to investigate alternative operational models of
physical therapist professional clinical education in December 2001. The RFP specified that contracts to be awarded
would be for 1) the investigation of the internship model (up to 1 year, either at completion of degree requirements or as
a component of the final stages of degree requirements), and 2) the investigation of a different model(s). Review of
proposal submissions was completed by an external group of five reviewers with background and expertise related to
various aspects of the proposal. Following a thorough review of the proposals based on a set of established criteria, two
proposals were recommended for funding. One contract was awarded to Massachusetts General Hospital Institute of
Health Professions in Boston, Massachusetts, under co-project directors Leslie Portney, PT, PhD, FAPTA, and Mary
Knab, PT, MS, to investigate an internship model of clinical education. The other contract was awarded to Nova
Southeastern University in Fort Lauderdale, Florida, under Co-Project Directors Debra Stern, PT, MSM, and Shari
Rone-Adams, PT, MS, GCS, to study a hybrid model of clinical education. All programs/organizations submitting
proposals were provided written correspondence briefly summarizing the strengths and limitations of their proposal. An
interim summary on the status of both of these investigative studies will be made available to the APTA Board of

As of December 31, there were 28 transition DPT programs available to the licensed physical therapist in 16
states. Programs vary in credit hours required for degree completion, admission requirements, and delivery methods,
everywhere, including on-campus, distance-learning (asynchronous and synchronous), weekend, weekday, and combinations
thereof. A Web site was developed to provide information about the transition DPT that includes frequently asked
questions (FAQs), transition DPT competencies, the APTA Board of Director’s Plan in Support of the Transition DPT, a
list of transition DPT programs, and a checklist for requesting the PTET. As information about transition DPT programs
continues to grow, ongoing updates will be provided at this Web site to keep physical therapists apprised of the
availability of these programs.

Objective B: Strengthen the link between the physical therapy profession and the accreditation process in
order to enhance the quality of physical therapy education. (13)
The Commission on Accreditation in Physical Therapy Education (CAPTE) met twice, made 379 decisions about programs, and heard two reconsiderations of previous adverse decisions. Following the CAPTE meetings, published lists of accredited programs were updated and distributed to all communities served by the agency, including state licensing boards.

CAPTE was officially granted recognition by the US Department of Education (USDE) for another 5-year period, and by the Council for Higher Education Accreditation (CHEA) for a 10-year period. Both periods of recognition are the maximum allowed.

APTA’s Department of Accreditation staff represented CAPTE at meetings of CHEA, the Federation of State Boards of Physical Therapy (FSBPT), the Association of Specialized and Professional Accreditors, and the National Advisory Committee for Institutional Quality and Integrity of the USDE.

Accreditation Update, the newsletter from APTA’s Department of Accreditation and CAPTE, was published in January and July. The January issue included notification of changes in the Interpretive Comments and Guidelines that were made to meet USDE requirements. The July issue included the complete text of a position paper endorsed by the Commission entitled Guidelines for Accepting Students in the Event of Another Program’s Closure, as well as a description of multiple changes to CAPTE’s Rules of Practice and Procedure made in order to implement the concept of substantive change as a way to monitor changes in programs.

A call for comment on the current Physical Therapist Evaluative Criteria was disseminated and responses were collected and collated for review by CAPTE. The Commission determined that a revision of the criteria was in order, established a timeline for the revision, and appointed a Criteria Revision Group.

Michael Emery, PT, EdD (CT), CAPTE chair, and APTA’s Department of Accreditation staff continued their communication efforts with a formal presentation at the Section for Education’s Academic Administrators Special Interest Group (AASIG) meeting in New York. The AASIG meeting also afforded staff and CAPTE members in attendance the opportunity to conduct some small group discussions about the Physical Therapist Evaluative Criteria in preparation for the upcoming revision process. In addition, staff met three times with representatives of AASIG and the FSBPT to discuss issues related to the licensure exam, as well as other issues of common interest.

Three self-study workshops were held for approximately 150 faculty involved in the preparation of accreditation materials. In addition to the traditional workshops held in conjunction with CSM and Annual Conference, a workshop was held with the AASIG meeting. Staff also provided individualized self-study workshops for several institutions.

The Department of Accreditation hosted on-site reviewer training workshops at APTA headquarters, as well as at CSM and PT 2002. Thirty-three new reviewers were trained and 20 current on-site reviewers were updated and/or retrained. APTA also hosted a meeting of current on-site reviewers at PT 2002 in order to provide an update on changes in CAPTE practices.

Approximately 125 on-site evaluators participated in 58 regular on-site visits, and members who served as reader/consultants made three visits to developing programs.

APTA’s Department of Accreditation staff collected information from all programs and, with assistance from the Information Technology Department, revised the Directory of Accredited Physical Therapy Education Programs so that it is database driven instead of being in .pdf format. The directory is posted on APTA’s Web site.

The number of professional programs offering the DPT rose to 64, an increase of 22 programs during the year. The number of physical therapy programs continued to decline in 2002. As of December 31, there were a total of 471 accredited and developing physical therapy education programs. This number represents a decline of 8 programs since the end of 2001 (and a decline of 62 programs from the all-time high of 533 in 1998):

<table>
<thead>
<tr>
<th>Number of Physical Therapist and Physical Therapist Assistant Programs (12/31/02)</th>
<th>ACCREDITED</th>
<th>DEVELOPING</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT US Programs</td>
<td>196 institutions supporting 204 programs</td>
<td>7 institutions developing 7 programs</td>
<td>203 institutions supporting/developing 211 programs</td>
</tr>
<tr>
<td>MS/MPT DPT</td>
<td>140</td>
<td>2</td>
<td>142</td>
</tr>
<tr>
<td>DPT</td>
<td>64</td>
<td>5</td>
<td>69</td>
</tr>
<tr>
<td>PT</td>
<td>3 institutions</td>
<td></td>
<td>3 institutions</td>
</tr>
</tbody>
</table>
President Massey and CEO Frank Mallon attended a meeting with leaders from ten other associations, hosted by the Association of Schools of Allied Health Professions, to discuss issues related to the decline in student applications to academic institutions and reduced enrollment.

PT Magazine published the following articles in support of the DPT: The DPT: A Real-World Update (February); Comments on Direct Access and the DPT (May); and Electronic Education and Distance Learning: Pioneer t-DPT Programs Report In (May).

Goal III: Physical therapists are autonomous practitioners who are reimbursed for all elements of patient/client management in all practice environments.

Objective A: Advocate for federal and state laws and regulations that appropriately govern physical therapist practice, with emphasis on enactment of direct access laws. (2)

The Medicare Patient Access to Physical Therapists Act (PAPTA), S. 2386, was introduced on April 29 by Senators Blanche Lincoln (D-AR) and Arlen Specter (R-PA). The Senate companion to H.R. 3363, S. 2386 will eliminate the referral requirement to physical therapists under Medicare Part B in states where direct access is permitted, provide a statutory definition of “qualified physical therapist,” and separate speech, occupational, and physical therapy in Medicare. By the end of the 107th Congress, APTA had secured 51 cosponsors for H.R. 3363 and four cosponsors for S. 2386, with commitments from several other members of Congress to support the bill in 2003.

Nine chapters introduced direct access legislation and continued to make significant progress toward passage of bills. Pennsylvania Governor Mark Schweiker (R) signed SB 400 into law on February 21, allowing for the issuance of a certificate of authorization to practice physical therapy without referral for up to 30 days after the first treatment. The law, making Pennsylvania the 35th state to achieve some form of direct access, took effect in April. New Hampshire Governor Jeanne Shaheen (D) signed legislation to remove burdensome limitations on physical therapists’ ability to treat patients without a referral. Former New Hampshire Governor Jane Hull (R) signed legislation allowing physical therapists to be reimbursed by insurers without requiring a referral.

More than 4,000 direct access brochures were provided to ten APTA chapters to support their direct access efforts. Advertisements illustrating which states do not provide direct access were placed in conference programs for NCSL, NBCSL, and ALEC. The ad was also made available to chapters to assist in their direct access efforts.

The Medicare Access to Rehabilitation Service Act, H.R. 3834, was introduced on March 4 by Representatives Phil English (R-PA), Roy Blunt (R-MO), Ben Cardin (D-MD), and Frank Pallone (D-NJ). The House companion to S. 1394, H.R. 3834 would permanently repeal the $1,500 cap on therapy services for Medicare beneficiaries. APTA helped to secure 123 cosponsors for H.R. 3834 and 30 cosponsors for S. 1394. Support for this legislation provided the momentum to include a 2-year moratorium on implementation of the therapy cap in the Medicare Modernization and Prescription Drug Act, H.R. 4954, which the House passed June 28 by a vote of 221 to 208. However, the legislation stalled in the Senate and Congress adjourned in November without completing action to prevent implementation of the therapy cap on January 1, 2003.

A patients’ bill of rights consistent with APTA’s principles was stalled in conference committee after both the Senate and House approved versions of the bill in 2001. APTA continued to support legislation to assure access to specialty care, a point-of-service option for consumers, anti-discrimination language for non-physician practitioners, and an appeals process that includes non-physician practitioners. However, the inability of Congress to resolve disputes over liability issues has significantly dimmed hope for passage of legislation at this time.

The Medicare Regulatory and Contracting Reform Act, H.R. 3393, stalled in the Senate after passing the House in December 2001. Provisions of the bill aimed at simplifying the regulatory process, providing education and technical
assistance to health care providers, and protecting the rights of providers when audited were also added to the Medicare Modernization and Prescription Drug Act, H.R. 4954. Along with the therapy cap moratorium and the physician fee schedule correction, the regulatory reform provisions were left unresolved when Congress adjourned.

The President’s Commission on Excellence in Special Education issued a report on July 1 making recommendations for improving the educational performance of children with disabilities under the Individuals with Disabilities Education Act (IDEA). Along with the Pediatrics Section, APTA commented on the report, which is likely to play an important role in development of IDEA reauthorization legislation and could affect how physical therapists practice in school settings. While generally supporting the report’s recommendations, the Association expressed concern about funding formulas and suggested alternative remedies in other areas.

APTA played an active role in negotiating Medicare standards for making, fitting, and billing for prostheses and customized orthotics that preserve the ability of physical therapists to provide these services. Cathy Ellis, PT (MD), represented APTA in the negotiated rulemaking process required by the Benefit Improvement and Protection Act (BIPA) of 2000, which is likely to extend through early 2003.

Brian Murphy, PT, MPT (UT), was named to the US Department of Veterans Affairs’ (VA) Chiropractic Advisory Committee, advising Secretary Anthony Principi on issues related to VA-run chiropractic programs. Murphy, president of APTA’s Section on Veterans Affairs, was the only physical therapist named to the new advisory committee, which will advise the Secretary on protocols governing referrals to chiropractors, direct access to chiropractic care, and the scope of practice for chiropractic practitioners.

Immigrants and non-immigrants entering the US to work as physical therapists would have to submit certification under regulations proposed in November and supported by APTA. The certificate would ensure that individuals have the appropriate education, training, and competence in English to provide high-quality physical therapy services. In comments on the proposed rule, APTA stated that the regulations must ensure that aliens entering the US for purposes of performing labor as physical therapists must be of the same quality as the US physical therapists.

APTA’s Federal Government Affairs Committee met in April and October to monitor lobbying efforts and develop recommendations for the APTA Board of Directors on nine critical federal legislative and regulatory issue areas. The Committee, which is responsible for developing the Association’s grassroots lobbying efforts, considered steps to help federal liaisons improve their effectiveness in organizing and coordinating meetings and communication with members of Congress.

Staff from the Department of Minority/International Affairs attended and participated in the Health Care Brain Trust meeting of the Congressional Black Caucus. Information on physical therapy was provided to members in attendance. APTA was also represented at the annual meeting of the National Association of Historically Black Colleges and Institutions. Physical therapy as a profession was highlighted during the meeting with information shared with students and faculty.

Three other states experienced some threat to the legal freedom of physical therapists to perform manual therapy during 2002. APTA played an active role in working to protect the scope of practice. In Washington, an opinion of the Washington State Physical Therapy Licensing Board was uncovered giving a reasonably narrow interpretation to its administrative rule that defined statutory terms designed to prevent physical therapists from performing spinal manipulation. The agency’s line of reasoning is a potentially useful one in states that have similarly restrictive statutory language. In Arkansas, information was provided about how to respond to charges in a proceeding before the chiropractic licensing board that a member engaged in the unlicensed practice of chiropractic – charges that hinged on whether the member performed “spinal manipulation and adjustment.” APTA’s Board of Directors authorized financial assistance to the Arkansas Chapter in this case, in which the member is likely to seek judicial review of the licensing agency’s adverse ruling. APTA’s Office of Counsel consulted with the chapter’s Legislative Committee Chair, Robert Jordan, PT, MPT, GCS, about seeking a solution to the practice act problem from the legislature or the attorney general. In Pennsylvania, consultation was made with the chapter on developing legislative language for coordinated revisions to the chiropractic and physical therapy practice acts to ensure that spinal manipulation/mobilization would be included in the scope of practice of physical therapy. In Ohio, information was provided about a complaint that a lawyer for a chiropractor submitted to the chiropractic licensing agency concerning a member’s manual therapy. The Office of Counsel obtained a commitment from the Ohio Attorney General’s opinions office to notify APTA in case of any request for an opinion relating to physical therapy from the chiropractic licensing agency (or other source).

APTA prepared a letter from President Massey to component leaders concerning aspects of the FSBPT’s MPA with which the APTA disagrees. The statement served to uphold the interests of physical therapists by opposing various policies reflected in the MPA (eg, authorizing licensing boards to issue letters of admonition absent evidence of unlawful
behavior, requiring a licensee to report any violation of law/ethics to the licensing board, allowing licensing boards to
treat a CAPTE-accredited program as insufficient for licensure). It also opposed MPA provisions that were drafted in a
manner that would work hardships on licensees (eg, the renewal of licensure clause).

An amicus curiae brief was written to the Pennsylvania Supreme Court arguing in favor of a lower court ruling that
a self-insurer need not pay for “physical therapy” services performed by an unlicensed individual under the supervision
of a physician. The Pennsylvania Chapter, represented by Kent Culley, Esq took a lead role in this case, and the state
Supreme Court upheld the lower court opinion.

2002 liaisons to the Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO) Professional
Technical Advisory Committees were Karl Gibson, MS, PT (PA), Margaret Namovic-Carr, PT (IL), Kimberly Lee-
Newman, PT (TX), and Anita Bemis-Dougherty, PT (MD). Each liaison participated in numerous meetings, conference
calls, and field reviews to represent the profession at JCAHO headquarters in Chicago and to provide comment to
proposed revisions of JCAHO’s accreditation standards. As a part of APTA’s membership in the Commission on
Accreditation of Rehabilitation Facilities (CARF), Cathy Ellis, PT (DC), held a position on CARF’s Board of Trustees.

Throughout the year, PT Bulletin and PT Magazine continued to cover current news of physical therapy-related
legislation and regulation, offering APTA’s view of the issues. In addition, PT Magazine published the following
topics to promote desired health care policies, legislation, and regulation: Medicaid and You (January); Direct Access:
Exploring New Opportunities (February); Direct Access Under Medicare Part B: The Time Is Now! (February); Student
Services and Medicare Reimbursement (April); Comments on Direct Access and the DPT (May); PTs and Prevention of
Chronic Disease: ‘State’ Your Case! (May); Workplace Ergonomics: The Story So Far (June); Direct Access: A
Firsthand Account (July); Medicare Regulations: Relief On the Way? (July); PTs and the Medicare Coverage Process
for Items and Services (September); Democracy Is Not a Spectator Sport (October); Direct Access and the Gatekeeper
Model (October); and The HIPAA Privacy Final Modified Rule (November).

Objective B: Improve coverage and reimbursement by public and private payers for services provided by or
under the direction of physical therapists, with emphasis on direct access to physical
therapy services. (3)

Congress failed to fix the Medicare Part B physician fee schedule for the second year in a row, despite
overwhelming support in the Senate and House. The House included provisions in the Medicare Modernization and
Prescription Drug Act (H.R. 4954) that would have increased payments to physical therapists by about 6% from 2003 to
2005. When the Senate was unable to act on that legislation, supporters mounted a last-gasp effort to give the Centers
for Medicare and Medicaid Services (CMS) authority to fix fee schedule problems and prevent a 4.4 % payment
reduction from going into effect in 2003. However, Congress adjourned without agreeing on even that authorization.
Efforts to eliminate the payment reductions will renew in the 108th Congress.

In May, APTA met with White House health policy advisor Mark McClellan to discuss legislative efforts to correct
the reduction in the Medicare Physician Fee Schedule. Joining representatives of the AMA, the American Academy
of Family Physicians, and the American Academy of Ophthalmology, APTA urged the Bush Administration to press for a
legislative remedy. McClellan reiterated the Administration’s support for a short-term fee schedule payment update
while stressing the need for broader, long-range structural reform of the program.

On February 28, Stephen Levine, PT, MSHA (MD), testified before the House Ways and Means Health
Subcommittee in opposition to scheduled payment reductions under the Medicare Part B physician fee schedule. Joining representatives of AMA, the Society of Thoracic Surgeons, the Congressional Budget Office, and the Medicare
Payment Advisory Committee, Levine warned the panel that “the health of older Americans will be at risk if access to,
and payment for, health care services does not keep pace with the growing number of Medicare beneficiaries.” Levine
also responded to questions from the committee by explaining the importance of physical therapists in disease
management and prevention, pointing out that the requirement of a physician referral prevents physical therapists from
providing necessary services to Medicare patients.

CMS’ revision of its data requirements this year allowed it to accept the APTA survey data that had been previously
rejected. APTA’s survey data on physical therapy practice expenses corrected the relative values of many physical
therapy services and increased 2003 payment to physical therapists by about 2%. However, basic flaws with the fee
schedule formula—errors the agency acknowledges but says it has no authority to correct—more than offset the
increased physical therapy values. The resulting 2.4 % reduction in physical therapy payments, though, will be less
severe than fee cuts for other services. CMS revised its data requirements this year, allowing it to accept the APTA
survey data it had previously rejected.
In January, CMS Administrator Tom Scully agreed to examine a number of Medicare issues of concern to physical therapists and physical therapist assistants at a meeting with APTA staff. Among the issues discussed were eliminating the physician visit requirement at the time of recertification of treatment and liberalizing the supervision requirement for physical therapist assistants working with a physical therapist in private practice. The Association also asked CMS to issue a coverage decision covering electrical stimulation for all chronic non-healing wounds. Legislative concerns, including the $1,500 Medicare therapy cap and providing direct access to physical therapists for Medicare beneficiaries without requiring a physician referral, were also discussed.

After years of effort by APTA members and staff, including litigation, CMS issued a very positive coverage decision for electrical stimulation to treat chronic non-healing wounds in July. Under the new national policy, Medicare will cover electrical stimulation for the treatment of stage III and IV pressure, arterial, diabetic, and venous stasis ulcers. CMS defined “chronic” as having not healed within 30 days of occurrence. CMS indicated that electrical stimulation for these wounds would not be covered as initial therapy, but only as “adjunctive therapy” after there are no measurable signs of improvement health for at least 30 days of treatment with standard wound care. The Association had successfully sued CMS in 1997 to block the issuance of a non-coverage policy, despite what APTA argued was sufficient evidence to support Medicare coverage. Member consultants Pamela Unger, PT (PA), Neil Speilholz, PT, PhD, FAPTA (FL), Joseph McCulloch, PT, PhD, FAPTA (LA), and Luther Kloth, PT, MS, CWS, FAPTA (WI), provided critical counsel throughout the lengthy process.

During a July meeting, Medicare’s 30-day physician visit requirement was the focus of discussions with Thomas Barker, special assistant to CMS Administrator Tom Scully. Barker told Steve Levine, PT, MSHA (MD), and APTA staff that the Administrator’s Office understood the concerns raised by beneficiaries and providers and would initiate discussions with CMS program staff about possible remedies and alternatives to the agency’s policy.

APTA challenged a questionable methodology used by CMS to calculate Medicare practice expenses during an August meeting with CMS Hospital and Ambulatory Policy Group director Tom Gustafson and his staff. Steve Levine and APTA staff questioned the basis and validity of the “utilization crosswalk,” revealed for the first time in the proposed 2003 physician fee schedule rule, which ignores standard methodology in determining practice expense payments for physical therapy services in the CPT 97000 series. If CMS used its accepted methodology, APTA believes payments for the CPT 97000 services would be substantially higher. In the final 2003 fee schedule rule, CMS chose to retain the “crosswalk” methodology, but indicated it would welcome additional comments on the issue, which APTA plans to provide.

The Association led efforts to resolve confusion about the use of one-on-one and group therapy billing codes after CMS issued a carrier manual transmittal on May 17 to clarify its policy. In addition to restating the guidance it has provided members at coding seminars since the mid-1990s, APTA developed detailed coding scenarios to assist members and worked with CMS to provide additional guidance. In September, APTA staff participated in a special CMS “open door forum” on group therapy and provided comments to CMS, including encouraging the agency to ensure that the group code is properly recognized for payment when used appropriately and urging it to revisit the calculation of indirect practice expenses applied to physical therapists.

Working closely with APTA’s Pediatrics Section, the Association pushed for full federal funding for IDEA. However, Congress failed to advance legislation to reauthorize programs under IDEA, leaving the issue for further debate in 2003. APTA continued to educate members about the importance of IDEA through articles published in PT Magazine and PT Bulletin Online.

APTA actively supported passage of the Stroke Treatment and Ongoing Prevention Act, S. 1274/H.R. 3431, to extend eligibility to physical therapists for professional development and education programs in advanced stroke prevention and treatment. The legislation, which would authorize HHS to award grants for development and implementation of advanced stroke education programs and conduct a national medical education campaign to inform the public about stroke symptoms, passed the Senate in February but was not acted on in the House.

The federal government and APTA secured agreement from the American Chiropractic Association (ACA) to dismiss litigation challenging the rights of physical therapists to perform manual manipulation of the spine as a Medicare covered service. Part of the Association’s long-standing effort to protect the ability of physical therapists to perform spinal manipulation for Medicare beneficiaries, dismissal of the federal lawsuit was a major victory for APTA and members Steve McDavitt, PT, MS (ME), and Stanley Paris, PT, PhD, FAPTA (FL), who provided affidavits in support of APTA’s petition.

In May, CMS clarified its policy regarding therapy student services, stating that only services provided by the physical therapist can be billed and paid under Medicare Part B. The CMS transmittal provided examples that illustrate
students could participate in the delivery of services when a qualified physical therapist or physical therapist assistant is present in the room directing the service, with the physical therapist making the skilled judgment and responsible for the assessment and treatment. The transmittal confirmed information obtained from the agency by APTA earlier in the year.

**Efforts were made to continue to reach payers, educate them about the benefits and advantages of physical therapy, and work with them to address inappropriate denials of physical therapy services.** In July, the annual Insurer Forum attracted more than 100 payers from across the country. The payers received an update on procedure coding, a primer on wheelchair fitting and training (and the importance of a physical therapist evaluation prior to selection of the appropriate chair), an in-depth presentation on the physical therapist’s role in wound care, and a very well-received demonstration of an upper quarter evaluation by a physical therapist. In early 2003, a new section will be established on APTA’s Web site with information specific for payers.

During the year, APTA’s Reimbursement Department staff spoke to the **Mid Atlantic Claims Group of Harleysville Insurance**, focusing on the **Guide to Physical Therapist Practice** and coding; worked with **AMA** on a document to describe the new wound care codes (CPT codes 97601 and 97602); and attended three sessions of the **American National Standards Institute’s Accredited Standards Committee X-12** regarding the development of electronic standards for claims processing and related transactions. These are the standards adopted through the Health Insurance Portability and Accountability Act (HIPAA) legislation. In addition, staff attended a meeting of the **National Committee on Quality Assurance** (NCQA) and responded to its request for comments regarding the 2003 Standards for Accreditation.

A presentation was developed and delivered to **State Farm Insurance** regarding the specifics of various interventions provided by physical therapists and the equipment associated with commonly used codes. Reimbursement staff also worked with **GEICO**, a major auto insurer, regarding its payment policies and software edits for modalities, and with a Pennsylvania insurer, **HealthGuard**, regarding the correct use of the 59 modifier.

In November, APTA staff spoke to the **National Association of Independent Insurers Medical Management** subgroup in Chicago regarding direct access. A formal presentation was delivered and discussions included potential interest in partnering in a direct access study, as well as on the **Guide to Physical Therapist Practice**.

The medical director of the **Medicare carrier for Illinois refused to approve payment of sharp selective debridement performed by physical therapists** on the grounds that the procedure was outside the scope of physical therapy, and the director insisted that only an opinion from the Illinois Department of Professional Regulation (DPR) or Attorney General would change the decision. APTA wrote a brief in support of a request for clarification submitted to the DPR by Illinois Chapter President Barbara Sullivan, PT, plus a second brief in support of her request to the DPR’s physical therapy advisory committee for a favorable recommendation. The Office of Counsel’s brief on the scope-of-practice issue relied heavily on earlier research, done for a challenge to an adverse wound-care clause in the Medicare Home Health Manual, on the statutory text of the definition of physical therapy in all 50 states. The brief demonstrated that all physical therapists are required to be educated in wound care, including debridement, citing CAPTE’s Evaluative Criteria and APTA’s **Normative Model of Physical Therapist Professional Education**.

Throughout the year, **APTA worked with several chapters regarding specific reimbursement issues**: 1) Hawaii Chapter, regarding a problematic insurer representative and the payment differential for services delivered by a physical therapist assistant under the direction and supervision of a physical therapist. 2) Idaho Chapter, regarding Blue Cross and Blue Shield’s (BCBS) desire to restrict the use of the physical therapist evaluation code. 3) Delaware Chapter was provided assistance to obtain reimbursement enhancements (recognition of physical therapist evaluations, increase in the fee schedule) from BCBS of Delaware. 4) South Carolina Chapter was provided with a PowerPoint presentation on direct access. 5) Tennessee Chapter was provided with assistance in responding to BCBS inquiries regarding TENS. 6) Montana Chapter, regarding BCBS’ desire to limit payment for modalities. 7) Virginia Chapter, regarding BCBS’ desire to cease payment for iontophoresis. 8) North Dakota Chapter was provided with assistance to achieve reimbursement for direct access with BCBS, and also to lobby to successfully increase reimbursement for physical therapists under the state workers’ compensation program. 9) Vermont Chapter was provided with assistance on strategies for addressing BCBS. 10) Rhode Island Chapter, regarding a fee schedule issue with BCBS.

To help physical therapists more effectively secure reimbursement for their services, APTA again successfully partnered with Ingenix (formerly St Anthony’s/Medicode) to produce the **Coding and Payment Guide for the Physical Therapist**, which not only provided a physical therapy-specific manual on reimbursement, but generated royalty payments to APTA. The Association also partnered with Ingenix on a new product, **Coding Fast Finders**—laminated cards that list commonly used ICD-9-CM and Current Procedural Terminology (CPT) codes, which were completed in late 2002 for sale in 2003. APTA also updated its **Reimbursement Resource Book**, and developed a CD to reach audiences that prefer using electronic references.
Objective C: Promote patterns of practice and business relationships that ensure ethical provision of high-quality care, with emphasis on eliminating referral for profit in the provision of physical therapy services. (6)

Efforts to strengthen federal prohibition of physician self-referral arrangements met with little success in 2002. APTA continued to discuss problems arising from physician ownership of physical therapy services with members of Congress and HHS, but the regulatory and legislative atmosphere offered no opportunity to strengthen existing standards. In September, APTA staff met with representatives of HHS’ Office of the Inspector General (OIG) to discuss issues related to “incident-to” billing and reviewed concerns about potential fraud and abuse violations.

Fraud and abuse issues of concern to physical therapists, including supervision and documentation requirements, were topics of ongoing communication with OIG, the Department of Justice, and CMS’ Program Integrity Office. Seminars held in Chicago and Orlando and at CSM and PT 2002 included updates on emerging fraud and abuse issues and guidance.

Medicare agreed to enroll therapists as physical therapists or occupational therapists in private practice beginning in 2003 when the therapists are employed by physician groups or groups that are not professional corporations, if permitted by state law. APTA supported the new policy, included in the 2003 Medicare physician fee schedule final rule. However, CMS rejected APTA’s suggestions that therapists employed in physician offices should be given a designation separate from therapists in private practice and that they be subject to safeguards against potential fraud and abuse.

The Association assisted members in complying with the new HIPAA regulations on transaction and code sets and privacy standards. APTA summarized the regulations and provided extensive guidance for members through its Web site, including answers to FAQs, a gap analysis, model contract language, and links to helpful resources. Members were alerted to the October 15 deadline for applying for an extension to comply with the transaction and code sets standards and received clarification that facsimile transmissions are not considered electronic media under the standards. Education materials were developed and presented at seminars in Chicago and Orlando and at CSM and PT 2002. Additional HIPAA seminars are planned for 2003.

APTA began a new initiative, the Advanced Clinical Practice (ACP) Course Series, designed to provide physical therapists with advanced clinical practice information and skills that are based on evidence. These courses focus on evidence-based approaches to evaluation and interventions and feature hands-on labs, limited enrollment to ensure interaction with instructors, prior reading assignments, case studies, and more. The following courses were held in Cincinnati, Boston, Atlanta, and/or Baltimore, and each received excellent reviews from attendees: Diagnosis By Physical Therapists: Screening for Medical Referral, presented by William Boissonnault, PT, DHSc, FAAOMPT (WI); Examination of the Lower Quarter: Biomechanics, presented by Christopher Powers, PT, PhD (CA), and Stephen Reischl, PT, DPT, OCS, (CA); Examination & Selected Interventions: Cervical Spine and Shoulder, presented by Gail Deyle, DPT, MPT, OCS, FAAOMPT (TX), and Michael Bang, PT (CA); and Examination & Selected Interventions: Lumbar Spine & Pelvis, presented by Joseph Godges, DPT, MA, OCS (CA), Robert Wainner, PT, PhD, ECS, OCS, (TX), and Julie Whitman, PT, DSc, OCS, FAAOMPT (CO). These four courses will be offered in cities across the country in 2003 along with two additional courses: Pharmacology for Physical Therapists, presented by Jo Anna Schroer, PT, PhD (MO); and Radiology and Imaging for Physical Therapists, presented by Gail Deyle, DPT, MPT, OCS, FAAOMPT (TX), and James Swain, PT, MPT (ID).

Five online audio/video courses were made available to members to promote patterns of practice and business relationships that ensure ethical provision of high-quality care: Managed Care: It Pays to Understand, presented by Kathy Lewis, PT, JD (TX), is the first in a series of home-study print-based courses on aspects of business management that are important to all physical therapists.

Goal IV: Research advances the science of physical therapy and the clinical practice of the physical therapist.

Objective A: Develop and disseminate the theoretical and empirical bases of physical therapy that integrate the best research evidence with clinical expertise and patient/client values. (7)
Progress on implementation of “Hooked on Evidence,” an online research reporting and querying tool to assist members in improving evidence-based practice techniques, continued at a very rapid pace. An article explaining the project was published in the June issue of PT Magazine (“Getting Hooked on Hooked on Evidence”) and APTA’s efforts in evidence-based practice were highlighted in the cover story of the October issue of Rehab Management. In addition to these written pieces, approximately 12 presentations that explained the project and progress to date were made to members to external health care professional groups. As a result of these efforts, the database grew exponentially, with 470 extracts currently comprising the database and 220 extracts either partially completed or awaiting APTA approval. Nearly 3,000 physical therapists and physical therapist students have visited the site since it became available in May.

Results of the “Hooked on Evidence” extracts were also made available to APTA members. A search engine was created that allows members to search the database based on keywords they submit. APTA staff, the Advisory Panel on Research, and a group of consultants on measurements will design the next enhancement of the database in January 2003. These enhancements will include a graphical presentation of measures of treatment effect and the statistics from which the effect size was computed.

Progress on the development of the outcomes data collection process continued throughout 2002. A decision was made to incorporate outcomes data collected with the OPTIMAL instrument into a larger system comprising additional aspects of patient management, including documentation and billing. Work on this larger project will be ongoing in 2003.

The process to test the psychometric properties of the OPTIMAL instrument was launched during the latter quarter of 2002, with four sites participating in the data collection process. Approximately 40 patient intake and discharge forms have been submitted to APTA from those sites involved in data collection, with the collection continuing until the requisite number of forms is submitted. Subsequent to submission of these forms, an article detailing the psychometric properties of the forms will be submitted to Physical Therapy.

An article by members of the Task Force for the Development of Student Clinical Performance Instruments on the “Development and Testing of APTA Clinical Performance Instruments” was published in the April issue of Physical Therapy.

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

A reorganization of all APTA Headquarters library materials began with book and periodical collections in the McMillan Library, Practice and Research Division collection, and Archive being cataloged to conform to National Library of Medicine standards, with approximately 40% of the collections completed by year-end. Approximately 762 titles were cataloged with a card catalog added to the McMillan Library, which contains records for all the collections. Books and bound journal volumes pre-dating 1960 were moved from the McMillan Library to the Archive and then inventoried and appraised at a minimum current market value of $2,000. The Archive is undergoing a redesign and reorganization to make it more user-friendly, including a user work area, a material preparation area, and more storage capacity for the periodical and book collections.

Literature searches were conducted by APTA’s Information Resources that covered topics including chronic low back pain, iontophoresis, rheumatology, urinary incontinence, and non-surgical care of wounds. For “Hooked on Evidence,” more than 246 articles were obtained for the database from internal and external sources, subscriptions, databases, and document delivery services.

APTA’s Information Resources developed two internal communication mechanisms to help staff stay current on physical therapy and health-related issues: 1) a weekly report that provides abstracts and Internet links to journal, trade, and mass media Web articles, grant announcements, press releases, studies/reports, and Web sites; and 2) a daily report that provides brief citations of health care and insurance-related industry articles. Both reports are shared with staff via e-mail.

Four oral histories were recorded for members Charles Hall, PT (OH), Richard McDougall, PT, MEd (KY), Nancy Watts, PT, PhD, FAPTA (MA), and Lynda Woodruff, PT, PhD (GA). Twenty-six interview tapes were loaned out to members – a majority of which were loaned to physical therapy students, educators, and presenters.

Objective B: Promote research that is consistent with the priorities outlined in the Association’s “Clinical
Research Agenda.” (9)

APTA members and staff in the Information Technology and Practice and Research departments developed an outcomes database that will be used to collect patient outcomes information from outpatient facilities.

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

APTA’s Office of Counsel assisted the Foundation for Physical Therapy by preparing a contract with the University of Southern California to operate a Clinical Research Network, a $1.5 million project which the principal investigator is Carolee Winstein, PT, PhD (CA).

Objective C: Promote Association and individual member involvement in research agencies. (17)

Two initiatives were begun that should result in additional funding for physical therapist researchers. First, APTA met with USDE staff to discuss methods that would result in increasing the viability of physical therapist researchers and their projects for funding through the Department. These meetings will continue throughout 2003, and will include members of APTA’s Section on Research. Second, meetings were held at CSM and PT 2002 between APTA staff and various members of the Section on Research. The purpose of the meeting was to devise strategies that could result in more funding for physical therapists from the National Institutes of Health (NIH). A process was developed that would permit physical therapists who received NIH funding to review grant applications from less experienced individuals. This process will result in stronger applications and an increased likelihood of funding for physical therapists.

A member of the Committee on Cultural Competence, Meredith Harris, PT, EdD (MA), was appointed as the only physical therapist on the Advisory Board on Medical Rehabilitation Research of the NIH National Institute of Child Health and Human Development.

APTA continued as a member of the Society for Women’s Health Research (SWHR). The Society is the nation’s only non-profit advocacy group whose sole mission is to improve the health of women through research, working to increase public and private funding for research on women’s health, and promoting the inclusion of women in medical research studies. APTA’s 2002 liaisons to SWHR were Marilyn Raymond, PT, PhD (MI), and Elaine Wilder, PT, MA (MO), who brought a physical therapy perspective to a predominately physician-and pharmaceutical-based group.

In November, APTA’s Women’s Initiatives staff attended a SWHR – sponsored research briefing regarding encouragement to women, particularly elderly women, to participate in clinical studies and the available Medicare reimbursement for these studies.

Objective D: Encourage collaborative research. (18)

With representatives from the American College of Sports Medicine, the Robert Wood Johnson Foundation, and AARP, APTA worked to develop a research agenda documenting the effectiveness of exercise programs among adults over 50 years of age. In October, representatives from APTA attended a meeting of this coalition and continued to be involved in the development of the agenda, as well as creation of specific projects to be funded by the coalition.

APTA Women’s Initiatives “What’s New” Web page provided members with information on various topics of interest, including research, i.e., the Ninth Annual Interdisciplinary Women’s Health Research Symposium of 2002.

Goal V: Physical therapists and physical therapist assistants are committed to meeting the healthcare needs of patient/clients and society through ethical behavior, continued competence, and advocacy for the profession.

Objective A: Identify and promote behaviors that uphold professional ideals as defined by the Association’s Code of Ethics and Standards of Practice. (11)

APTA’s Ethics and Judicial Committee (EJC) revised part of its Guide for Professional Conduct dealing with patient autonomy and consent. The revised version requires a physical therapist to disclose just “substantial risks of the recommended examination and intervention,” whereas under the prior version a physical therapist had to inform the patient/client of “the benefits, costs, and substantial risks (if any) of the recommended intervention and treatment alternatives.” APTA’s Office of Counsel supported the EJC in this document revision and in its disposition of ethics complaints against members during the year.
Two ethics opinions were released by the EJC in response to inquiries from physical therapists. The first ethics opinion addressed the **obligation to “report” illegal, unethical, or incompetent behavior**. It explained that the existence of an obligation depends on the circumstances (e.g., seriousness of the misconduct, certainty that the conduct is illegal/unethical, quality of the evidence possessed by the physical therapist). This opinion helped members in states in which violating APTA’s ethical principles is grounds for licensing action by repudiating explicitly the notion that a physical therapist has an ethical obligation to pass along to the licensing authorities hearsay evidence that comes to his/her attention, regardless of the nature of the possible violation or the strength/credibility of the evidence. The second ethics opinion addressed the **ethical implications of a physical therapist’s accepting compensation from the distributor of certain ergonomic products**, for recommending the products to patients/clients, tied to the patients/clients’ purchase or use of the products. The EJC’s response to the inquirer emphasized the ethical pitfalls associated with accepting compensation for recommending products. It noted that a physical therapist always must act in the best interests of the patient when recommending a product. In cases in which the recommendation is compensated, the physical therapist must make sure that he/she is motivated by the best interests of the patient, not his/her financial self-interest. In addition, the physical therapist must disclose his/her financial interest to the patient. The physical therapist also must act to maintain the patient’s freedom of choice, which would preclude the physical therapist from agreeing not to give the patient the benefit of his/her best judgment concerning the patient’s need for the product or for some competing product.

Members of the **Committee on Risk Management and Member Benefits** were active in providing professional risk management education to members by producing articles and conducting professional risk management education sessions at PT 2002 and National Student Conclave (NSC). Former Committee member Rita Arriaga, MS, PT (CA), also contributed to the Association’s professional risk management education program through her authorship of the annual “Stories From The Front” series in PT Magazine. This series continued to generate positive comments and inquiries from members. Professional risk management topics addressed included communication and use of personnel (March), documentation (July), and must-visit Web sites for help in anticipating, preventing, and insuring against risk (December).

An accomplishment in the area of professional risk management education was made when **HPSO granted approval for attendance at selected APTA courses to be considered as credit toward its risk management discount**. This discount (10% per year for three consecutive years) is applied at the time of application or renewal when a customer can show he/she has attended approved risk management continuing education programming worth 0.6 continuing education units (CEUs) or more. Eighteen courses at PT 2002 were approved for credit, as were several of the Association’s stand-alone continuing education offerings and the new **Business Skills in Physical Therapy: Legal Issues** home-study course.

**Ethics and Professional Responsibility in PT**, presented by Jonathan Cooperman, PT, JD (OH), and Ron Scott, PT, JD (PA), was an online audio/video course made available to physical therapists and physical therapist assistants that addresses professional ideals as defined by the Association’s Code of Ethics.

PT Magazine published the following articles that promoted the ideals defined by the **Code of Ethics**: The Screening Process: Making the “Go” or “No-Go” Decision (January); Stories from the Front—Part 1: Burns (February); Stories from the Front—Part 2: Communication and Use of Personnel (March); Stories from the Front—Part 3: Documentation and Clinical Decision Making (May) Do the Write Thing: Document Everything! (July); and No-Risk, All-Gain Destinations (December).

**Objective B**: Design and implement lifelong career development/continuing education opportunities, including distance-learning programs/activities that provide learner-centered augmentation of knowledge, skills, and behaviors. (14)

Presentations were made at CSM and PT 2002 on the **Transition Clinical Doctorate**. In addition, APTA’s Education Division staff presented and consulted on the DPT, TDPT, and curricula at physical therapist programs in Georgia, Idaho, North Carolina, Oklahoma, Pennsylvania, Oregon, South Dakota, and Washington.

Consultation, invited presentations, and resource information were provided to physical therapist and physical therapist assistant academic and clinical communities to continue enhancement of the delivery of high-quality education programs. Half-day to one-day programs were provided at approximately eight institutional and national conferences on topics including mentoring, clinical teaching strategies for contemporary practice, and the doctoring profession.

APTA expanded the continuing education (CE) opportunities made available to members. A calendar of 15 different seminars and a library of more than 45 home-study courses were offered in addition to CE programming presented during CSM and PT 2002. All offerings provided CEUs and the added benefit of member pricing. Three in-
Twenty-five articles featuring clinical practice have been published in the last 6 years on a wide variety of topics, and two were added in 2002: "Demyelinating Diseases: Central and Peripheral," by Clare Bassile, PT, EdD (NY), and "Developing Cultural Competence in a Multicultural World (parts 1 and 2)," by Ronnie Leavitt, PT, PhD, MPH (CT). More than 2,200 respondents successfully completed an examination based on a CE article and an accompanying research article related to that topic. More than 75% of the responses to the CE series were sent electronically via APTA's Web site.

Nineteen online-audio/video courses were made available through APTA's Web site on topics that included business management, geriatrics, sports physical therapy, and orthopedics. All courses provided searchable text references, study questions, downloadable resources, and electronic test correction. Nine courses, developed in partnership with the Sports Physical Therapy Section and the Section on Geriatrics, were launched in 2002. Courses included: Biomechanical Evaluation of the Golf Swing, presented by Mark Archambault, PT, MS, CSCS (CA); Clinical Anatomy of the Low Back, presented by Carl DeRosa, PT, PhD (AZ); Managed Care: It Pays to Understand, presented by Rhea Cohn, PT, MA (VA); Reimbursement for Physical Therapy Services in the Outpatient Setting, presented by Helene Fearon, PT (AZ); Rotator Cuff Lesions and Rehabilitation, presented by Kevin Wilk, PT (AL); Shoulder Lesions: From Bankhart to SLAP, presented by Kevin Wilk, PT (AL); Fraud & Abuse, presented by Karen Ravitz, JD; Ethics & Professional Responsibility in PT, presented by Jonathan Cooperman, PT, JD (OH), and Ron Scott, PT, JD, MSPT, OCS (PA); Diagnosis by Physical Therapists: Screening for Medical Referral, presented by William Boissonnault, PT, DHSc, FAAOMPT (WI); and Your Niche Practice: Business and Marketing Essentials, presented by Thomas Papke, PT (VA). Sports titles launched included: An Overview of Sports for People with Disabilities, presented by Mark Anderson, PT, PhD, SCS (OK); The Female Athlete Across the Lifespan presented by Lori Thein Brody, PT, MS, SCS (WI); Management of Patello-Femoral Syndromes and the Controversy of Selective Activation of the VMO, presented by George Davies, PT, MEd, SCS, ATC (WI); and Management of Posterior Cruciate Ligament Pathology, presented by Robert Mangine, PT, MEd, ATC (KY). Geriatric titles launched included: Conservative Pain Management for the Older Patient, presented by John Barr, PT, PhD (IA); Evaluation and Intervention of Urinary Incontinence in Elderly Men & Women, presented by Jennifer Bottomley, PT, MS, PhD (MA); Osteoporosis: A Comprehensive Treatment Strategy, presented by Sara Meeks, PT, MS, GCS (MA); Examination & Intervention of Balance Disorders in the Elderly, presented by Patricia McGinnis, PT, MS (NJ), and Susan Wainwright, PT, MS (PA); and Pathological Manifestations of Aging, presented by Jennifer Bottomley, PT, MS, PhD (MA).

PT 2002: The Annual Conference and Exposition of the American Physical Therapy Association, held in Cincinnati, Ohio, June 5-8, featured themes on business management, cardiovascular and pulmonary clinical practice, integumentary clinical practice – musculoskeletal clinical practice – neuromuscular, health care reform, education, emerging practice areas, health promotion and wellness, research application in practice, and technology. More than 100 educational sessions and 209 poster and platform presentations were available to the attendees. The conference emphasized the use of evidence in practice and the knowledge and skills necessary to practice in a changing environment. Sessions included a day-long course, Diagnosis by Physical Therapists: Screening for Medical Referral, followed by a half-day of three hands-on practice labs. Session evaluations for PT 2002 were excellent: More than 95% agreed or strongly agreed that the session content was applicable to practice (this was up from 93% in 2001); more than 97% considered the speakers to be knowledgeable; and 95% indicated agreement that, overall, the program was excellent. Speakers included President Ben Massey and the legendary Florence Kendall, PT, FAPTA (MD), for the Opening Plenary; Steven Wolf, PT, PhD, FAPTA (GA), as the 33rd Mary McMillian Lecturer; Gary Wynn Gray, PT (MI), as the John H P Maley Lecturer; and William Boissonnault, PT, DHSc, FAAOMPT (WI), Suzann Campbell, PT, PhD, FAPTA (IL), Helene Fearon, PT (AZ), Peter Kovacek, PT, MSA (MI), Kevin Wilk, PT (AL), Pamela Scarborough-Roessler, PT, MS, CDE, CWS (TX), Carolee Winstein, PT, PhD (CA), Sara Meeks, PT, MS, GCS (FL), Pamela Unger, PT, CWS (PA), Susan Herdman, PT, PhD, FAPTA (GA), Carolyn Kiser, PT, MS (OH), Charles Ciccone, PT, PhD (NY), and many more. More than 40 APTA members were involved in the review of proposals for educational sessions for the conference. The Annual Conference Program Committee, chaired by Sherry Clark, PT (NE), enlisted the assistance of the Subcommittee for Reviewing Proposals to review all proposal submissions and to suggest topics and speakers. Each section identified members of the Subcommittee for Reviewing Proposals for recognized content expertise.

A total of 17 post-professional clinical residency or fellowship programs are now credentialed by the APTA. Six fellowship programs are credentialed in Orthopaedic Manual Physical Therapy: Kaiser Permanente Los Angeles Orthopaedic Manual Therapy Fellowship, West Los Angeles, CA (Credentialed: 12/31/00); Institute of Orthopaedic Manual Therapy, Burlington, MA (Re-credentialed: 11/30/02); Kaiser Hayward PT Fellowship in Advanced Orthopedic Manual Therapy, Hayward, CA (Credentialed: 12/31/00); The Manual Therapy Institute, Austin, TX (Credentialed: 02/28/02); NAIOMT, Inc, Eugene, OR (Credentialed: 12/31/00); and University of St. Augustine for Health Sciences Clinical Fellowship, St. Augustine, FL (Credentialed: 11/30/02). One residency program is credentialed in Orthopaedic
Manual Physical Therapy: Ola Grimsby Institute, San Diego, CA (Credentialed: 01/31/02). Eight residency programs are credentialed in Orthopaedics: Cedars-Sinai Orthopaedic Physical Therapy Residency Program, Los Angeles, CA (Credentialed: 12/31/01); Fortanasce & Associates Physical Therapy, Arcadia, CA (Credentialed: 12/31/00); HealthCare Partners Orthopaedic Physical Therapy Residency, Torrance, CA (Credentialed: 12/31/01); Inland Empire Physical Therapy Orthopaedic Physical Therapy Residency, Corona, CA (Credentialed: 12/31/01); Kaiser Permanente Southern California Orthopaedic Physical Therapy Residency, Los Angeles, CA (Credentialed: 9/30/99); University of Southern California Orthopaedic Physical Therapy Residency, Los Angeles, CA (Credentialed: 7/31/01); University of Wisconsin Hospital and Clinics and Meriter Hospital Orthopaedic Physical Therapy Clinical Residency Program, Madison, WI (Credentialed: 4/30/00); U.S. Army - Baylor University Postprofessional Doctoral Program in Orthopaedic & Manual Physical Therapy, Fort Sam Houston, Texas (Credentialed: 10/28/99). Two residency programs are credentialed in Sports Physical Therapy: Gundersen Lutheran Medical Foundation Sports Physical Therapy Clinical Residency, Onalaska, WI (Credentialed: 4/30/01); and US Military – Baylor University Postprofessional Sports Medicine – Physical Therapy Doctoral Program, West Point, NY (Credentialed: 6/14/99).

The Committee on Clinical Residency and Fellowship Program Credentialing streamlined the application to provide applicants with a more concise process and the initial credentialing period was increased from 3 to 5 years. With the assistance of Joseph Godges, PT, MA, OCS (CA), Jay Irgang, PT, PhD (PA), and Marcia Stalvey, PT, MS, NCS (OH), the committee presented forums at CSM and PT 2002 on the requirements and application process, the development of a program, and benefits of a program.

Four hundred nine specialists who achieved board certification in 2001 were honored during the Ceremony for Recognition of Clinical Specialists at CSM. APTA President Ben Massey welcomed attendees, and chair of the American Board of Physical Therapy Specialties (ABPTS), William Staples, PT, MS, GCS (IN), congratulated the newly certified specialists on their achievements. Rick Ritter, PT, MA, OCS (TN), presented the keynote address entitled “Congratulations...Now What’s Next?” Chairs of the specialty councils [Tamara Burlis, PT, MHS, CCS (MO), Frank Underwood, PT, PhD, ECS (IN), Nancy Erikson, PT, MS, GCS (WA), Reva Rauk, PT, MMSc, NCS (MN), Robert Johnson, PT, MS, OCS (IL), Lynn Jeffries, PT, MS, PCS (OK), and Lynn Bartlett, MPT, SCS (WA)]] presented the newly certified specialists with their certificates.

An additional 508 specialists were certified and 102 clinical specialists were granted recertification, bringing the total number of board Certified specialists to 4,126. To date, 329 specialists have achieved recertification. Individuals who were certified or recertified in 2002 will be recognized during the Ceremony for Recognition of Clinical Specialists at the 2003 CSM in Tampa, Florida.

More than 875 applications for the specialist certification examinations were processed in the fall for the examinations to be administered at Prometric testing centers nationwide in March 2003.

Forty-two of those individuals who became certified specialists in 2002 identified themselves as minorities, which was 8% of all those certified in 2002. Overall, 303 certified specialists identify themselves as minorities, representing 7% of all certified specialists.

ABPTS surveyed board-certified clinical specialists to determine what impact specialist certification has had on their careers. Approximately 1,500 certified specialists, with varying years of certification, responded to the survey. The results are being used, as appropriate, in marketing and public relations materials.

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

In addition, PES awarded funding to APTA and ABPTS for a research study to investigate the value and meaning of the certified clinical specialist credential to employers of physical therapists. The survey was designed to collect information relative to employers’ awareness of clinical specialization in physical therapy, the number of board-certified clinical specialists employed in the facility, information about the facility in relation to its employees and specialist certification, and the level of agreement with outcomes of job performance for ABPTS-certified specialists in the facility. The sample was selected from employers listed in the database of the Directory of Certified Specialists and more than 750 surveys were completed and returned. An article, prepared by Jean Bryan, PT, PhD, OCS (TX), and Kathleen Gill-Body, PT, DPT, MS, NCS (MA), will be published in the January 2003 edition of PT Magazine.

ABPTS surveyed candidates for the 2002 specialist certification examinations to gather data on satisfaction with various aspects of the specialist certification process. Ninety-six percent of survey respondents indicated that
Objective C: Expand and promote Association and member advocacy for patients/clients at local, state, regional, and national levels. (14)
APTA’s Key Contact Program reached unprecedented levels of participation and activity, with more than 300 physical therapists volunteering to be Key Contacts for members of Congress. Along with the 15,000 volunteers in the PT-PAC Network, APTA grassroots advocates generated more than 19,000 email messages to Congress in 2002, including more than 10,000 on the $1,500 Medicare therapy cap.

In April, the 14th Annual Federal Government Affairs Forum brought more than 150 physical therapists to Washington, DC, to hear former Senator Robert Dole and other experts speak on federal health care issues. Participants met with members of Congress and their staffs to seek support for the Medicare Patient Access to Physical Therapists Act and the Medicare Access to Rehabilitation Services Act.

Connecticut physical therapists met with House Ways and Means Health Subcommittee chair Nancy Johnson (R-CT) in her New Britain district office, urging her to support direct access to Medicare physical therapy services and elimination of the $1,500 Medicare therapy cap. Connecticut Chapter members Katherine Biggs, PT, MS, Richard Stieglitz, PT, ATC, and William Benesky, Jr, PT, also thanked Representative Johnson for her leadership in advancing legislation, including a 2-year moratorium on implementation of the therapy cap. APTA received reports of more than a dozen meetings with other members of Congress during the August congressional recess. Several of these congressional representatives agreed to cosponsor the Medicare Patient Access to Physical Therapists Act.

At the invitation of Representative Mark Steven Kirk (R-IL), APTA Board of Directors member Babette Sanders, PT, MS (IL), took part in a congressional field hearing on medical liability insurance issues. Sanders is a member of Representative Kirk’s local health care advisory committee, and therefore took the opportunity to speak with Representative Kirk and House Small Business Committee chairman Donald Manzullo (R-IL), about supporting legislation to provide direct access to physical therapists in the Medicare program and to eliminate the $1,500 Medicare therapy cap. Representative Kirk is a cosponsor of the Medicare Patient Access to Physical Therapists Act.

The President’s Commission on Excellence in Special Education heard comments from APTA member and State Representative Elizabeth Coulson, PT (R-IL), that more needs to be done to make special education programs what they were meant to be. Representative Coulson’s comments, focusing on improving accountability, prevention and early intervention, personnel, and transition planning, were submitted as the Commission developed recommendations for the President.

PT-PAC raised a record $1.2 million in the 2001-2002 election cycle, contributing almost $780,000 to more than 230 candidates in the 2-year cycle. Ninety-one percent of those candidates won their races. More than 8,000 APTA members, or 13% of the membership (17% of physical therapists), contributed to PT-PAC, with individual contributions averaging about $90 per PT-PAC member.

For the first time in its history, PT-PAC sponsored two personal-contribution fundraisers for members of Congress. At CSM, PT-PAC raised $20,000 in personal contributions from attendees for Congressman Phil Crane (R-IL). In March, PT-PAC collected $4,000 in personal contributions for Senator Blanche Lambert Lincoln (D-AR) in New York.

APTA’s “Connect with a Campaign” involved physical therapists in key federal and state election campaigns. Members of the Illinois Chapter provided crucial campaign and financial support for State Representative Elizabeth Coulson, PT (R), in her successful reelection campaign. North Dakota Chapter members staffed phone banks in support of Representative Earl Pomeroy, the chief Democratic sponsor of the House version of the Medicare Patient Access to Physical Therapists Act.

Enactment of campaign finance reform legislation in 2002 gave APTA and other professional organizations an improved chance to express the views of their members to Congress. By limiting the use of unregulated campaign donations known as “soft money,” the law gives non-profit organizations a more level playing field with corporations and unions that contributed huge amounts in unregulated funds to campaigns. However, litigation challenging the reform law is already before the US Supreme Court.

The 2002 State Legislative Leadership Award was presented to Paul Rockar, PT, MS (PA), for his contributions in securing passage of Pennsylvania’s state direct access law. Rockar received the honor in Louisville, Kentucky, where 75 chapter legislative leaders attended the 12th Annual APTA State Government Affairs Forum. US Representative Anne Northup (R-KY) and Kentucky State Senator David Karem (D) offered their insights on the legislative process to forum participants, and chapter leaders compared notes on their efforts to advance direct access and improve practice acts in their states.
In February, APTA’s Reimbursement Department staff worked with CMS officials regarding biofeedback issues and attended three Relative Value Update Committee meetings (including meetings of the Health Care Providers Advisory Committee). In March, staff attended the Industrial Rehabilitation Study Group meeting and volunteered to make a presentation at its 2003 meeting. In addition, APTA worked with Erie Insurance of Pennsylvania regarding workers’ compensation interpretation of the timed codes (of the CPT 97000 series).

APTA developed a "Pelvic Floor Rehabilitation" packet to assist members with denied claims. The packet was distributed to the Section on Women's Health, and a condensed version (with Web links rather than printouts) was distributed to component reimbursement chairs.

New for 2002 was an "Educators Summit," a day-and-a-half meeting focused on the academic faculty and staff of physical therapy programs. One of the prime efforts was not only to include reimbursement as a topic in the curriculum, but to include it as an integrated topic through the program rather than as a stand-alone course. The program was attended by approximately 30 educators and will be conducted again in 2003.

Association staff attended three meetings of AMA's Practice Expense Advisory Committee and presented approximately 30 codes representing services delivered by physical therapists. Six additional codes, with less frequent physical therapist usage, were also presented at the request of AMA after the primary users were unable to develop data.

APTA continued to provide letters of support for education programs that apply for funding for their diversity initiatives. Letters were written for New York University, Marquette University, the University of Southern California, and University of Washington.

Through Web site information and the Family Violence Guidelines, APTA's Women's Initiatives provided resources for physical therapists and physical therapist assistants to help their patients who may be victims of domestic violence.

Objective D: Identify and promote opportunities for community service, including provision of pro bono services and participation in consumer education and public awareness initiatives. (19)

In addition to news coverage of community-oriented activities throughout the year, PT Magazine published these articles that promoted community service: Reaching Out to Patients in Need (January); The Rewards of Service: PTs Who Volunteer (March); and How to Use Your National Physical Therapy Month Public Relations Kit (June). Also, PT Bulletin Online continued to provide its "Miscellaneous Listings" section for people to post community service opportunities.

The Association served as a "Pick Your Path to Health" campaign partner and was listed in the campaign community action kit materials. "Pick Your Path to Health" is a nationwide, community-based education campaign from HHS' Office of Women's Health.

Annually in March, APTA hosts a meeting of the TriAlliance executive directors and AMBUCS executive board. AMBUCS is a volunteer organization with clubs across the country that are dedicated to creating independence and opportunities for people with disabilities. Various projects for ongoing collaboration between the TriAlliance and AMBUCS were discussed, including identification of contact information for past AMBUCS scholarship recipients (physical therapy, occupational therapy, and speech/audiology students), and the possibility of presentation of an AMBUCS education program at each of the organizations' annual conferences. Follow-up on projects related to the AMBUCS meeting included an analysis by APTA's Information Technology staff that located current contact information on more than 1,400 physical therapists who received past scholarships from AMBUCS, production of labels for a mailing to APTA members living in the Las Vegas area regarding the establishment of a new AMBUCS club, and contact made with the New York Chapter and Pediatrics Section regarding pediatric facilities in the Niagara Falls area that might be interested in serving as a potential AmTryke demonstration site. In July, Susan Miller, PT, New York Chapter, president represented APTA and the TriAlliance at AMBUCS' annual conference in Niagara Falls, and a new TriAlliance exhibit made its debut in AMBUCS' exhibit hall.

Goal VI: Communication throughout the Association effectively enhances participation of and responsiveness to members and promotes and instills the value of belonging to APTA.

Objective A: Association communications effectively match target audiences, key messages, and appropriate mediums. (TBD)
APTA worked to improve the quality of services provided to its members, including a weekly online bulletin distributed to more than 75,000 recipients, enhanced ability for members to find valuable information on APTA’s Web Site, and more efficient ways to communicate with APTA in the purchase of products and services or to request member-related services. In addition, APTA members gained access to update their APTA profile online, and component executives were given real-time access to member data through the Web site.

APTA’s Web site continued to have an impact on how services were provided to members and clients. Usage rose as additional features were added to the site. The Web site was made more tightly integrated with APTA’s Association Management Software, providing more accurate information to members and significantly reducing the amount of staff time required to process online conference registrations and other e-commerce enabled applications.

Internet access continued to affect service costs and requests by APTA’s Service Center and Membership Department. APTA’s toll-free usage report reflected a decrease of 28,552 calls during the year. In addition, more than 2,900 members used the online member profile during the year to update their address or other information.

APTA’s Information Technology Department staff met with more than 30 members at PT 2002 for a Web Site Focus Group. During the meeting, members who use APTA’s Web site provided valuable feedback on how they use the site and their preferences for its future development.

During the year, APTA’s Information Technology upgraded the Association’s networking hardware and software to provide improved communication tools, including doubling the capacity and speed of APTA’s Web site. In addition, enhancements were made to software applications to streamline data entry and minimize duplication of data throughout the Association, and guidelines were implemented for data entry and maintenance of APTA member information.

PT Bulletin Online again published special editions that covered activities from the March and November APTA Board of Directors meetings, as well as from the June House of Delegates meeting. These issues allowed APTA to distribute information to members within days of the meeting. In the past, this information might not have reached the general membership for several weeks. In addition, PT 2002 introduced a daily online update, with photos of conference activities, accessible via APTA’s Web site.

The Student Assembly and APTA’s Marketing Services Department established Student E-News Monthly, an electronic means of sharing information. This communication tool proved to be a valuable way to highlight student activities, to focus on current APTA activities in conjunction with the Student Assembly, and to provide professional support to the student membership population.

The Student Assembly created the Student Liaison Challenge as a stimulus for more involvement with their student liaisons at NSC. The student liaison who recruited the most classmates to attend NSC received APTA cash. The winners were able to use their APTA cash toward the purchase of merchandise or for registration fees at conferences.

Cherie Metz, PTA (AL), and Barbara Bradford, PT (AL), presented a session on PT/PTA Collaboration and were available to discuss issues related to physical therapist assistants during NSC. In addition, the National Assembly exhibited in the exhibit hall during the Conclave to help answer questions related to physical therapist assistants.

Presentations were made by APTA’s General Counsel regarding association law and ethics for association executives to the Council of Executive Personnel at both CSM and PT 2002.

APTA updated slides on the topic of diversity for the APTA Board of Directors and component leaders twice during 2002. A separate PowerPoint presentation with just the diversity slides was made available to components. In addition, Department of Minority/International Affairs staff communicated regularly with components via the weekly e-mail blast providing information on diversity initiatives and offering assistance for any projects they might want to develop. Components also received quarterly statistics on their minority members, as well as information on past members of the Committee on Cultural Competence, so that committee members’ expertise related to diversity issues can be utilized in different positions at the component level.

The Minority/International Affairs Web page provided extensive information on issues of cultural diversity, with special sections on cultural competence and international issues, including the World Confederation for Physical Therapy (WCPT). This Web page provides the most up-to-date information on issues of diversity and cultural competence from APTA, federal government agencies, and private industry, and WCPT news and issues for internationally educated physical therapists. Information on diversity issues was also posted regularly in PT Bulletin Online, and resources that included an extensive bibliography and video listings on cultural diversity and cultural competence were developed.
An on-line newsletter, *Spectrum*, outlined information on APTA diversity initiatives, pertinent information on diversity workshops around the country, grant information for minority research projects, and other information that enhanced APTA member knowledge of the importance of diversity to the profession of physical therapy. The newsletter provided information on member accomplishments, minority health care issues and APTA, and other initiatives on recruitment of racial/ethnic minorities into the physical therapy profession and as members of the Association.

Resources were developed for APTA members regarding **volunteering or working internationally.** This information included whether a license is required or whether the member could join a physical therapy organization outside the US while practicing in another country.

An article that provided extensive information for physical therapists who volunteer in developing nations and **underserved communities** was developed for the March issue of *PT Magazine.* The Department of Minority/International Affairs and APTA’s Health Volunteers Overseas were major resources for the article.

To facilitate the transfer of dues funds from the Association to components, APTA transmitted component dues on the new Sun Trust Bank product called Online Treasury Manager (OTM) for the first time in December. Several improvements with OTM included its Web-based technology (no modems), and that it allows the Association to transmit on the next business day, while the former product required 2 business days advance notice.

**Four technology loans** were processed for the North Carolina, Pennsylvania, Iowa, and Minnesota chapters. These are non-interest-bearing loans that are repaid on a monthly basis. In addition, **four direct access grants** of $5,000 each were paid to the Connecticut, Pennsylvania, Wyoming, and Michigan chapters.

Despite a very cautious economy and sluggish ad sales throughout the publishing environment, **APTA claimed higher ad revenues than in 2001.** Of particular note was the introduction of fees for all listings on *PT Bulletin Online*—budgeted revenue was $40,000 while actual sales exceeded $278,000. At the same time, the number of members receiving the weekly *PT Bulletin Online* e-mail grew from about 44,000 members at the end of 2001 to more than 47,000 at year-end 2002. *For Your Health* again generated more than $45,000 in revenue, and rentals of APTA’s mailing list generated $453,117, 9% higher than in 2001.

By introducing several new products—the Pediatrics, Neurology, and Business Skills: Legal Issues home study courses; HIPAAStepsPT; and the Interactive Guide CD—and focusing production and marketing efforts on the Association’s most lucrative items, APTA generated $1,279,807 in publications revenue, up 3.6% from 2001.

Objective B: Develop and implement strategies to increase membership in the Association. (12/TBD)

A new membership goal was announced to increase Active (physical therapist) full membership by, **2002 individuals by the end of 2002.** APTA worked hard to achieve this goal, and experienced growth in this membership category each month during the year. However, by year end, APTA had gained 274 new full Active members. When 2001 retention rates were factored into the “2,002 by the end of 2002” membership goal, the number of new members needed to achieve this goal exceeded 12,000. Retention remains the number one challenge for APTA, and although the Association did not achieve its goal for 2002, retention rates for this membership category increased from 76% in 2001 to 78% in 2002.

**Physical therapist assistant membership** continued to decline; when compared to 2001, physical therapist assistant membership decreased by 10.46%. Although monthly trends were similar, the overall number of Affiliate members declined.

**Student membership** also continued to show decreases; however, much of this loss could be attributed to smaller class sizes. Year-end calculations indicated that approximately 64% of all physical therapist students and 25% of all physical therapist assistant students belonged to APTA.

In early 2002, APTA implemented a series of “test” membership campaigns that focused on both recruitment and retention and supplemented many of APTA’s annual membership efforts. (Note: Test campaigns are identified throughout this report.)

**APTA offered nonmembers the opportunity to register for CSM for only $99 when they joined APTA.** Eighty-five nonmembers joined the Association as a result of this offer. For the second year, **APTA offered nonmembers the opportunity to attend Annual Conference for only $99 when they joined APTA.** The offer was made to physical therapist members who had been lapsed for at least six months and who lived in the Ohio region. For PT 2002 in
Cincinnati, 25 nonmembers took advantage of this offer. In addition, special mailings were sent to nonmembers after
both CSM and PT 2002 encouraging them to join APTA. Chapter leaders and staff received the names and contact
information of these nonmembers for recruitment purposes.

APTA alerted more than 34,000 nonmember physical therapists about ACA’s lawsuit attempting to restrict
physical therapists from performing manual manipulation of the spine. Four hundred eighty-eight physical
therapists responded to APTA’s call for action and joined the Association. In addition, APTA sent letters about the ACA
lawsuit to a small group of former members and asked them to support APTA’s efforts even if they would not consider
joining the Association at the time. Fourteen physical therapists contributed $850 to support APTA’s legislative efforts.
Renewal efforts in February and March also alerted physical therapists who were up for renewal about ACA’s
lawsuit. This letter, which replaced the standard renewal letters, urged members to renew in order to support APTA’s
efforts to protect their scope of practice. Retention rates for targeted members ranged from 72% to 80%.

Efforts to achieve direct access were highlighted in a recruitment effort aimed at former members who had been
members of the Private Practice Section or had indicated that they worked in a private practice. This recruitment effort,
mailed to 2,500 former members, yielded 345 new members. (Test campaign)

In 2000 and 2001, the Guide to Physical Therapist Practice proved to be a valuable incentive for former
members to rejoin APTA. As a result of this previous success, APTA again offered former members a free copy of the
Guide if they rejoined APTA by a specific date. This offer to 2,500 former members gained 162 physical therapist
members. (Test campaign)

APTA offered a $75 coupon good toward APTA products and services to nonmembers who joined by a specific
date. This offer, made to 2,500 former members, gained 273 new members. To date, retention rates for targeted
members ranged from 74% to 82%. (Test campaign)

The Association targeted a special offer to former members who had lapsed within the first 5 years of their membership
and who had graduated since 1997. If they rejoined by the specified date, they would receive a free copy of APTA’s
Career Planning, Part 1: Career Management. Approximately 2,500 letters were mailed. A total of 139 physical
therapists rejoined APTA as a result of this offer. To date, retention rates for targeted members ranged from 58% to
72%. APTA also offered the Career Planning Guide, Part 2 to members who were in their first 5 years of membership
but had been practicing for more than five years. In addition, this incentive was offered to some physical therapist
members who had been members for 6 to 10 years. Approximately 800 letters were mailed. Retention rates for targeted
members ranged from 70% to 84%. (Test campaign)

Former physical therapist members were contacted to remind them about a valuable member benefit—the
c consumer supplement to PT Magazine—and to encourage them to rejoin the Association. Approximately 2,500
letters were mailed and 127 physical therapists rejoined APTA as a result of this offer. Retention rates for targeted
members ranged from 68% to 70%.

APTA partnered with the Washington Chapter to offer a special incentive to former members. This direct mail
campaign, sent only to former physical therapist and physical therapist assistant members who resided in Washington,
offered a $50 savings off membership dues if the person rejoined by the end of October. Approximately 500 letters were
mailed and 29 physical therapists rejoined APTA as a result of this offer. (Test campaign)

In late September, APTA began recruiting nonmembers who have professional liability insurance through
Healthcare Providers Service Organization, an APTA-endorsed program. Approximately 600 letters were mailed
each month to the end of the year. By the end of 2002, 6 members had rejoined APTA as a result of this offer. (Test
campaign)

Current physical therapist members who were members of the Private Practice Section and/or who had indicated
that they worked in a private practice setting were sent renewal letters highlighting APTA’s efforts to achieve direct
access. Approximately 2,600 letters were mailed. Retention rates for targeted members ranged from 79% to 85%. (Test
campaign)

Partnering with the Section on Clinical Electrophysiology, APTA sent a renewal letter targeted to physical
therapists concerned about EMG. This letter was mailed in July and August to current members of the section, physical
therapists who were ABPTS-certified in clinical electrophysiology, and former section members. Approximately 65
letters were mailed. Retention rates for targeted members were at least 64%. (Test campaign)
In September, four campaigns were launched to increase the renewal rates for those members with December expiration dates. (December is the month in which there are the largest number of renewals.) Campaigns included the following: direct access message to private practitioners; a special thank you to those who have been members for 6-10 years; a free online CEU course for clinicians who renew early; and a discount on conference registration for those in the first five years of membership. Results of these test campaigns had not yet been determined when this report was prepared.

Component membership information was shared with component presidents, membership chairs, and executive personnel early in the year. Information included retention rates, dues history, membership summaries, and lapsed member data. In addition, perspectives on how to use this information and why it is important to membership development were included. Membership development roundtables were held at both CSM and PT 2002, with nearly 40 component presidents, membership chairs, and executives participating in lively discussions.

OnTarget, a newsletter designed especially for component membership chairs, was published quarterly. The newsletter highlighted component membership efforts, offered new ideas, and provided updates regarding APTA’s membership activities.

APTA thanked its members for supporting the Association by giving them free gifts—address labels and online CEU courses. The free online CEU course was offered to 4,756 physical therapist and physical therapist assistant members who indicated that they worked in ambulatory/outpatient settings. Eighty-four members (1.77%) took advantage of this promotion. Retention rates of those who received this offer will be monitored to see if the offer had a positive impact on the perceived value of membership. Increased course usage will also be monitored. Positive responses were received from some members who mentioned that they had not been aware of this resource. (Test campaign)

A mailing was sent to all education program directors encouraging them to promote APTA membership and providing them with applications, recruitment brochures, and other valuable resources. In addition, APTA communicated with this influential group of members via the Education Section’s listserv throughout the year.

The “Working For You” PowerPoint presentation and the student version were revised and made available to all members. These presentations gave members the tools they needed to promote membership to current and prospective members. The script and the PowerPoint presentation were available on APTA’s Web site or by contacting the Public Relations and Marketing Services Department.

APTA hosted students from three schools in 2002: Northern Virginia Community College, Ithaca College, and the University of Maryland at Baltimore. During these visits, students learned from APTA staff members about Association activities and accomplishments.

At the end of the year, the Association distributed a member needs survey to approximately 2,500 members. Results of the survey will be available in early 2003.

Efforts to increase and maintain membership of Minority Scholarship Recipients continued to be a high priority for the Department of Minority/International Affairs and the Committee on Cultural Competence. Recipients were contacted personally by members of the Committee with encouragement to continue membership and remain active in the Association. Each former recipient for whom there was a current address received mailings on the importance of membership and participation twice a year. This effort resulted in three former member recipients, as well as the most recent recipient of the Minority Faculty Development Award, rejoining APTA.

Along with President Ben Massey, staff from the Department of Minority/International Affairs participated in a successful and well-received visit to Howard University. Massey made a presentation on APTA, the importance of membership, and government affairs involvement, and answered questions from students and faculty.

Minority members represented 11.16% of total Association membership at the end of 2002, an increase from 10.75% at the end of 2001. This reflects both an increase in percentage and actual members, and is at its highest since 1997.

In 2002, total membership decreased by 1,006, or 1.6%. The Active category increased .9%, the Affiliate category decreased 10.5%, and overall student membership decreased 8.2%. The Association ended the year with 63,117 members. Nineteen chapters experienced increases, 31 chapters experienced decreases, and 2 chapters remained the same in 2002. Please refer to Appendixes A and B for details.
APTA’s retention rate of physical therapist members was 78%, a 2% increase over 2001. The retention rate for physical therapist assistant members was 63%, a 2% increase over 2001. See Appendix F.

The Installment Dues Program, which began in 1999, has attracted more users each year. In 1999, 2,196 members paid installment dues; in 2000, 3,846 members; in 2001, 4,520 members; and in 2002, 5,129 members took advantage of the program.

The Employment Transition Program, which allows a member who is unemployed to continue membership for 6 months without paying membership dues, had 54 participants in 1999, 51 in 2000, 18 in 2001, and 17 in 2002.

The number of 2002 graduates who took advantage of the Career Starter Dues (CSD) program by paying one-third dues increased for physical therapist members, but decreased for physical therapist assistant members. The number of CSD participants who continued their membership in the second year (paying two-thirds dues) decreased for both member categories. The number of participants in the third year (paying full dues) decreased for physical therapist members and remained the same for physical therapist assistant members: Physical Therapists - 60% who graduated in 2002 chose to continue their APTA membership; this is 1% higher than in 2001. Sixty percent who graduated in 2001 and continued their membership at one-third dues chose to renew their membership at the two-thirds rate; this is 1% lower than in 2001. Fifty-nine percent who graduated in 2000 and continued their membership in 2001 and 2002 chose to renew their membership by paying full dues in 2002; this is a 1% decrease from 1999 graduates. Physical Therapist Assistants: 40% who graduated in 2002 chose to continue their APTA membership; this is 4% lower than in 2001. Thirty-seven percent who graduated in 2001 and continued their membership at one-third dues chose to renew their membership at the two-thirds rate; this is a 9% decrease from 2001. Fifty-one percent who graduated in 2000 and continued their membership in 2001 and 2002 chose to renew their membership by paying full dues in 2001; this remained the same as the previous year’s graduates.

Please refer to Appendixes C, C1, D, D1, E, and E1 for details.

Objective C: Develop and implement strategies to ensure that members are actively involved in professional association activities. (12/TBD)

“Vision 2020: Transition to a Doctoring Profession” was the title of APTA’s first Board of Directors and Advisory Panel Summit meeting held in early May. More than 30 invited advisory panel and committee members met with the APTA Board of Directors and designated staff for a two-day session focused on Vision 2020. The purpose of the summit was to refine and extend the Strategic Plan for Transitioning to a Doctoring Profession (RC 37-01), with outcomes from the summit serving as advice and counsel to the Board for planning and evaluating activities and budgeting for 2003 and beyond. Immediately following the summit, advisory panels met for 1-day individual panel meetings.

APTA’s EQUIP presentation (designed to be delivered by chapter representatives to local payers, to explain physical therapy and to encourage cooperative relationships) was sent to the Florida, Nevada, Arizona, Delaware, and District of Columbia chapters. In addition, the Reimbursement Department published four issues of "E*NOTES," an electronic newsletter for component reimbursement chairs.

The Invited Reimbursement Chairs Seminar was held November 15-16 with representatives from 42 chapters and sections in attendance. Reimbursement chairs also met during PT 2002. During the year, both Arizona and North Dakota chapter reimbursement chairs were instrumental in obtaining payment from BCBS plans in their states for physical therapist treatments without a physician referral (ie, direct access).

APTA continued as a sponsor of Physical Therapy Overseas (PTO) division of Health Volunteers Overseas (HVO). PTO is the fastest growing division of HVO, with more than 300 members. Membership in this organization provide Association members with the opportunity to volunteer in developing countries around the world. HVO provided information at CSM and PT 2002, and co-sponsored a workshop at CSM on international activities. PTO has programs for physical therapists in Bhutan, El Salvador, Haiti, India, Jamaica, St Lucia, South Africa, Suriname, and Vietnam. Kim Dunleavy, PT, MOMT, MS, OCS (MI), was elected to the HVO Board of Directors.

A successful meeting of the North America/Caribbean Region (NACR) of the WCPT was held at APTA headquarters with President Ben Massey and APTA voting delegate Marilyn Moffat, PT, PhD, FAPTA (NY), representing the Association. Physical therapists from Bermuda, Canada, Guatemala, Jamaica, Puerto Rico, Panama, Suriname, and Trinidad and Tobago attended the meeting. As this meeting was held concurrently with APTA’s Board of Directors/Advisory Panel Summit, the leaders were able to interact in a joint reception. Dr Moffat presented a successful workshop on geriatric practice patterns entitled, "Osteoporosis Management Using the Guide to Physical Therapist..."
Practice", and demonstrated the Guide to Physical Therapist Practice CD Rom, which resulted in sales of the new CD to international physical therapists. APTA and Dr Moffat were elected to the position of Regional Representative for the 2003-2007 term, and Moffat also was named by WCPT to be on its resolutions committee during the 2003 General Meeting. In addition, Moffat was nominated by APTA for WCPT’s Mildred Elson Award for International Leadership. The Minority/International Affairs Department staff developed a new regional reference manual after it was revised by Dr Moffat and Anayansi de Vizor of Panama, and sent a copy to all members of the region. The Department also continued to serve as Secretariat/Financial Officer for the region, which included planning the meeting, keeping records of the meeting, overseeing all administrative/financial issues for the region, and updating all materials for the region.

APTA will participate in the 2003 General Meeting of WCPT in Barcelona, Spain. Dr Moffat will serve as APTA voting delegate and President Massey will serve as alternate voting delegate.

In late December, a letter of invitation was sent by People to People Ambassador Programs and APTA from President Ben Massey to more than 14,600 targeted APTA members regarding their participation as a part of a physical therapy delegation traveling to China in September 2003. Massey will serve as the leader of the delegation that will visit various rehabilitation centers, hospitals, and university programs in Chengdu and Beijing, as well as visit cultural sites such as Tian’anmen Square, the Forbidden City, and the Great Wall of China.

Janet Downey, PT, MPT, PCS, former President of the Michigan Chapter, and Janna Jacobs, PT, former President of the Hand Rehabilitation Section, led the Committee on Chapters and the Committee on Sections, respectively, to develop a program for the component presidents meetings prior to CSM and PT 2002. The meeting in February contained a presentation on organizational dynamics from Mary Sinnott, PT, MEd, President of the Acute Care Section. Her presentation set the groundwork for further discussion by the presidents on the purpose, culture, process, and performance of APTA and its components. Discussion of these topics continued in June and with several recommendations presented to the APTA Board of Directors in November. As a result of Board action on the recommendations, the Committee on Chapters and the Committee on Sections were combined into one committee, a staff activity to facilitate regional leadership development programs in the chapters was approved, and the concept of components working with other components to maximize resources was supported.

A weekly e-mail communication continued as a successful way to reach component presidents, president-elects, executive personnel, the Committee on Chapters and Sections, and the APTA Board of Directors with timely, concise information on APTA activities, events, and deadlines. The e-mails produced in 2002 offered material that could easily be placed in component newsletters or shared on component e-mail networks. Chapters, sections, and assemblies were visible on APTA’s Web site, with all components having a profile sheet and, where available, a link to the component’s Web site. Resource information of interest to components was also placed on APTA’s Web site as "members-only" documents. APTA Board members visited at least 20 chapter conferences during 2002, giving presentations or leading discussions on the Association and its activities.

The 2002 National Student Conclave was held in Birmingham, Alabama, October 25-27, with nearly 900 students in attendance. Participants had an opportunity to debate professional issues, participate in clinical sessions, learn about being an advocate for the profession, and explore job opportunities and career paths. APTA President Ben Massey provided information on Association activities and led a well-attended town-hall-style discussion with students. Attendees also participated in mock interview and résumé critique sessions. Elections for the 2002-2003 Student Assembly officers were held with approximately 350 students participating in the elections process, thus boasting three times more voter participation than in previous years. The Student Assembly Board of Directors, led by Assembly President Nick Haffey, SPT (FL), hosted the event.

During the year, many of the Student Assembly Board members participated in the advancement of statewide Student Special Interest Groups (SSIIGs). To date there are 18 SSIIGs.

Twenty-one Association award recipients, 14 Mary McMillan Scholarship Award recipients, 11 Minority Scholarship Award for Academic Excellence recipients, and 8 newly elected Catherine Worthingham Fellows were honored during the annual Honors and Awards Recognition Ceremony during PT 2002. Pamela Duncan, PT, PhD, FAPTA, was announced as the 34th Mary McMillan Lecturer, and she will present her lecture during PT 2003.

Forty-four students and one member applied for the Minority Scholarship Awards, with a total of $44,000 awarded to 10 physical therapy students (physical therapist and physical therapist assistant) and one faculty member.

The 58th session of the House of Delegates was held June 3-5, during which time the 406 voting delegates took action on 56 motions. An election was held to determine the constituency of APTA’s Board of Directors for 2002-2003: Connie Hauser, PT, ATC (KY), and James Milder, PT (IL), were elected as new Directors and Janet Bezner, PT, PhD
(TX), was elected for a second term as Director. Francis Welk, PT, MEd (PA), was elected for a second term as Treasurer, and Stephen Levine, PT, MSHA (MD), was elected as Speaker of the House of Delegates.

The annual New Board Orientation was held in conjunction with the fall meeting of the APTA Finance Committee, September 20-22. In addition to meeting with staff in each division and receiving an orientation to the activities of the Finance Committee from APTA Treasurer Fran Welk and staff, the new Board members attended a meeting of the Finance Committee and APTA’s Executive Committee.

APTA’s Board of Directors continued to meet monthly via conference call in addition to three meetings throughout the year (June at PT 2002, March and November at Association headquarters). The Board experimented in 2002 by holding its spring meeting during CSM in February. It was decided that for future efficiency, this meeting would be held in March at APTA headquarters.

The Board Task Force on Governance Revision continued its work to make recommendations for format and process revisions to the Association’s governance structure and processes. The Task Force recommended the use of the Component Bulletin Board for motion discussions among Board members and components, restructured the Board work groups, revised the November Board meeting schedule to allow more time for open and work group discussion, revised the terms “policy” and “position,” and assisted in the creation of the first Advisory Panel Summit.

In an effort to encourage Association participation and to provide leadership opportunities, four Minority Scholarship Recipients were provided with mentors from their component. In its second year, the program gained in participation.

In an effort to increase minority participation in Association activities, APTA’s Department of Minority/International Affairs developed two widely utilized directories, “Coming Together in Physical Therapy” and the “Mentoring Resource Guide.” “Coming Together” lists more than 800 members who are willing to participate at the national and local levels, lists speakers with their specialty, and lists those willing to make school visits. The “Mentoring Resource Directory” lists more than 500 members who volunteer to be mentors for current and potential physical therapy students. These resources were available in hard copy, or via disc to all members, APTA Board of Directors, and component presidents.

An article in PT Magazine entitled “Fostering Excellence in a Diverse World” highlighted the professional and Association accomplishments of former Minority Scholarship Recipients Elizabeth Francis Giles, PT, MS (VA), Olabisi Jarrett, PT, MS (GA), Vanessa Gaerlan Want, PTA, BA (OR), Charlotte Bailey, PT, MPT (IA), and Allyn Emiko Izu, PT, DPT (CA). This article encouraged members to remain active in APTA in order to increase diversity and professional growth.

Diversity 2000 held in New York City, in October, was the most successful event to date, with more than 220 people in attendance and raising more than $50,000. Hosts for the event were New York University Physical Therapy Education Program, New York Physical Therapy Association, and AASIG. For the year, nearly $100,000 was raised from Diversity and other donations. The successful partnership with AASIG continued, with excellent participation from this group as well as the host chapter, other members, and supporters. Long-time supporter Don Lang, of Illinois, provided support by underwriting all printed materials. The Minority Scholarship Fund currently totals more than $365,000.

An Internet bulletin board available through APTA’s Web site continued to serve as a mechanism for sharing of information and opinions among physical therapist assistants. Interactive dialogue ensued on topics such as physical therapist assistant interventions, opportunities for involvement and what membership means to the member, and the RC 40-01 Role of the Physical Therapist Assistant forums.

The Voice, a quarterly newsletter that is co-mailed within PT Magazine and the Journal, provided information to all physical therapist assistant members of the Association through a National Assembly president’s message and articles on timely events and activities.

The National Assembly redesigned its pages on APTA’s Web site for ease of access by members. Enhancements were made to course registration forms, candidate nomination forms, and award forms, and Affiliate Special Interest Group start-up ideas were placed online in addition to group rosters and goals.

Members of the National Assembly Board of Directors and Representative Body of the National Assembly (RBNA) representatives, including Karen Ryan, PTA (IA), Russell Stowers, PTA, MS (TX), and Marcia Symson, PTA (KY), met and made presentations to physical therapist and physical therapist assistant members in various locations.
throughout the country on topics such as the value of APTA and the importance of being a member, current issues related to physical therapist assistants, and upcoming events and activities. The IMPACT presentation was updated for use by Assembly leaders to provide information on the activities of the National Assembly and to encourage member involvement.

Physical therapist assistants met in a town hall meeting during CSM and held their first post-House of Delegates town hall meeting during PT 2002. To enhance the active dialogue between physical therapist and physical therapist assistant members, National Assembly Board members were present at the February and November 2002 meetings of the APTA Board of Directors.

The National Assembly continued to work to improve its committee and task force structure in an effort to enhance its effectiveness. An Assembly Resolutions Committee was appointed to act in a manner similar to APTA’s Reference Committee for review of proposed bylaw amendments and positions coming before the RBNA. The nominating committee continued to improve its processes and work to increase the pool of candidates. In June, the National Assembly convened its fourth RBNA with Brad Thuringer, PTA, BS (SD), presiding at the meeting. RBNA business included goals for the National Assembly, RC 40 Task Force on Role of the Physical Therapist Assistant, and the National Assembly’s position on motions coming before the 2002 House of Delegates. The RBNA consists of one physical therapist assistant representative from each APTA chapter, it deliberates on positions regarding the physical therapist assistant.

APTA’s conference/workshops registrations showed 5,193 registered for CSM; 2,290 for PT 2002; 851 for NSC; and 536 for CPT coding workshops. Another 574 registrations were processed for workshops conducted by Government Affairs, Practice, and Reimbursement Departments. There were two “new kids” on the block: the HIPPA seminar showed 147 registrations and Advanced Clinical Practice (ACP) courses had 129 registrations.

Goal VII: American Physical Therapy Association standards, policies, positions, and resource documents are promoted and used in practice, research, and educational environments.

Objective A: Establish and promote consensus-based standards, policies, and positions that are consistent with the mission, priorities, and goals of physical therapist practice and research and physical therapy education, and that are responsive to changes in the educational, professional, and health care environments. (10)

APTA’s Physical Therapy Education staff interacted with external organizations about issues common to the health professions; the special needs of children, youth, and families; and specific trends within physical therapy education and practice. These organizations included the National Clearinghouse for Professions in Special Education and the National Association of Advisors for the Health Professions (NAAHP).

The Association established a formal reciprocal liaison relationship with NAAHP in 2001 for the purpose of providing a mechanism leading to greater clarity about preparation for and educational trends related to education in the health professions to better serve the needs and interests of learners. Susan Deusinger, PT, PhD (MD), as liaison for APTA, represented the Association in several capacities at the NAAHP national conference in June.

In collaboration with volunteers from the Section for Education’s Clinical Education Special Interest Group (Clin Ed SIG) that included Debbie Ingram, PT, EdD (TN), Peggy Gleeson, PT, PhD (TX), Corrie Odom, PT, DPT, MS, ATC-L (NC), Karen O’Loughlin, PT, MA (OH), Nancy Erikson, PT, MS, GCS (WA), and Jackie Crossen-Sills, PT, MS (MA), and APTA’s Education Department staff, a second draft of the Physical Therapist and Physical Therapist Assistant Student CI Evaluation Forms was disseminated based on feedback and comments from physical therapist and physical therapist assistant academic and clinical educators and students. A final tool for voluntary use by physical therapist and physical therapist assistant academic programs for students during clinical education is anticipated in 2003.

In cooperation with the Section for Education’s Clin Ed SIG, APTA edited and published the first reference manual for Center Coordinators of Clinical Education (CCCEs), which was developed and compiled by past co-chair of the Clin Ed SIG Patricia Trela, PT, MS (UT). This reference manual is available to members for no charge or to nonmembers in printed format.
### Total Membership Statistics
#### 1999 – 2002

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<td>63,117</td>
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### Chapter Membership Statistics

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**Totals** | **69,268** | **66,518** | **64,123** | **63,117** | **(2,750)** | **(2,395)** | **(1,006)** |
## PT Student Transfer Statistics
### 1972 – 2002

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<th>% Transferred</th>
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<tr>
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<td>1,990</td>
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<tr>
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* Auto transfer
# ½ natl dues if paid 30 days following graduation
@ ½ natl dues if paid 90 days following graduation
** CSD began – 30 days following graduation to pay 1/3 dues
*** CSD – 120 days following graduation to pay 1/3 dues
## PTA Student Transfer Statistics
### 1990 – 2002

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** CSD began – student has 30 days following graduation to pay 1/3 dues
*** CSD – student has 120 days following graduation to pay 1/3 dues
## Second-Year PT Student Transfer Statistics
### 1993 – 2002

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</table>

** CSD began – student has 30 days following graduation to pay 1/3 dues
*** CSD – student has 120 days following graduation to pay 1/3 dues
### Second-Year PTA Student Transfer Statistics
#### 1993 – 2002

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<td>1996</td>
<td>1,997</td>
<td>1,448</td>
<td>887</td>
<td>61%</td>
</tr>
<tr>
<td>1997</td>
<td>1,998</td>
<td>1,512</td>
<td>870</td>
<td>58%</td>
</tr>
<tr>
<td>1998</td>
<td>1,999</td>
<td>1,363</td>
<td>628</td>
<td>46%</td>
</tr>
<tr>
<td>1999</td>
<td>2,000</td>
<td>1,191</td>
<td>507</td>
<td>43%</td>
</tr>
<tr>
<td>2000</td>
<td>2,001</td>
<td>916</td>
<td>424</td>
<td>46%</td>
</tr>
<tr>
<td>2001***</td>
<td>2,002</td>
<td>741</td>
<td>370</td>
<td>37%</td>
</tr>
</tbody>
</table>

** CSD began – student has 30 days following graduation to pay 1/3 dues

*** CSD – student has 120 days following graduation to pay 1/3 dues
### Third-Year PT Student Transfer Statistics
#### 1993 – 2002

<table>
<thead>
<tr>
<th>Year PTs Graduated</th>
<th>Year PTs Were Billed Full Dues</th>
<th># PTs Who Were Billed Full Dues</th>
<th># PTs Who Paid Full Dues</th>
<th>% Transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993**</td>
<td>1,995</td>
<td>1,930</td>
<td>1,346</td>
<td>70%</td>
</tr>
<tr>
<td>1994</td>
<td>1,996</td>
<td>1,965</td>
<td>1,390</td>
<td>71%</td>
</tr>
<tr>
<td>1995</td>
<td>1,997</td>
<td>2,137</td>
<td>1,461</td>
<td>68%</td>
</tr>
<tr>
<td>1996</td>
<td>1,998</td>
<td>2,432</td>
<td>1,493</td>
<td>61%</td>
</tr>
<tr>
<td>1997</td>
<td>1,999</td>
<td>2,363</td>
<td>1,375</td>
<td>58%</td>
</tr>
<tr>
<td>1998</td>
<td>2,000</td>
<td>2,660</td>
<td>1,640</td>
<td>62%</td>
</tr>
<tr>
<td>1999</td>
<td>2,001</td>
<td>2,604</td>
<td>1,553</td>
<td>60%</td>
</tr>
<tr>
<td>2000</td>
<td>2,002</td>
<td>2,699</td>
<td>1,590</td>
<td>59%</td>
</tr>
</tbody>
</table>

** CSD began – student has 30 days following graduation to pay 1/3 dues

*** CSD – student has 120 days following graduation to pay 1/3 dues
# Third-Year PTA Student Transfer Statistics

## 1993 – 2002

<table>
<thead>
<tr>
<th>Year PTAs Graduated</th>
<th>Year PTAs Were Billed Full Dues</th>
<th># PTAs Who Were Billed Full Dues</th>
<th># PTAs Who Paid Full Dues</th>
<th>% Transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993**</td>
<td>1,995</td>
<td>501</td>
<td>343</td>
<td>68%</td>
</tr>
<tr>
<td>1994</td>
<td>1,996</td>
<td>632</td>
<td>442</td>
<td>70%</td>
</tr>
<tr>
<td>1995</td>
<td>1,997</td>
<td>716</td>
<td>510</td>
<td>71%</td>
</tr>
<tr>
<td>1996</td>
<td>1,998</td>
<td>941</td>
<td>491</td>
<td>71%</td>
</tr>
<tr>
<td>1997</td>
<td>1,999</td>
<td>817</td>
<td>363</td>
<td>44%</td>
</tr>
<tr>
<td>1998</td>
<td>2,000</td>
<td>699</td>
<td>364</td>
<td>52%</td>
</tr>
<tr>
<td>1999</td>
<td>2,001</td>
<td>612</td>
<td>312</td>
<td>51%</td>
</tr>
<tr>
<td>2000</td>
<td>2,002</td>
<td>491</td>
<td>251</td>
<td>51%</td>
</tr>
</tbody>
</table>

** CSD began – student has 30 days following graduation to pay 1/3 dues

*** CSD – student has 120 days following graduation to pay 1/3 dues
## Retention Percentages

<table>
<thead>
<tr>
<th>Renewal Month 2002</th>
<th>Total PT Members Billed</th>
<th>Total PT Members Renewed</th>
<th>% Renewed</th>
<th>Total PTA Members Billed</th>
<th>Total PTA Members Renewed</th>
<th>% Renewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2,864</td>
<td>2,321</td>
<td>81%</td>
<td>214</td>
<td>122</td>
<td>57%</td>
</tr>
<tr>
<td>February</td>
<td>2,472</td>
<td>2,050</td>
<td>83%</td>
<td>195</td>
<td>130</td>
<td>67%</td>
</tr>
<tr>
<td>March</td>
<td>2,682</td>
<td>2,247</td>
<td>84%</td>
<td>231</td>
<td>147</td>
<td>64%</td>
</tr>
<tr>
<td>April</td>
<td>2,709</td>
<td>2,160</td>
<td>80%</td>
<td>276</td>
<td>150</td>
<td>54%</td>
</tr>
<tr>
<td>May</td>
<td>4,306</td>
<td>3,529</td>
<td>82%</td>
<td>639</td>
<td>468</td>
<td>73%</td>
</tr>
<tr>
<td>June</td>
<td>2,730</td>
<td>2,240</td>
<td>82%</td>
<td>354</td>
<td>237</td>
<td>67%</td>
</tr>
<tr>
<td>July</td>
<td>2,195</td>
<td>1,751</td>
<td>80%</td>
<td>249</td>
<td>155</td>
<td>62%</td>
</tr>
<tr>
<td>August</td>
<td>3,167</td>
<td>2,560</td>
<td>81%</td>
<td>339</td>
<td>237</td>
<td>70%</td>
</tr>
<tr>
<td>September</td>
<td>2,485</td>
<td>1,838</td>
<td>74%</td>
<td>267</td>
<td>155</td>
<td>58%</td>
</tr>
<tr>
<td>October</td>
<td>2,479</td>
<td>1,904</td>
<td>77%</td>
<td>234</td>
<td>148</td>
<td>63%</td>
</tr>
<tr>
<td>November</td>
<td>2,655</td>
<td>1,925</td>
<td>73%</td>
<td>238</td>
<td>134</td>
<td>56%</td>
</tr>
<tr>
<td>December</td>
<td>5,064</td>
<td>3,433</td>
<td>68%</td>
<td>310</td>
<td>151</td>
<td>49%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35,808</strong></td>
<td><strong>27,958</strong></td>
<td><strong>78%</strong></td>
<td><strong>3,546</strong></td>
<td><strong>2,234</strong></td>
<td><strong>63%</strong></td>
</tr>
</tbody>
</table>