

GOALS THAT REPRESENT THE PRIORITIES OF THE ASSOCIATION
Report to the 2005 House of Delegates

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1 GOALS THAT REPRESENT THE PRIORITIES OF THE ASSOCIATION

2
3 REPORT TO THE 2005 HOUSE OF DELEGATES

4
5 **Goal I: Physical therapists are universally recognized and promoted as the practitioners of**
6 **choice for persons with conditions that affect movement, function, health, and**
7 **wellness.**

8
9 **Objective A: Promote physical therapists to consumers and other professionals as the practitioners**
10 **of choice for management of movement, function, health, and wellness. (5)**

11
12 In conjunction with National Physical Therapy Month, APTA published *For Your Health*, a consumer-
13 oriented magazine that explains the benefits of using physical therapy services. APTA offered free
14 copies of *For Your Health*, this year featuring former Pfc Jessica Lynch and Burt Reed, PT (WV), on the
15 cover, exclusively to members to distribute to patients/clients and others. Nearly 498,000 copies of *For Your*
16 *Health* were distributed to the public through Association members. Single copies initially were sent along with
17 members' October issues of *Physical Therapy* and *PT Magazine*, and it was promoted in APTA publications
18 and online. In addition to the contribution that *For Your Health* made to increase public awareness of physical
19 therapy, the exclusive distribution by APTA members also contributed, because consumers wouldn't see the
20 magazine without also having had contact with a member physical therapist. Nonmembers who requested the
21 supplement were invited to join APTA.

22
23 *Physical Therapy* introduced **The Waiting Room: Research Updates for the Health Care Consumer** to
24 its online edition, where Journal articles are summarized and explained to a consumer audience. The first
25 installment was "Nothing to Fear but Fear Itself? The Link Between 'Balance Confidence' and Falling," which
26 also appeared in *For Your Health*. In addition, the Journal helped promote the US Bone & Joint Decade by
27 adding its logo to relevant Journal articles throughout the year.

28
29 With most areas accessible to the public, **APTA's Web site continued to promote physical therapists as**
30 **practitioners of choice to consumers.** And with full-text, readable articles open to all viewers, *PT Magazine*
31 Web pages were a good source of consumer information.

32
33 APTA launched **Find-a-PT**, an online directory service for consumers and referral sources. The directory
34 allows consumers to locate APTA member physical therapists in their communities. To date, more than 3,100
35 APTA members are a part of the database.

36
37 **APTA's catalog of resources** continued to offer materials that members could use to inform consumers
38 about the benefits of physical therapy. Take-away brochures about specific body areas or conditions, posters,
39 and kits (such as the Balance and Falls kit and the Fit for the Fairway Golf kit) were available for sale. Income
40 from these items contributed to APTA's nondues revenue stream.

41
42 **Media coverage reached more than 100 million in circulation**, which included both "hard news" and
43 "feature" releases.

44
45 **APTA issued 63 news releases and 8 feature releases in 2004.** News releases included research funded
46 by the Foundation for Physical Therapy (FPT) and conducted by Jennifer Brach, PT, PhD, GCS (PA), and
47 Major John Childs, PT, PhD, GCS (TX); federal legislation (Centers for Medicare and Medicaid Services'
48 [CMS] rule for physical therapy in physician's offices); states that gained direct access legislation; Foundation
49 grants; APTA seminars; scholarship winners; fitness clinics; and hotlines. Feature releases included the
50 importance of exercise issued in conjunction with the Super Bowl, featuring Patrice Winter, PT, MPT, MS
51 (VA); preventing knee injury issued in conjunction with "March Madness," featuring Jim Hillis, PT, ATC (OK),
52 and Terry Malone, PT, EdD, ATC, FAPTA (KY); the importance of proper bike fit issued in conjunction with
53 the Tour de France, featuring Erik Moen, PT, CSCS (WA); posture tips for moms issued in conjunction with
54 Mother's Day, featuring Kendra Harrington, PT, MS (VA); the dangers of deep vein thrombosis issued in
55 conjunction with the summer travel season, featuring Marilyn Moffat, PT, PhD, FAPTA, CSCS (NY); and tips
56 for family fitness issued in conjunction with "back to school," featuring Heidi Jo Hetland, PT, MS, PCS (NC).

57
58 **APTA's news releases on research done by Brach and Childs** received pickup from KCSN News Radio
59 (CA), www.reuters.com; www.mysanantonio.com; www.pharmacytimes.com; global.factiva.com;

1 www.jospt.org; www.news.corporate.findlaw.com; www.timesargus.com and the *New Orleans Times*
2 *Picayune*, among others.

3
4 For features, **APTA's popular "couch potato tips" press release** about the importance of exercise, even
5 when watching the Super Bowl, achieved a circulation of more than 3 million, including placement in the *New*
6 *York Post's* "Super Bowl Supplement," and to an estimated viewership of 6.2 million for its mention on "The
7 Tonight Show" by Jay Leno. APTA's feature release and **exercise illustration sheet on preventing knee**
8 **injuries when playing basketball**, issued during "March Madness," achieved a circulation of 70,000. The
9 feature release on **posture tips for moms** and accompanying brochure achieved a circulation of 5.5 million.
10 Gannett News Service picked up APTA's feature release on **deep vein thrombosis**, resulting in a circulation
11 of more than 2 million; it also ran in *SkyWest* magazine, the in-flight publication of United Express and Delta
12 Connection. "**Bike fit**," also syndicated by Gannett News Service, resulted in a circulation of 2 million and
13 was featured in *Men's Journal* (October) and the popular Web site, *HealthDay News*. The "**family fitness**"
14 feature release was picked up by www.reutershealth.com, *HealthDay News*, and CNN: Live at Daybreak,
15 among others, resulting in a circulation of 600,000. APTA ended the year with a release on "**Holiday**
16 **Carrying and Lifting**" posture tips with accompanying electronic photos. The release reached a print
17 circulation of 4.3 million with an estimated 30 million Web site visitors through its pick-up on
18 www.healthday.com, www.forbes.com, and www.kiplinger.com.

19
20 **APTA received excellent coverage on Web sites, wire services, magazines, and television.** Special
21 efforts were made to obtain increased Web site coverage including a major victory with www.healthday.com.
22 This popular site receives between 7-10 million viewers per month. In addition to *HealthDay*, APTA was
23 covered by www.abcnews.com (10 million viewers per month), www.forbes.com (6 million viewers per
24 month), and www.reutershealth.com (9 million viewers per month). APTA also secured interviews for
25 members in national magazines such as SHAPE, SELF, and *Good Housekeeping*.

26
27 **APTA again teamed up with Lands' End on the company's "Back to School" press kit** sent annually to
28 the Associated Press. As a result of this "partnership," APTA's backpack safety tips achieved a circulation of 8
29 million, including pick-up in *The Washington Post*.

30
31 **Association initiatives appeared in the following Top 50 highest circulation newspapers:** *The*
32 *Washington Post*, *Chicago Tribune*, *Houston Chronicle*, *Dallas Morning News*, *Newark Star Ledge*,
33 *Minneapolis Star-Tribune*, *Rocky Mountain News*, *Orange County Register*, *Kansas City Star*, *Columbus*
34 *Dispatch*, *San Antonio Express News*, *Milwaukee Journal Sentinel*, *Fort Worth Star-Telegram*, *Seattle Times*,
35 *Charlotte Observer*; *Daily Oklahoman*, and the *Louisville Courier Journal*.

36
37 **APTA fulfilled 154 media requests, either by direct contact from reporters or via Profnet, an Internet-**
38 **based service that connects reporters with experts.** Media outlets that were put in touch with APTA
39 members included *The Associated Press* [Jennifer Bottomley, PT, MS, PhD (MA), Cindy Shaw, PT, OCS
40 (CA), Jessica Drummond, PT (TX), and Heidi Jo Hetland, PT, MS, PCS (NC)], *Boy's Life Magazine* [Kevin
41 McHorse, PT, SCS (TX)]; *Newsweek/Japan* [Barbara Connolly, PT, EdD, FAPTA (TN)], *Prevention Magazine*
42 [Teresa Schuemann, PT, SCS (WA)], *Explore Magazine* [Sandy Quillen, PT, PhD, SCS (FL)], *National*
43 *Geographic KIDS Magazine* [Wayne Stuberg, PT, PhD, PCS (NE)], *Woman's World* [Elizabeth Scarpelli, PT,
44 OCS (CA)], *Good Housekeeping Magazine* [Wendy Bircher, PT (NM), Stephania Bell, PT, OCS (CA), and
45 Dianne Keegan, PT (NY)], *Marie Claire Magazine* [Janet Bezner, PT, PhD (TX)], *Arthritis Today* [Anita
46 Greenhaus, PT (NY)], *Wall Street Journal Online* [Patrick Van Beveren, PT, MA, OCS (NY)], *Wall Street*
47 *Journal* [Geoff Kaplan, PT (TN), Erik Moen, PT, CSCS (WA), Bud Ferrante, PT, OCS (CA), and Stephen
48 McDavitt, PT, MS, FAAOMPT (ME)], *Runner's World* [Irene Davis, PT, PhD (DE)], *PARENTS Magazine* [Mary
49 Jane Rapport, PT, PhD (CO)], *The Washington Times* [Cora Huitt, PT (VA)], *Oncology Times* [Pamela
50 Massey, PT (TX)], *Popular Science Magazine* [Erin Fuchs, SPT (NY)], *Family Circle Magazine* [Jayne Snyder,
51 PT, MA (NE)], *The Washington Post* [Mary Sorensen, PT (MD), Carolyn Ann Bauer, PT (MO), and Nancy
52 White, PT, MS, OCS (VA)], *New York Daily News* [Peggy Brill, PT, OCS (NY)], *Los Angeles Times* [Marilyn
53 Moffat, PT, PhD, FAPTA, CSCS (NY)], *Real Simple Magazine* [Pamela Duffy, PT, MEd, OCS, RP (IA), Janet
54 Bezner, PT, PhD (TX), and Connie Hauser, PT, ATC (KY)], *The Chicago Tribune* [Babette Sanders, PT, MS
55 (IL), Jim Milder, PT (IL), and Lisa Riolo, PT, PhD, NCS (IN)], and Harvard Health Publications [Wendy
56 Featherstone, PT (NY)].

57
58 **Letters to the editor** were submitted to *PARADE Magazine*, *The Washington Post*, *The Wall Street Journal*
59 (response published on 10/18/04), *The New York Times*, *ADVANCE for Physical Therapists*, *Clubindustry*

1 Magazine, and ABC News.

2
3 **This year's National Physical Therapy Month theme "Physical Therapy: Get Fit For Life"** was supported
4 by making the popular "Couch Potato Tips" brochure available as a for-sale item. The brochure was the
5 fastest-selling new item ever for National Physical Therapy Month.

6
7 APTA's Public Relations, Art, and Information Technology departments collaborated on another first-time
8 project for National Physical Therapy Month, a **Web-based interactive "Game Plan."** The "Game Plan"
9 featured health tips displayed in an interactive chalkboard format and was promoted to media through a press
10 release.

11
12 The annual **National Physical Therapy Month Public Relations Kit** included a complimentary poster as
13 well as tips for physical therapists on how to use the "Couch Potato Tips" workout in their communities. The
14 Physical Therapy Department of Colorado-Fayette Medical Center in Weimar, Texas, the staff at University of
15 California San Francisco Medical Center Department of Rehab Services Allied Therapy, Madison, Florida and
16 the University of South Carolina's Thomson Health Center all reported back on their success in using "Couch
17 Potato Tips" during their respective National Physical Therapy Month celebrations.

18
19 **Sixteen "tips of the week" were shared with APTA members and consumers via PT Bulletin Online**
20 **and APTA's Web site.** Patrice Winter, PT, MPT, MS (VA) and APTA staff member and former professional
21 volleyball player Lisa McLaughlin, led activities for APTA staff during National Physical Therapy Month.

22
23 **Chapters in California, Michigan, Virginia, and West Virginia conducted fitness clinics** in their state
24 capitals with on-site assistance from APTA staff. Roughly 80 state legislators were among the more than 250
25 people screened by APTA members during the four clinics. Materials for legislative advocacy days also were
26 provided to chapters in Arizona, Illinois, Indiana, Kansas, Minnesota, Missouri, New Hampshire, New York,
27 South Dakota, Tennessee, and Washington.

28
29 **More than 1,500 direct access brochures were provided to 7 chapters in support of their direct access**
30 **efforts.** APTA updated the full-color brochure for state chapter advocacy efforts, including Ohio as the 39th
31 state to provide residents with direct access to physical therapists. The brochure was distributed at national
32 conferences and meetings. An advertisement illustrating states that do not yet provide direct access was
33 placed in four editions of the National Conference of State Legislatures (NCSL) magazine. The ad was also
34 made available to chapters to assist in their direct access efforts. In addition, an updated version of the
35 **"puzzle map"** ad reflecting the 39 states with direct access was published in the February, March, and July
36 issues of NCSL's *State Legislatures* magazine.

37
38 **Board member Scott Ward, PT, PhD (UT), and physical therapists from the Utah Chapter participated**
39 **in the NCSL conference in July in Salt Lake City, Utah.** Members talked with more than 50 state
40 legislators and staff about direct access and other state legislation affecting physical therapists and conducted
41 a free golf swing analysis.

42
43 **APTA continued to participate in major national associations related to state legislators to**
44 **communicate the interests of physical therapists and physical therapist assistants.** In addition to NCSL, the
45 Association was actively involved in the American Legislative Exchange Council, the Council of State
46 Governments, and the National Black Caucus of State Legislators.

47
48 **APTA worked with several Washington, DC-based coalitions on state legislative activities** to share
49 information and discuss strategies. Justin Elliott, associate director of state government affairs, was elected to
50 the Board of Directors of the Washington Area State Relations Group. The Association also participated in the
51 Council of Licensure, Enforcement, and Regulations and the State Health Affairs Group.

52
53 **Heidi Jo Hetland, PT, MS, PCS (NC), and Washington, DC-area physical therapists participated in a**
54 **National Initiative on Physical Fitness for Children with Disabilities** organized by the Department of
55 Health and Human Services (HHS) Office on Disability and the President's Council on Physical Fitness.
56 APTA will be developing mentoring models to help physical therapists participate in the "I Can Do It, You Can
57 Do It" initiative.

58
59 Kathleen Gill-Body DPT, MS, NCS (DE) was selected by the National Committee for Quality Assurance to

1 **review geriatric measures for its Medicare/HMO product line.**

2
3 **The Association worked in coalition with professional and consumer groups to maintain federal**
4 **support for physical therapy education and research.** APTA was an active participant in the Coalition for
5 Health Funding, the Health Professions and Nursing Education Coalition, the Friends of the Agency for
6 Healthcare Research and Quality (AHRQ), the National Association of Pupil Services Organizations, and the
7 Society for Women's Health Research (SWHR).
8

9 **APTA continued as a member SWHR,** the nation's only non-profit advocacy group whose sole mission is to
10 improve the health of women through research, working to increase public and private funding for research on
11 women's health, and promoting the inclusion of women in medical research studies. APTA's liaisons to
12 SWHR, Marilyn Raymond, PT, PhD (MI), and Elaine Wilder, PT, MA (MO), brought a physical therapy
13 perspective to a predominately physician-and pharmaceutical-based group.
14

15 **The TriAlliance of Health and Rehabilitation Professions** (APTA with the American Occupational Therapy
16 Association and the American Speech-Language-Hearing Association) coordinated advocacy efforts on
17 critical legislative and regulatory issues including alternatives to the \$1,500 Medicare therapy cap, revising the
18 Medicare physician fee schedule, and securing passage of the Individuals with Disabilities Education Act
19 (IDEA) reauthorization bill (H.R. 1350/S. 1248).
20

21 **APTA continued to work closely with the American Medical Association (AMA) and medical specialty**
22 **groups to resolve problems with Medicare's Part B fee schedule.** As one of the leading non-physician
23 organizations in the Medicare Fee Schedule Update Work Group, APTA participated in weekly strategy
24 sessions and contributed to coalition efforts to secure legislation that would correct problems with the
25 "sustainable growth rate" formula to determine payment updates under the fee schedule.
26

27 **An active participant in the Consortium for Citizens with Disabilities,** APTA joined more than 100
28 national disability organizations working together to advocate for national public policy that ensures the self
29 determination, independence, empowerment, integration and inclusion of children and adults with disabilities
30 in all aspects of society. The Association took part in meetings of task forces on education and health care,
31 working closely with the Consortium to improve federal programs for children with disabilities in legislation
32 reauthorizing IDEA.
33

34 **APTA joined more than 70 organizations in the ITEM Coalition** (Independence Through Enhancement of
35 Medicare and Medicaid). The group sought to raise awareness of and build support for policies that will
36 improve access to assistive devices, technologies and services for people of all ages with disabilities and
37 chronic conditions.
38

39 **Minority/International Affairs staff followed-up on a meeting held in 2003 with Marla Bush,**
40 **International Coordinator of the US Department of HHS' Administration on Aging** to discuss APTA's
41 activities as they pertain to elder Americans, with specific information shared on diversity and physical
42 therapy, APTA's Geriatrics Section, and the Section's and APTA's Web pages. Information on APTA's
43 Medicare direct access legislative initiatives and current activities with the Geriatrics Section and the older
44 citizen also was provided.
45

46 **APTA continued as the Secretary/Treasurer for the North America/Caribbean Region of the World**
47 **Confederation for Physical Therapy (WCPT).** The Department of Minority/International Affairs staff
48 developed agendas and budgets for the Region and did logistics for the meeting held in Puerto Rico. The
49 Region was successful in its efforts to expand knowledge of physical therapy in the region by developing a
50 letter to all health ministries in countries that belong to the Caribbean Community of Nations encouraging
51 them to utilize physical therapists on their health boards and other national health care organizations that
52 regulate physical therapy.
53

54 **President Ben Massey served as the voting delegate for APTA, and Marilyn Moffat, PT, PhD, FAPTA,**
55 **CSCS (NY) represented APTA and served as the regional representative to the WCPT Executive**
56 **Committee.** Moffat presented a workshop on geriatrics and the appropriate practice patterns from the *Guide*
57 *to Physical Therapist Practice* to 70 physical therapists in Puerto Rico.
58

59 **APTA held several national conferences across the country** – the Combined Sections Meeting (CSM) in

1 Nashville, Tennessee, the Annual Conference and Exposition (PT 2004) in Chicago, Illinois, a regional
2 meeting, PREVIEW 2020 in Las Vegas, Nevada, and the National Student Conclave (NSC 2004) in Charlotte,
3 North Carolina. By bringing each of these conferences to different parts of the country, APTA, through
4 different marketing campaigns, was able to heighten public awareness about APTA and the physical therapy
5 profession.

6
7 **Successful national toll-free hotlines were conducted at CSM and at PT 2004.** The 1-day CSM hotline on
8 arthritis received 154 calls and was promoted by more than 15 media outlets, including *The Washington Post*.
9 The 1-day hotline at PT 2004, taking care of your knees, received 163 calls and was featured in more than 20
10 newspapers, including *The Chicago Tribune* and the *Los Angeles Daily News*. It also ran on USAToday.com.

11
12 **A variety of products was provided to members to assist them in promoting health and wellness:**
13 Balance & Falls Awareness Event Kit; *Body Maintenance & Repair* book; *Fit Kids* activity book; *Fit Teens*
14 mini-magazine; *Golfers: Take Care of Your Back* book; Fit for the Fairway: A Posture Assessment for Golfers;
15 Funfitness: A Screening Kit to Assess Children's Flexibility, Strength, and Balance; and 18 different brochures
16 for consumer education, available in hard copy format and online.

17
18 **Objective B: Develop and implement strategies that support members by enhancing their ability to**
19 **practice autonomously in existing and emerging practice environments. (4)**

20
21 **Two new Emerging Practice Updates, #12 Managing Patients/Clients with Obesity and #13 Hospice**
22 **Care were added to the series** to meet members' needs to explore new and emerging areas of practice.
23 Each Update provides ideas for branching out in a practice arena that offers potential for advancing careers.
24 Previous updates include performing arts, emergency/urgent care, collaboration with veterinarians,
25 performance enhancement programs for golfers, school sports, health clubs, women's health, occupational
26 health, consulting with insurers, diabetes prevention and senior wellness.

27
28 With input from a large number of members and APTA staff, work continued on **APTA's electronic patient**
29 **documentation system, Comprehensive Office and National Network of Electronic Clinical Technology**
30 **(APTA CONNECT)**, the point-of-care, electronic patient record system designed specifically for physical therapists.
31 This joint effort between APTA and Cedaron Medical Inc of Davis, CA (www.cedaron.com) will become the platform
32 of APTA's first national outcome database for physical therapists. APTA CONNECT will be available for purchase in
33 2005.

34
35 Progress was made on the development of outcomes data collection. **Work continued on incorporation of**
36 **the Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL) instrument**
37 **into APTA CONNECT.** The process to test the properties of the OPTIMAL instrument were completed. A
38 team of authors, consisting of APTA staff and researchers from the Sheps Center for Health Services
39 Research, University of North Carolina, Chapel Hill, submitted a manuscript to *Physical Therapy* for
40 publication. CONNECT, including the OPTIMAL instrument, was presented to staff at the National Institutes of
41 Health (NIH).

42
43 In addition to such recurring features as the "Career Coach" column, **PT Magazine published articles in**
44 **each issue that provided useful information to members about various physical therapy career**
45 **options, practice enhancement, clinical management, and business issues.** Examples include:
46 November - *Private Practice: Location, Location, Location*; September - *Hiring Staff in Private Practice:*
47 *Practice Makes Perfect*; July - *Cultivating Referrals: Keys for the Private Practitioner*; June - *Direct Access in*
48 *(Private) Practice*; April - *Improving Cash Flow for the Private Practitioner*; March - *Capital Advice for the*
49 *Private Practitioner*; January - *Practice Valuation: What's the Bottom Line*.

50
51 **APTA's Business Skills in Physical Therapy home-study series rolled out its third course, Strategic**
52 **Marketing**, to help managers of physical therapy services optimize their profitability by preparing a business
53 plan based on their individual needs. Peter Kovacek, PT, MSA (MI), is the author and series editor. This
54 course joins Business Skills in Physical Therapy: Legal Issues by Kathy Lewis, PT, JD (TX), and Business
55 Skills in Physical Therapy: Defining Your Business by Laurie Hack, PT, PhD, FAPTA (PA), Richard Hillyer,
56 PT, MBA (FL), and Kovacek.

57
58 With member input, an **algorithm was developed to assist members in determining how they can**
59 **integrate health, wellness, and fitness activities into their practice.** This practical guide will be posted on

1 APTA's Web site in 2005. In addition, APTA's Office of Counsel provided **information about liability and**
2 **regulatory issues** to members interested in offering fitness/wellness services.

3
4 **APTA members and staff participated in numerous national conferences and meetings to advocate for**
5 **appropriate health care services for individuals in need and to voice the concerns of physical**
6 **therapists.** These included: Sandra Brotherton, PT, PhD (SC), and Practice staff attended the Centers for
7 Disease Control and Prevention National Public Health Initiative on Diabetes and Women;
8 Donna Frownfelter, PT, DPT, MA, CCS (IL), and Practice staff worked on behalf of individuals with chronic
9 respiratory diseases through the US COPD Coalition and its initiative that supports patient education through
10 a cooperative arrangement between the Cardiovascular and Pulmonary Section, APTA, and the US COPD
11 Coalition; Kathryn Brewer, PT, MEd, GCS (AZ), represented APTA at the National Council on Aging's focus
12 group on Falls Prevention; APTA staff attended the Occupational Safety and Health Administration's National
13 Advisory Committee on Ergonomics deliberations; Jill Thein-Nissenbaum PT, MPT, SCS, ATC (WI),
14 represented APTA at the National Association of Orthopedic Nurses' Female Athlete Triad Coalition meeting;
15 Wayne Stuber PT, PhD, PCS (NE), served as APTA's liaison to the Commission on Motion Laboratory
16 Accreditation; and Allon Goldberg, PT, PhD (MI), represented APTA at the National Coalition for Health
17 Professional Education in Genetics.

18
19 **APTA integrated the promotion of regular physical activity, prevention of illness, health promotion,**
20 **and physical fitness and wellness into a spectrum of activities that address the needs of the physical**
21 **therapist, physical therapist assistant and the consumer.** These included: APTA Vice President Janet
22 Bezner, PT, PhD (TX), and Practice staff represented APTA at the US Department of HHS' 2nd National Steps
23 to a Healthier US Summit. APTA participated in the Strategic Priorities for Increasing Physical Activity Among
24 Adults Age 50 and Older: The National Blueprint including financial support for Blueprint activities, providing a
25 link on APTA's website to www.agingblueprint.org, serving as a source of information to members on
26 strategies to increase physical activity among older adults, and supporting the development of the "Active
27 Aging Toolkit" developed by Phil Page, PT, MS, ATC, CSCS (LA), et al, to assist health care providers in
28 promoting physical activity in older adults. APTA also participated with the US Department of HHS' National
29 Initiative on Physical Fitness for Children and Youth with Disabilities where members volunteered for the "Kick
30 Off" program and continued to stay actively involved. The Association also participated in the Administration
31 on Aging's "You Can" Steps to Healthier Aging, with APTA among the first sponsoring organizations of this
32 initiative.

33
34 **Thanks to the tireless efforts of APTA chapter leaders, state legislation strengthening physical**
35 **therapist practice protections was proposed in California, Illinois, and Washington.** In Illinois, the
36 chapter was able to remove restrictions requiring documented diagnoses, gain recognition for physical
37 therapy diagnosis, clarify definitions, and provide title protection. California added fitness and wellness to its
38 practice act, while the Washington Chapter won hard-fought committee fights to pass legislation protecting
39 EMG before the Senate adjourned without acting on the bill.

40
41 **Local medical review policies threatening physical therapist practice continued to proliferate.** APTA
42 provided ongoing assistance to components in analyzing and responding to these policies, as well as taking
43 advantage of opportunities to develop closer relationships with local coverage policymakers and educate
44 them about physical therapy.

45
46 **APTA helped 10 chapters fight athletic trainers' legislation infringing on physical therapist practice in**
47 **their states,** defeating half of the proposals and winning concessions to protect physical therapy in four
48 others. Chapters in Delaware, Iowa, Kansas, and Missouri won modifications to make the trainers' bills
49 acceptable, while Illinois, Maryland, South Dakota, Virginia, and West Virginia blocked passage of the bills.

50
51 **Efforts to restrict the ability of physical therapists to perform EMG were successfully opposed in**
52 **Michigan.** APTA assisted the chapter's advocacy efforts, including participation in a state capitol fitness clinic
53 at which physical therapist members demonstrated EMG services for legislators and their staff.

54
55 **APTA tracked more than 2,400 bills filed in state legislatures in 2004 that could have affected physical**
56 **therapists' practice.** While the state legislatures were in session, the Association provided chapter
57 presidents, executives, and legislative committee chairs with weekly reports on legislative activity to
58 supplement their state advocacy efforts.

1 **An education manual on manipulation was developed by APTA members and the American Academy**
2 **of Orthopaedic Manual Physical Therapists** to assist PT instructors in providing students with current
3 evidence-based instruction in thrust manipulation. APTA's Education and Orthopaedic sections supported the
4 efforts of the Manipulation Task Force in drafting and editing the material. More than 500 copies of the
5 manual were distributed to APTA components, physical therapy education programs, and clinical instructors.

6
7 Programming for **PT 2004: Annual Conference & Exposition of the American Physical Therapy**
8 **Association** held June 30-July 3, in Chicago, Illinois, addressed topics vital to physical therapy practitioners'
9 ability to practice autonomously in existing and emerging practice environments. Topics under the themes of
10 Advocacy and Legislation, Autonomous Practice, Health Promotion, and Professional Issues provided more
11 than 35 hours of programming. **Advocacy and Legislation, and Autonomous Practice topics included:**
12 Strategies for the State House: Physical Therapy Issues in the States and Federal Policy Update: Physical
13 Therapy Issues in Congress and CMS presented by APTA Government Affairs staff; Relationships of Clinical
14 Reasoning, Autonomous Health Care Practice, and Business Understanding: Taking it to the Next Level
15 presented by John Echternach, PT, EdD, ECS, FAPTA (VA), and Robert Dyer, PT, PhD (VA); and Integrating
16 Lab Values Into Your Clinical Practice presented by Susan Polich, PT, MEd (OH). **Topics on Health**
17 **Promotion included:** Enhancing Cardiovascular/Pulmonary Health in Well Older Adults and in Those With
18 Medical Comorbidities presented by Patricia Ohtake, PT, PhD (NY), and David Lake, PT, PhD (GA);
19 Developing Group-Based Fall Risk Reduction Programs for Seniors at Risk of Falling presented by Peggy
20 Trueblood, PT, PhD (CA), Courtney Hall, PT, PhD (GA), and Debra Rose, PhD (CA); Addressing the National
21 Blueprint: The Active Aging Toolkit for Physical Therapists presented by Phil Page, PT, MS, CSCS, ATC (LA),
22 and Marc Goldstein, EdD (VA); and Managing Chronic Disease: Facilitating Adherence to Exercise Programs
23 presented by Lisa Roberts, PT, GCS (FL), and Neva Kirk-Sanchez, PT, PhD (FL). In addition, APTA
24 sponsored a pre-conference course, The Science of Resistance Training Programs presented by Colin
25 Hoobler, PT, MPT, MS (OR), and a professional issues forum, Recommendation to Professionalism: Vision
26 2020 presented by Linda Arslanian, PT, MS (MA), Carol Davis, PT, EdD, MS, FAPTA (FL), Peggy Hiller, PT
27 (AZ), Susan Sisola, PT, PhD (MN), and Dolly Swisher, PT, PhD (FL).

28
29 **PREVIEW 2020**, APTA's regional meeting, featured 12 hours of programming in two education tracks: The
30 Obesity Epidemic presented by Heidi Jo Young Hetland, PT, PCS (NC), and Wellness and Physical Therapy
31 presented by Sharon Fair, PT, MS, PsyD (FL). In addition, two plenary sessions were presented: The
32 Entrepreneurial PT by Drew Bossen, PT, MBA (IA), and the Autonomous Practitioner by Colleen Kigin, PT,
33 MPA, MS (MA).

34
35 **The APTA Consulting Service continued to grow with two networks – the practice management and**
36 **education consultant networks**, which include more than 30 APTA member consultants. Staff responded to
37 more than 100 requests for referral and administered 20 consulting projects for practices in a variety of
38 settings and sizes, as well as several educational institutions. Efforts to actively promote this members-only
39 benefit continued with print ads placed in *PT Magazine* and component publications, including those of the
40 Private Practice, Education, Health Policy and Administration, and the Orthopaedic sections. Ads also were
41 placed in several external publications as appropriate, and a direct mail campaign was conducted in the fall.
42 Information about the Consulting Service also was distributed at various national conferences and seminars,
43 and members were referred to this benefit of belonging as appropriate.

44
45 In addition to responding to specific project requests, **APTA Consulting Service member consultants**
46 **contributed their time and expertise by serving as sources for a number of articles on practice**
47 **management issues**, such as practice valuation, site selection, hiring staff, and cultivating referrals, as well
48 as career coaching topics. Contributors included Patti Berkstresser, PT (TX), Stephen Clark, PT, OCS, MHS,
49 MBA (CA), Laura Coleman, PT, ATC (VA), Brad Cooper, PT, MSPT, MBA, MTC, ATC (CO), Lin McNeil, PT
50 (CO), Dave Powers, PT, MA, MBA (CA), Joseph Rusinowski, PT, MBA (FL), and Lynn Steffes, PT (WI).

51
52 Starting a practice or other niche business requires good business sense and market savvy, hard work, and
53 solid planning, and women face special challenges. A new Women Initiatives' Web page, **Women in**
54 **Business**, provided practice management resources, including starting a business or practice.

55
56 **One new product for endorsement was approved in 2004 – the I.C.E. DOWN cold therapy product line**,
57 produced by ICD, Inc. Members of the Board Committee to Review Product Endorsements and selected staff
58 reviewed this product, which was then recommended to the Board of Directors for final approval. Board
59 members who served on the review committee included Connie Hauser, PT, ATC (KY), Stephen Levine, PT,

1 DPT, MSHA (FL), Jim Milder, PT (IL), Barney Poole, PT, MEd (GA), and Fran Welk, PT, DPT, MEd (PA). As
 2 of year-end, the Association had endorsement agreements in place with the following companies: 3M (for a
 3 specified selection of ergonomic products), The Hygenic Corporation (for THERA-BAND® latex and latex-free
 4 exercise bands and THERA-BAND® exercise tubing), Sanford Corporation (for PhD Pens and Pencils), The
 5 Rehab Documentation Company (for the ReDoc software product), and Uni-Cam (for a therapeutic pedal
 6 system). The endorsement of TalkNotes, a voice recognition software product by ProVox, was discontinued.

7
 8 **The Committee on Risk Management and Member Benefits sponsored several risk management**
 9 **education offerings**, including a professional issues forum at PT 2004, It's a Hard Market Out There...Are
 10 You Appropriately Covered? and an education session at NSC, Managing Risk – Your Career Depends on It.
 11 Panelists for the PT 2004 session included Committee members Stuart Platt, PT, MSPT (GA), Deborah
 12 Shefrin, PT, JD (IL), Scott Kelley from Healthcare Providers Service Organization (HPSO), administrator of
 13 the APTA-endorsed professional liability insurance plan, and Geri Layne-Craddock, ChFC, CLU, RHU, from
 14 Marsh Affinity Group Services (Marsh), administrator of the APTA-endorsed life, health, and disability plans.
 15 The presenter for the NSC session was Carol Schunk, PT, PsyD (OR).

16
 17 **Members of the Committee on Risk Management and Member Benefits continued to be involved in the**
 18 **monitoring of all APTA-endorsed member benefits**, which are offerings designed to meet the personal and
 19 professional needs of APTA members. During the year, the Committee and staff paid close attention to the
 20 conditions within the professional liability insurance market for physical therapy professionals, staying abreast
 21 of market developments, arranging for communications to the Board and members regarding rising premium
 22 costs, and advocating for members experiencing specific concerns. As of December, staff provided
 23 personalized assistance and advocacy related to professional liability insurance for more than 100 members.
 24 The Committee approved renewal with improved terms of the Association's contract with GEICO for
 25 administration of the APTA-endorsed Auto Insurance Discount Program.

26
 27 **The affinity benefits business community supported the Association and profession** in many ways
 28 throughout the year. APTA's advocacy efforts were supported by claims data obtained from CNA, the
 29 underwriter of the APTA-endorsed professional liability insurance plan. HPSO was a major sponsor of the
 30 Foundation's Dinner Dance and Silent Auction. Marsh sponsored the PT 2004 conference bags and made a
 31 contribution to the Foundation. EAS Group, LLC, administrator of the APTA-endorsed Education Loan
 32 Program, established a \$500 scholarship for distribution at NSC, and GEICO made contributions during the
 33 year in support of the Diversity Scholarship Fund, Foundation, and NSC.

34
 35 **Goal II: Academic and clinical education prepares doctors of physical therapy who are**
 36 **autonomous practitioners.**

37
 38 **Objective A: Promote the "Doctor of Physical Therapy" (DPT) as the first professional degree of the**
 39 **physical therapist, including the transition of master's-degree-level professional**
 40 **programs to the doctoral level. (14)**

41
 42 Twenty-two additional professional physical therapist education **programs converted to offering the Doctor**
 43 **of Physical Therapy (DPT)** for a total of 112 (54.6%) of the 205 currently accredited programs.

44
 45 **The Commission on Accreditation in Physical Therapy Education (CAPTE) adopted new *Evaluative***
 46 ***Criteria for the Accreditation of Education Programs for the Preparation of Physical Therapists***, to
 47 become effective January 1, 2006. The new criteria refer to the Doctor of Physical Therapy degree as the
 48 preferred degree to be awarded at completion of physical therapist education programs.

49
 50 **The overall number of programs continued to decline**, although there was a slight increase in the number
 51 of developing programs. As of year-end, there were a total of 456 accredited and developing physical therapy
 52 education programs. This number represents a net decline of 3 programs during the year (and a decline of 77
 53 programs from the all time high of 533 in 1998).

54
 55
 56 **Number of PT and PTA Programs (12/31/04)**

	ACCREDITED	DEVELOPING	TOTALS
PT	196 institutions supporting	5 institutions developing	201 institutions supporting/developing

US Programs	205 programs	5 programs	210 programs
MS/MPT	93	1	94
DPT	112	4	116
PT Non US programs	4 institutions supporting 4 programs		4 institutions supporting 4 programs
Canadian	2		2
International	2		2
PTA	227 institutions supporting 238 programs	4 institutions developing 4 programs	231 institutions supporting/developing 242 programs
TOTAL	447 accredited programs	9 developing Programs	456 accredited/developing programs

1
2 **The conversion of physical therapist professional education programs from the postbaccalaureate**
3 **master's level to the doctoral level continued at a rapid pace.** From the time of the first class of Doctor of
4 Physical Therapy graduates in 1996, the majority of programs have been engaged in some form of curricular
5 and programmatic assessment. As of December 29, 112 programs were accredited at the doctoral level and 4
6 programs were developing at the doctoral level. Eighty additional programs have expressed their intent to
7 convert to the DPT. Assuming that the pace of conversion is sustained; it is conceivable that 95% of the
8 professional physical therapist programs will be accredited to award the doctoral degree by 2008.

9 **In August, a Consensus Conference on Clinical Education in a Doctoring Profession** was held to
10 achieve consensus on (1) a set of core essential skills for graduates from physical therapist professional
11 programs, including the skill set required for physical therapist licensure, and (2) identification of categories,
12 symptoms, and strategies to address the "disconnect" between academic and clinical education. Two draft
13 outcome documents have been developed from this conference. The first draft document identifies the skill
14 set required of the physical therapist at entry-level. This draft document will be disseminated to the APTA
15 Board of Directors and a wider audience of physical therapist educators, selected clinical educators, and
16 component leaders, to achieve wider agreement on those core skills that every physical therapist graduate
17 should be competent in performing on patients. The final outcome document that results from this process will
18 be provided to the Board for review and action in 2005. The second draft document initially reflected the
19 outcomes from member consultant discussions regarding an identified "disconnect" between academic and
20 clinical education. Subsequently, those "indicators" or symptoms of such a "disconnect" were shared with
21 more than 200 participants attending a joint session at the Academic Administrators Special Interest Group
22 (AASIG) and the National Clinical Education Conference in October. Participants at this session contributed to
23 the draft document by adding additional new strategies to address identified "disconnects." The current draft
24 document integrates outcomes from the consensus conference and the joint session at AASIG and the
25 National Clinical Education Conference. This draft document will be used as a resource for continuing
26 discussions among clinical education stakeholders regarding possible strategies for strengthening the
27 academic and clinical partnerships; future feedback will be integrated into the resource document in order to
28 reflect current issues and considerations.

29
30 **Objective B: Promote the transition of licensed physical therapists to the DPT. (9)**

31
32 **As of October 25, there were 50 established transition DPT programs** offered by physical therapist
33 programs throughout the US. More than 5,500 licensed physical therapists have been or are currently
34 enrolled in transition DPT programs, of which 1,373 have graduated. The data reflects that since 2002, the
35 option of pursuing a postprofessional transition DPT has become more popular due to increased affordability
36 and accessibility to these programs. Programs vary in credit hours required for degree completion, admission
37 requirements, and delivery methods ranging from classroom to online education or a combination thereof.
38 The Web site developed to provide information about the transition DPT was updated periodically and
39 included such items as frequently asked questions, transition DPT programs, and information about the
40 Physical Therapist Evaluation Tool.

41
42 **APTA's Risk Management and Member Benefits program provided support for the movement toward**

1 **the DPT** via two efforts in 2004. In September, staff facilitated the publication of an article in *PT Magazine* on
2 financing a doctorate in physical therapy, and, in October, staff arranged for a presentation at NSC titled
3 Spending for Success – Financial Planning and Debt Management Advice. NSC attendees also were offered
4 the opportunity to receive one-on-one financial management and pre-consolidation counseling at the meeting,
5 which was very well received. Both the article and the education and debt counseling sessions were done in
6 partnership with EAS.

7
8 **Objective C: Enhance the quality of physical therapy education by strengthening the link between**
9 **the physical therapy profession and the accreditation process. (19)**

10
11 **A Normative Model for Physical Therapist Professional Education: Version 2004** was considered by
12 CAPTE's Criteria Revision Group in formulating the new evaluative criteria for physical therapist programs
13 that were adopted in October and go into effect January 2006.

14
15 **CAPTE met twice and made 398 decisions about programs.** Following the CAPTE meetings, published
16 lists of accredited programs were updated and distributed to all communities served by the agency, including
17 state licensing boards. Commissioners, accompanied by Accreditation staff, made three visits to programs.

18
19 **Accreditation staff represented CAPTE** at meetings of the Federation of State Boards of Physical Therapy
20 (FSBPT), Association of Specialized and Professional Accreditors, Council for Higher Education
21 Accreditation, National Advisory Committee for Institutional Quality and Integrity of the US Department of
22 Education, and at the Accreditation Summit sponsored by the Association of Schools of Allied Health
23 Professions.

24
25 **Accreditation and Education staff met on two occasions with representatives of AASIG and the**
26 **FSBPT** to discuss issues related to the licensure exam as well as other issues of common interest.

27
28 **Accreditation Update**, the newsletter from APTA's Department of Accreditation and CAPTE, was published
29 in January and August. Both editions contained information about CAPTE activities, including lists of program
30 status decisions. The August issue also included the complete text of a position paper endorsed by the
31 Commission, *The Evaluative Criteria that Address the Relationship Between Physical Therapists and Physical*
32 *Therapist Assistants*, as well as notification of changes in rules of practice and procedure.

33
34 Department of Accreditation staff collected information from all programs to update the **Directory of**
35 **Accredited Physical Therapy Education Programs**, which is posted on APTA's Web site. In addition, staff
36 collected and analyzed program responses to the **2004 Biennial Accreditation Report** that provides data
37 needed for statistical descriptions of physical therapy education programs.

38
39 **Objective D: Explore and promote innovative clinical education opportunities in physical therapy.**
40 **(17)**

41
42 One hundred twenty-three active Credentialed Trainers provided a record setting 117 **Clinical Instructor**
43 **Education and Credentialing Programs** throughout the US. As of December 31, there were 12,758
44 Credentialed Clinical Instructors: 11,138 physical therapists and 1,620 physical therapist assistants.

45
46 Twenty-three applicants from 17 states participated in the **Train-the-Trainer Course** held in Alexandria,
47 Virginia, April 30–May 2. These individuals successfully met the competencies for this course and were
48 awarded Credentialed Clinical Trainer status by the Clinical Instructor Education Board. Current members of
49 the Board that ensure the viability and credibility of this program and oversee the Clinical Instructor Education
50 and Credentialing Program, Credentialed Trainer process, and policies and procedures associated with this
51 program included Terence Nordstrom, PT, MS, Chair (CA), Karen O'Loughlin, PT, MS (OH), Martha Schiller,
52 PT, MS (CAN), Lisa Donegan Shoaf, PT, PhD (VA), and Carol Woodward, PT, MS (MD).

53
54 **The final report on RC 36A/C-01 Investigation of Alternative Models of Physical Therapist Professional**
55 **Clinical Education was presented to the 2004 House of Delegates.** The report summarized the outcomes
56 of the investigations based on contracts awarded to Massachusetts General Hospital Institute of Health
57 Professions under Co-Project Directors Leslie Portney, PT, PhD, FAPTA (MA), and Mary Knab, PT, MS (MA),
58 to investigate an internship model of clinical education, and Nova Southeastern University under Co-Project
59 Directors Debra Stern, PT, MSM (MA), and Shari Rone-Adams, PT, MS, GCS (FL), to study a hybrid model of

1 clinical education. Presentations highlighting the results of these investigations were provided at the fall
2 AASIG meeting. Additional presentations are planned for CSM and PT 2005.

3
4 **The Ad Hoc Physical Therapist Clinical Performance Instrument (PT CPI) Revision Group** continued the
5 process of revising the Physical Therapist CPI. This group consisted of Anthony Delitto, PT, PhD, FAPTA
6 (PA), Nora Francis, PT, MS, OTR (IL), Scott Giles, PT, MS (ME), Jon Nordrum, PT (MN), and Kathryn Roach,
7 PT, PhD (FL). To date, feedback and comments have been compiled from an on-line survey on the 1997
8 version of the PT CPI with the results used to draft the revision. The revised draft version of the PT CPI was
9 disseminated to academic coordinators/directors of clinical education, center coordinators of clinical
10 education, clinical instructors, and students for their feedback through an on-line survey. Survey results will be
11 compiled and used to create the final revised version of PT CPI in preparation for psychometric testing in
12 2005. In addition, a content outline was developed in preparation for creating an on-line PT CPI training
13 program to train users in the appropriate utilization of the PT CPI. It is anticipated that the PT CPI revision
14 process will be completed in 2006.

15
16 **Goal III: Physical therapists are autonomous practitioners to whom patients/clients have**
17 **unrestricted direct access as an entry-point into the health care delivery system and,**
18 **who are reimbursed for all elements of patient/client management in all practice**
19 **environments.**

20
21 **Objective A: Advocate for federal and state laws and regulations that appropriately govern physical**
22 **therapist practice, with emphasis on enactment of unrestricted direct access laws. (1)**
23

24 **More than 200 members of Congress endorsed Medicare direct access legislation.** Thanks to APTA's
25 grassroots advocates, the Medicare Patient Access to Physical Therapists Act, H.R. 792/S. 493, ended the
26 108th Congress with 188 House and 18 Senate sponsors. The bill, which would eliminate the referral
27 requirement to physical therapists under Medicare Part B in states where direct access is permitted, provide a
28 statutory definition of "qualified physical therapist" and would separate speech, occupational, and physical
29 therapy in Medicare. The bill will be reintroduced in the 109th Congress.

30
31 **Six organizations formally endorsed Medicare direct access,** including the American College of
32 Rheumatology (ACR) – the first physician organization to do so. ACR joined the Association of Rheumatology
33 Health Professionals, Easter Seals, the Brain Injury Association, the National Rural Health Association, and
34 the American Academy of Orthopaedic Manual Physical Therapists in supporting the legislation. APTA
35 continued to work with other professional and consumer advocacy groups to secure their formal endorsement
36 of the direct access bill.

37
38 Although APTA developed an extensive compendium of evidence developed that direct access is a cost-
39 effective and safe way to improve beneficiary access to rehabilitation services, **the Medicare Payment**
40 **Advisory Commission (MedPAC) found that Medicare should retain its referral requirements,** ignoring
41 much of APTA's provided evidence and drawing speculative conclusions about the need for physician
42 oversight despite questions raised by members of the Commission. Physician groups were quick to use the
43 findings in urging members of Congress not to cosponsor the Medicare Patient Access to Physical Therapists
44 Act in the 109th Congress.

45
46 **Ohio became the 39th direct access state** in February, marking the successful conclusion of a 25-year
47 campaign by the Ohio Chapter to convince state lawmakers to eliminate referral requirements. Hawaii's Board
48 of Physical Therapy approved new rules removing the referral requirement and anticipates that Governor
49 Linda Lingle will approve the rules in early 2005. Significant progress toward achieving direct access was also
50 made in Illinois, Indiana, Kansas, New York, and Michigan.

51
52 **Alabama, Mississippi, and Texas Chapters each received \$5,000 direct access grants** to support their
53 efforts to pass direct access legislation. Similar grants assisted Illinois, Michigan, and New York in making
54 substantial progress toward direct access during the year.

55
56 To support Medicare direct access efforts, APTA produced a full-color brochure, **"Removing the Roadblock**
57 **to Recovery,"** to help members make the case for direct access to their congressional representatives.

58
59 **APTA scored a landmark victory when Medicare issued regulations requiring that physical therapy**

1 **services provided “incident to” a physician’s services must be provided by a physical therapist.**

2 Responding to comments received from hundreds of physical therapists, CMS required that individuals
3 providing outpatient physical therapy services to Medicare beneficiaries in physicians’ offices incident to a
4 physician’s professional service have graduated from an accredited physical therapy program curriculum.
5 APTA met with HHS Deputy Assistant Secretary for Planning and Evaluation Ann-Marie Lynch and Center for
6 Medicare Management Director Herb Kuhn in support of the “incident to” standards. APTA continued to urge
7 the Office of Inspector General to release the results of a study of “incident to” services in physician offices.
8

9 **In September, APTA met with White House Health Policy Advisor Doug Badger** to discuss the “incident
10 to” provisions in the Medicare fee schedule and APTA’s agenda for direct access and repeal of the Medicare
11 therapy cap. Badger reaffirmed the Administration’s commitment to address problems with the Medicare fee
12 schedule payment update while stressing the need for broader, long-range structural reform of the program.
13

14 **Medicare modified its supervision requirements for physical therapist assistants in private practice**
15 **settings** in the final regulations on the 2005 Medicare physician fee schedule. The new rules require physical
16 therapists to provide “direct” supervision (in the office suite) rather than “personal” supervision (in the room).
17 APTA continued to urge CMS to make supervision requirements consistent across all physical therapy
18 practice settings.
19

20 **Congress passed legislation to reauthorize programs for children with disabilities through IDEA,**
21 responding to pressure from APTA and other organizations. Working closely with the Pediatrics Section, the
22 Association pushed for full federal funding and stronger provisions ensuring that related services under the
23 Act are provided by qualified personnel.
24

25 **The final “phase two” regulations for the Stark II self-referral law were published,** providing an
26 opportunity for physical therapists to again urge CMS to recognize the problems created by the “in-office
27 ancillary services” exception and the proliferation of POPTS. In addition to the Association’s comments, a
28 grassroots alert produced hundreds of letters from APTA members illustrating the problems that POPTS have
29 created for their practices.
30

31 **APTA urged Medicare to proceed cautiously with a demonstration project expanding coverage of**
32 **services provided by chiropractors.** After meeting with CMS to ask questions about the demonstration
33 mandated by Congress in the Medicare Prescription Drug and Modernization Act of 2003, the Association
34 expressed concerns in writing and continued to monitor the project. APTA will coordinate with chapters in
35 Illinois, Iowa, Maine, New Mexico, and Virginia, where the four-site demonstration will be conducted.
36

37 **APTA continued to urge the Veterans Administration (VA) to update its physical therapist qualification**
38 **standards,** after key congressional leaders sent a letter seeking improved rules. The Association and the
39 Section on Veterans Affairs will continue to work with the agency and Congress to secure a revision of the
40 standards in 2005.
41

42 **The Association continued to monitor standards for chiropractic services provided to veterans.**
43 Section on Veterans Affairs president Brian Murphy, PT, MPT (UT), serves as the only physical therapist
44 member of the Department of Veterans Affairs Chiropractic Advisory Committee, which is overseeing the
45 implementation of protocols for the provision of chiropractic services in the VA.
46

47 **Congress failed to pass legislation supported by APTA to improve funding to combat obesity and**
48 **enhance physical activity.** The Improved Nutrition and Physical Activity Act or “IMPACT Act” (S. 1172/ H.R.
49 716) was not considered in the House after winning Senate approval and will be reintroduced in 2005. The
50 measure would add obesity and eating disorders to priority conditions to be addressed by health professions
51 training grants and authorize \$60 million in grants to conduct activities to curb obesity.
52

53 **The Stroke Treatment and Ongoing Prevention Act, S. 1909/H.R. 3658** also failed to win congressional
54 approval after the House passed its version in June. Working with the American Stroke Association and other
55 organizations, APTA actively supported the bill to increase federal support for professional development and
56 education programs in advanced stroke prevention and treatment by physical therapists and other health
57 professionals. The coalition plans to reintroduce the bill in 2005.
58

59 **Legislation opposed by APTA to recognize respiratory therapist services under Medicare** died when

1 Congress adjourned. APTA will again try to work with the American Association for Respiratory Care to revise
2 the bill to distinguish respiratory therapist services from physical therapy. If these efforts are unsuccessful, the
3 Association will continue to oppose the bill if it is reintroduced in its current form.
4

5 **“Take Action Packets” for Medicaid and POPTS were provided to chapter legislative leaders,**
6 supplementing the catalog of APTA’s legislative material on issues affecting physical therapy. Packets on 12
7 major issues are available to APTA members on the State Government Affairs Web site.
8

9 **APTA’s Government Affairs Committee** met in-person in April and September and by conference call on an
10 almost monthly basis to monitor lobbying efforts and develop recommendations for the APTA Board of
11 Directors on eleven critical federal legislative and regulatory issue areas. The Committee, which is
12 responsible for developing the Association’s grassroots lobbying efforts, took part in developing and
13 coordinating plans for the Federal Government Affairs Forum, working with Federal Affairs Liaisons and state
14 coordinators to increase participation and improve communication with members of Congress.
15

16 **APTA’s Office of Counsel filed an *amicus curiae* brief on behalf of an APTA member whom the**
17 **Arkansas State Board of Chiropractic Examiners fined for using manual therapy techniques that it**
18 **deemed to be within the scope of chiropractic and outside the scope of physical therapy.** In connection
19 with this case APTA initially urged that the charges be brought before the Arkansas State Board of Physical
20 Therapy (ASBPT) and that the Board adopt a regulation defining the key terms in the physical therapy
21 practice act – “mobilization,” which physical therapists may perform, and “spinal manipulation and
22 adjustment,” which is off limits. The ASBPT did issue a declaratory order ruling that the member’s techniques
23 were within the scope of physical therapy, and it later adopted the regulation proposed by APTA. In the brief
24 to the Arkansas Court of Appeals, APTA argued that the member’s conduct did not constitute chiropractic,
25 that it was within the scope of physical therapy (as defined by the ASBPT regulation), and that the
26 Chiropractic Board committed an error of law in failing to accept the Board’s declaratory order. The court still
27 had this case under consideration at the close of 2004.
28

29 **APTA’s Research Department conducted approximately 20 surveys** – chief among these was an
30 analysis of the effects of POPTS on the profession, utilization of physical therapy services among a Medicare
31 population, a Member Opinion Survey, and a survey assessing the employment market among physical
32 therapist assistants.
33

34 **Throughout the year, *PT Bulletin* and *PT Magazine* covered current news of physical therapy-**
35 **related legislation and regulation,** offering APTA’s view of the issues. In particular, *PT Magazine* published
36 its recurring “Capitol Watch” and “Government Affairs” columns to promote desired health care policies,
37 legislation, and regulation.
38

39 **Objective B: Improve coverage and reimbursement by public and private payers for services**
40 **provided by or under the direction of physical therapists, with emphasis on**
41 **unrestricted direct access. (2)**
42

43 **A 2-year moratorium on enforcement of the Medicare therapy cap was extended through 2004 and**
44 **2005** after Congress adopted the provision as part of the Medicare Prescription Drug and Modernization Act
45 of 2003. The moratorium reflects strong bipartisan support for repealing the cap in Congress, where a
46 majority of both the House and Senate endorsed the Medicare Access to Rehabilitation Services Act (H.R.
47 1125/S. 569) in the 108th Congress. APTA members were instrumental in securing 245 House and 52 Senate
48 supporters of the repeal legislation.
49

50 **APTA consulted with CMS on possible alternatives to the Medicare therapy cap.** Members of the
51 Government Affairs Committee and other payment experts collected data and assessed the viability of
52 several possible alternatives and responded to CMS on the examination of Medicare claims data conducted
53 by AdvanceMed. APTA also joined with the American Occupational Therapy Association and the American
54 Speech-Language-Hearing Association in contracting for an independent analysis of the budget impact of
55 various payment alternatives. These efforts will assist the Association in advising Congress on options for
56 replacing the therapy cap in 2005.
57

58 **Efforts to simplify Medicare’s certification rules continued,** as CMS assisted Medicare carriers in
59 applying the 60-day physician visit requirement approved in 2003. After problems with Medicare’s Internet-

1 only on-line manual delayed implementation, APTA worked with the agency to resolve confusion about the
2 certification and recertification process as revisions to the manual are drafted.

3
4 **Joining hospitals and rehabilitation providers, APTA opposed efforts to impose outdated Medicare**
5 **payment criteria, known as the “75% rule,” on inpatient rehabilitation facilities (IRFs).** From
6 commenting on proposed regulations and participating in meetings with Medicare officials to leading efforts on
7 Capitol Hill to advance legislative language preventing enforcement of the rule, APTA was at the forefront of
8 non-hospital groups seeking to establish reasonable criteria to set IRF qualifications.

9
10 **The Association worked on appropriate Medicare standards for prostheses and customized orthoses**
11 **with CMS.** The agency is expected to propose standards in 2005 after 10 months of negotiated rulemaking
12 failed to produce a consensus. APTA communicated with other associations to support standards that
13 preserve the ability of physical therapists to provide these services.

14
15 **APTA worked with Medicare to implement regulatory and contracting reforms** adopted by Congress in
16 2003, with the Association’s support, as part of the Medicare Prescription Drug and Modernization Act.
17 Regulations on the new regulatory and contracting standards are likely to be proposed early in 2005.

18
19 **APTA conferred with Medicare officials on coverage policies for outpatient pulmonary rehabilitation**
20 **services.** Working with the Cardiovascular and Pulmonary Section, the Association stressed the importance
21 of the physical therapist’s role in pulmonary rehabilitation as the agency worked to develop its national
22 coverage policy and continued to explore opportunities to work with other organizations representing
23 pulmonary rehabilitation providers.

24
25 **To help physical therapists more effectively secure reimbursement for their services,** APTA
26 successfully partnered with Ingenix (formerly St Anthony’s/Medicode) to produce *The Coding and Payment*
27 *Guide for the Physical Therapist* and *Coding Fast Finders for CPT and I-CD-9 Codes*, which not only provided
28 physical therapy-specific materials on reimbursement but generated royalty payments to APTA. A three-
29 member panel reviewed all Ingenix materials—Helene Fearon, PT (AZ), Stephen Levine, PT, DPT, MSHA
30 (FL), and Paul Rockar, PT, MS, OCS (PA).

31
32 Fearon, Rockar, and staff attended the **AMA CPT Editorial Panel meetings** in February, August, and
33 November. Two coding proposals were submitted in November regarding deletion of the microwave modality
34 code and revision of the wheelchair management code. Work continued with other stakeholders over the
35 formation of an "Orthotic Management" section to clarify several duplicative and conflicting coding situations.

36
37 **The wound therapy codes that were approved in 2003 for a 2005 implementation were presented to**
38 **the Relative Value Update Committee's Health Care Professionals Advisory Committee (RUC HCPAC)**
39 Review Board at the February RUC meeting. Values were obtained for both the selective debridement and
40 negative pressure codes. However, CMS withheld valuing the negative pressure codes, and APTA is now
41 seeking a refinement panel to address this decision.

42
43 **APTA renewed its membership with the American National Standards Institute Accredited Standards**
44 **Committee X12,** the standards development organization for the Health Insurance Portability and
45 Accountability Act of 1996 (HIPAA) standard transactions (electronic claims). APTA has been a member of
46 this group since 1992, ensuring that the developed standards would not adversely affect physical therapists.

47
48 **The Tennessee Chapter responded to changes in their workers' compensation payment schedule.**
49 Reimbursement staff prepared a PowerPoint presentation for use by the chapter’s reimbursement chair in
50 conversation with their Workers Compensation Commission regarding conversion to a Resource Based
51 Relative Value Scale (RBRVS) payment schedule similar to Medicare. The presentation was sent to them
52 electronically along with an additional packet of information including statistics on cost and utilization patterns
53 in the state’s workers’ compensation program.

54
55 After many years of hard work, the **Florida Chapter successfully obtained an increase the workers'**
56 **compensation payment schedule.** Workers' compensation reimbursement in Florida has been historically
57 low but has now been tied to 110% of the Medicare RBRVS fee schedule, a significant increase. Rick Shutes,
58 PT (FL), and many members in the chapter were active in working to increase the payment.

1 **The Rhode Island Chapter's work with Blue Cross Blue Shield (BCBS) of Rhode Island resulted in**
2 **increased reimbursement for outpatient physical therapy services** from \$45 and \$49 per visit to \$75 per
3 visit as of August 1. The chapter was active both in sending letters and meeting with representatives of BCBS
4 prior to the rate increase announcement.

5
6 **Direct access reimbursement grants were awarded to the Wisconsin, Pennsylvania, and New Jersey**
7 **chapters.** These grants helped with the expenses of meeting with payers and promoting payment for services
8 delivered without a referral. The New Jersey Chapter held an Insurer Forum in November that was partially
9 funded by this grant.

10
11 Reimbursement staff presented a 3-hour session on **Reversing Denied Claims** for the Texas Chapter in
12 March and a 4.5-hour session on Reversing Denied Claims and Other Payment Challenges at the Colorado
13 Chapter in April. Staff delivered a similar presentation at PREVIEW 2020 in November.

14
15 In January, APTA staff presented on the *Guide to Physical Therapist Practice* and interventions/CPT coding
16 to **State Farm Insurance Ohio**. The audience was injury claims trainers and reviewers (nurses) as well as
17 members of its Special Investigative Unit. In March, a presentation on the Guide was made at the Wisconsin
18 Chapter's inaugural **Insurance Forum** outside of Milwaukee. Reimbursement staff also participated in an
19 **Ohio Insurance Forum** in Columbus in September. Approximately 38 payers attended the meeting. In
20 addition, 49 chapters and 7 sections attended the **Reimbursement Chairs Forum** held December 3-4, with 6
21 chapters sending a second attendee at their own expense.

22
23 **Insurance Forums were held in Baltimore, July 22-23,** with 20 new payer representatives in attendance on
24 the first day and 48 returning attendees on the second day. Presentation topics included CPT coding, the
25 Guide, assessment tools, direct access, assistive technology, and rotator cuff. The new *Payer's Guide to*
26 *Interventions by Physical Therapists and Related CPT Coding* was distributed to all attendees.

27
28 **Six coding seminars were held** in Washington DC, Atlanta, GA, Seattle, WA, Los Angeles, CA, St Louis,
29 MO, and Nashville, TN. The total attendance at these seminars was approximately 600.

30
31 Staff assisted Ellen Strunk, PT, GCS (AL), reimbursement chair for the Alabama Chapter, and Pat Wolfe, PT
32 (MA), reimbursement chair for the Section on Women's Health, with strategy and letters to BCBS of Alabama
33 concerning recent **payment policy changes for pelvic floor dysfunction**.

34
35 In April, during a meeting of neurologists in San Francisco, attendees proposed CPT coding changes relative
36 to EMG and nerve conduction velocity (NCV). APTA worked with Association members who attended the
37 meeting, and, as a result, the **neurologists' coding proposal that would have limited physical therapist**
38 **involvement in EMG and NCV was taken "off the table."**

39
40 **Objective C: Promote patterns of practice and business relationships that ensure ethical provision**
41 **of high-quality care, with emphasis on eliminating referral for profit and promoting**
42 **ownership and operation of clinics and practices by physical therapists. (3)**

43
44 **APTA supported the South Carolina Chapter in enforcing state law prohibiting physicians from hiring**
45 **physical therapists.** APTA Treasurer and POPTS Task Force Chair Fran Welk, PT, DPT, MEd (PA), and
46 Association staff worked closely with chapter president Lisa Saladin, PT, MSc (SC), and former president
47 Janet Shelley, PT (SC), in their efforts to obtain an authoritative interpretation of the provision in the practice
48 act prohibiting physical therapists from sharing revenue with referral sources. The informal interpretation by
49 the lawyers in the licensing board's department had been unfavorable. Therefore, the chapter took the issue
50 to the Attorney General, asking two legislators to submit a pair of questions prepared by APTA's Counsel
51 together with a legal brief in support of the view that the statute did extend to employment arrangements
52 between physical therapists and referring physicians or professional corporations owned by referring
53 physicians. The Attorney General of South Carolina issued an opinion in harmony with APTA's analysis,
54 which the licensing board endorsed as its guide to enforcement. A physician, the South Carolina Medical
55 Association, and other parties promptly sued the licensing board, challenging the Attorney General's
56 interpretation. Both the Attorney General and the South Carolina Chapter intervened on the side of the
57 licensing board. APTA helped the licensing board to obtain outside counsel to represent it in the litigation in
58 lieu of the departmental lawyers who disagreed with the analysis of the Attorney General and APTA's
59 Counsel. APTA worked closely with the lawyers representing the board, the chapter, and the Attorney

1 General in the case, which the court still had under consideration at the close of 2004.

2
3 **APTA's Task Force on POPTS, with the assistance of Government Affairs and Publications staff and**
4 **the Office of Counsel, produced a comprehensive resource manual** to be used by components in
5 developing strategies to combat physician ownership. The seven-member task force completed a
6 membership survey on the impact of POPTS arrangements and developed a "Take Action Packet" for chapter
7 POPTS task forces and legislative committees. Work on a "POPTS Survival Guide" and an educational "white
8 paper" will be completed in early 2005. APTA also advised several chapters on POPTS strategies specific to
9 their circumstances.

10
11 The Office of Counsel prepared a **memorandum for APTA's Task Force on POPTS outlining the legal**
12 **issues involved in attacking POPTS arrangements via the "corporate practice of physical therapy"**
13 **approach.**

14
15 **Instruction in the anti-competitive dangers of POPTS was added to the *Normative Model of Physical***
16 ***Therapist Professional Education*.** The new element is aimed at increasing the awareness of students
17 about the risk to patients and the profession from physicians referring to physical therapy entities in which
18 they have a financial interest.

19
20 Representatives of the Alabama and Nevada chapters consulted with APTA's Counsel concerning the
21 possibility of **administrative rulemaking and legislation, respectively, designed to restrict POPTS**
22 **arrangements.**

23
24 **APTA provided information to a member employed in a POPTS concerning her interest in purchasing**
25 **the physical therapy component of the practice.** In particular, it noted legal considerations suggesting that
26 it would be inappropriate, under the federal anti-kickback law, to give any value to the prospect that the selling
27 physicians would refer patients to the physical therapist.

28
29 **Staff assisted the Virginia Chapter's reimbursement chair, Colleen Whiteford, PT, OCS, with information**
30 **on POPTS, including talking points discussing potential conflicts between POPTS and AMA's ethical and**
31 **judicial policies and positions.**

32
33 ***PT Bulletin Online* continued its monitoring of job listings submitted by POPTS, fielding an average of**
34 **3-4 inquiries weekly.** In addition, *PT Magazine* published columns and letters related to the POPTS issue.

35
36 **Seminars were offered to assist members with regulatory compliance issues,** including supervision and
37 documentation requirements and a resource guide to help members conduct self-audits of claims. Fraud and
38 abuse issues were also topics of ongoing communication with the Department of HHS, Office of the Inspector
39 General, Department of Justice, and CMS' Program Integrity Office. Seminars in Phoenix, AZ, and
40 Charleston, SC, and presentations at CSM, PT 2004, and a New York Chapter meeting highlighted emerging
41 fraud and abuse issues and provided guidance.

42
43 **APTA provided assistance to members in complying with new HIPAA regulations** on privacy,
44 transactions and code sets, and security standards. Summaries of the regulations and extensive guidance for
45 members was provided through APTA's Web site, including answers to frequently asked questions, a gap
46 analysis, model contract language, and links to helpful resources.

47
48 **Women's Initiatives staff worked with the US Small Business Administration (SBA),** adding the
49 Administration's expertise to resources available at Annual Conference. At PT 2004, a representative from the
50 SBA regional office in Chicago was available to answer questions and provide information regarding financing
51 and resources available for small businesses.

52
53 **APTA's Members Mentoring Members program** provided members with a valuable resource for starting
54 and owning a private practice with a number of mentors offering to share expertise in this area.

55
56 **Members of the Committee on Risk Management and Member Benefits provided professional risk**
57 **management education** by producing articles on professional risk management topics. Members of the
58 Committee included Stuart Platt, PT, MSPT (GA), Rick Rausch, PT (IL), Carol Schunk, PT, PsyD (OR),
59 Deborah Shefrin, PT, JD (IL), Cathy Thut, PT, MBA (TX), and Paul Hildreth, PT, MPH (LA). Former

1 Committee member Rita Arriaga, PT, MS (CA), contributed to the Association’s professional risk management
2 education program through authorship of the *Stories From The Front* columns. Professional risk management
3 topics addressed tips for being a witness and when one is deposed (April), patient management (June),
4 fitness, wellness, and alternative medicine (July), and personnel and employment management (October).

5
6 **To ensure that risk management considerations were included as appropriate throughout the**
7 **activities of the Association, the Committee on Risk Management and Member Benefits collaborated**
8 **with APTA staff and various member groups.** The Committee provided input on the Safe Patient Handling
9 and Movement Tasks in Rehabilitation Settings position paper, continued discussions with staff from the
10 Practice and Publications departments regarding risk management article topics and format, and met with
11 Practice and Government Affairs staff to discuss activities and trends in those arenas relevant to their work. In
12 addition, Committee Chair Carol Schunk, PT, PsyD (OR), held a phone conference with Carol Davis, PT,
13 EdD, MS, FAPTA (FL), chair of APTA’s Ethics and Judicial Committee, to discuss topics that included
14 documentation, sexual misconduct, ethical marketing practices, and ideas for possible future joint efforts.

15
16 **Programming for PT 2004** included a plenary session and a workshop titled, Bridging Generational Gaps in
17 the Workplace, presented by Lynne Lancaster and David Stillman. **Other topics in the Business**
18 **Management/Administration track included:** Coding & Reimbursement presented by Helene Fearon, PT
19 (AZ); It’s a Hard Market Out There—Are You Appropriately Covered? presented by Scott Kelley (PA), Geri
20 Layne Craddock, ChFC, CLU, RHU (DC), Lisa Mathis Dollar, PT (GA), Stuart Platt, PT, MSPT (GA), and
21 Deborah Shefrin, PT, JD (IL); and Reversing Denied Claims: Improving Your Receivables presented by Rhea
22 Cohn, PT, MA (VA), Jim Nugent (VA), and Susan Villageliu, PT, JD (VA).

23 **PREVIEW 2020 featured an education program track on Business Management** presented by Helene
24 Fearon, PT (AZ), Robert DuVall, PT, MMSc, DHSc, OCS, FAAMOPT, CSCS (GA), Rhea Cohn, PT, MA (VA),
25 and Susan Villageliu, PT, JD (VA).

26
27 **Goal IV: Research advances the science of physical therapy and furthers the evidence-based**
28 **practice of the physical therapist.**

29
30 **Objective A: Develop and disseminate the theoretical and empirical bases of physical therapy that**
31 **integrate the best research evidence with clinical expertise and patient/client values.**
32 **(8)**

33
34 **Physical Therapy continued its 84-year tradition of publishing peer-reviewed articles and reviews.**
35 October and November issues included a special two-part report, the prestigious “Ottawa Panel Evidence-
36 Based Clinical Practice Guidelines for Therapeutic Exercises in the Management of Rheumatoid Arthritis in
37 Adults” and “Ottawa Panel Evidence-Based Clinical Practice Guidelines for Electrotherapy and
38 Thermotherapy Interventions in the Management of Rheumatoid Arthritis in Adults.”

39
40 **“Evidence in Practice,” the Journal’s bimonthly series** on how to identify, locate, and apply research
41 evidence in the context of specific patient situations, published six installments in 2004.

42
43 Meredith Harris, PT, EdD (MA), chair of APTA’s Committee on Cultural Competence, served as chair of the
44 **National Advisory Board on Medical Rehabilitation Research** and participated in multiple meetings
45 throughout the year. This is an advisory group of the National Institute of Child Health and Human
46 Development of NIH. In addition, Harris presented a workshop at PT 2004 on developing grants and obtaining
47 other funding sources for health disparities research.

48
49 The Committee on Cultural Competence [Meredith Harris, PT, EdD (MA), Rodney Miyasaki, PT, MA (UT),
50 Elizabeth Giles, PT, MS (VA), Elizabeth Bluebird, PT, MSPT (OK), and Edward Arellano, PT (CO)] and
51 member consultants [Milagros Jorge, PT, PhD (OK), Wen Ling, PT, PhD (NY), Thubi Kolobe, PT, PhD (OK),
52 Ronnie Leavitt, PT, PhD (CT), and Marilyns Randolph, PT, PhD (VA)], responded to **RC 41-03 Racial and**
53 **Ethnic Disparities in Health Care** by developing strategies and guidelines for establishing physical therapy
54 research activities as they relate to health disparities. The strategies and guidelines will be presented to the
55 2005 House of Delegates.

56
57 **Information was gathered and organized to create a database of physical therapy-oriented grants, and**
58 **rehabilitation-oriented research conducted by physical therapists.** The data covers grants from the late

1 1960s to present and will be updated twice yearly. Statistics gathered from this database were presented at
2 CSM.

3
4 Staff attended a meeting sponsored by the **Agency for Healthcare Research and Quality (AHRQ)** on how
5 to utilize the Medical Expenditure Panel Survey data in analyzing research. This was useful in Association
6 efforts towards health disparities research.

7
8 A former internal staff communication service was developed into a news-oriented subscription product for
9 sale by the Association called **“PT e-Clips: Links to news you can use.”** Subscribers to this service stay
10 current on physical therapy and health-related issues. The twice-monthly report provides citations and
11 Internet links to current journal, trade, and mass media articles, grant announcements, press releases,
12 studies, reports, and other Web resources. Topics included health care informatics, government regulation,
13 insurance/reimbursement, education, and national/international physical therapy news. Twenty-three issues
14 were e-mailed, with the first volume concluding on January 5, 2005.

15
16 **Literature searches were conducted regularly for staff** on a range of topics that included soft tissue
17 injuries, West Nile virus, manual therapy, physical therapy clinic design, electrical stimulation, geriatric fall
18 prevention programs, in-toeing, wellness programs, pay-for-performance, and SNOWMED terminology. One
19 unique historical request by Women’s Initiatives’ staff involved a review of the more than 110 oral history
20 interviews to discover who the interviewees identified as their mentors. APTA will use this information in future
21 mentor-related promotional activities.

22
23 **Objective B: Promote research that is consistent with the priorities outlined in the Association’s**
24 **“Clinical Research Agenda.” (12)**

25
26 **Implementation of the “Hooked on Evidence” initiative continued at a rapid pace.** Information about the
27 project was widely disseminated, both through oral presentations at APTA meetings and in print. The Section
28 on Research included an update on the project in an issue of their newsletter, an article on using “Hooked”
29 appeared in the Evidence in Practice feature of *Physical Therapy*, and a CD was developed and disseminated
30 among members who requested it for use at component meetings. For the project, some 700 articles were
31 obtained for the database from internal and external sources, subscriptions, databases, and document
32 delivery services.

33
34 **The “Hooked on Evidence” database grew substantially – at year-end there were 1,730 extracts**
35 **included and 779 extracts were in some stage of development.** More than 16,700 physical therapists,
36 physical therapist assistants, students, and, in some cases, consumers of physical therapy visited the site
37 during the year. Section on Research members continued to review and validate the information contained in
38 each submitted extraction.

39
40 **Changes were made to the “Hooked on Evidence” database with many extracts being grouped within**
41 **a number of clinical scenarios.** These scenarios, developed by member consultant panels, are based on
42 function, intervention, and time of onset of condition. To date, scenarios have been created for management
43 of lower extremity problems, post stroke, and management of knee conditions, with scenarios for low back
44 and three additional conditions to be created in 2005. “Hooked” users will continue to have the option of
45 searching the database by the use of key words in addition to the option of searching by specific condition.

46
47 **APTA participated in professional and consumer coalitions to maintain federal support for**
48 **rehabilitation research.** The Association continued to be an active participant in the Coalition for Health
49 Funding, the Friends of AHRQ, and SWHR.

50
51 **One hundred and sixty-eight research platform or poster presentations** were presented by physical
52 therapists during PT 2004. Each presentation was original research pertinent to the practice of physical
53 therapy.

54
55 **The Association met periodically with officials at NIH** to explore opportunities to improve federal funding
56 for rehabilitation research priorities. Discussions were also held with members and staff of congressional
57 Appropriations Committees and with organizations representing other rehabilitation providers to coordinate
58 advocacy efforts in the 109th Congress.

1 **A new Advanced Clinical Practice (ACP) course, “Our Clinic” was presented** as a one-day course by
2 Robert Wainner, PT, PhD, ECS, OCS (TX). The course provided hands-on experience performing electronic
3 searches of literature and addressed the integration and appraisal of the best evidence with clinical
4 experience and expert recommendations.

5
6 **Goal V: Physical therapists and physical therapist assistants are committed to meeting the**
7 **health needs of patients/clients and society through ethical behavior, continued**
8 **competence, and advocacy for the profession.**

9
10 **Objective A: Promote behaviors that uphold professional ideals as defined by the Association’s**
11 **Code of Ethics, Standards of Practice, policies, positions and guidelines. (7)**

12
13 APTA’s Office of Counsel prepared a detailed report to the Board of Directors concerning **ethical and legal**
14 **implications of marketing practices aimed at referral sources**. In response to this report, the Board called
15 for the development of nonbinding guidelines, comparable to those of the AMA and the Pharmaceutical
16 Research and Manufacturers of America, to assist members with questions related to marketing practices.

17
18 The “**Compendium of Interpretations and Opinions 1980-1995**” of the **Ethics and Judicial Committee**
19 was reviewed for relevance and congruence with the Committee’s current views. Significant portions of the
20 Compendium will be deleted in the next update.

21
22 With regard to the APTA’s handling of ethical complaints/charges against members, the Office of Counsel
23 supported the Ethics and Judicial Committee in drafting a revised version of the **Disciplinary Action**
24 **Procedural Document**. The APTA Board adopted the revised document in March.

25
26 **Ethics & Professional Responsibility in PT** was presented by Jonathan Cooperman, PT, JD (OH) and Ron
27 Scott, PT, JD, EdD, OCS (TX), as an online audio/video course available to physical therapists and physical
28 therapist assistants that addresses professional ideals as defined by the Association’s Code of Ethics.

29
30 **To promote Professionalism in Physical Therapy and associated Core Values** and ethical decision
31 making, 9 presentations and discussions to physical therapists and physical therapist assistants were
32 facilitated by APTA’s Education staff at CSM, PT 2004, the Leadership Training conference, LAMP
33 conference, NSC, and physical therapist professional and transition DPT programs.

34
35 **The Task Force on Professionalism convened its first meeting** to begin the development of a
36 Professionalism Instructional Module that will be useful to physical therapist and physical therapist assistant
37 academic faculty, clinicians, and students. The Task Force included Linda Arslanian, PT, DPT, MS (MA),
38 Susan Deusinger, PT, PhD (MO), Karen Mueller, PT, PhD (AZ), Tara Pearce, PT, MHS (IL), and Dolly
39 Swisher, PT, MDiv, PhD (FL). Task force members drafted a comprehensive content outline that included
40 learning outcomes and objectives, experiential activities such as cases and role plays, assessment
41 components, glossary terms, resources, and references. Based on this draft outline, sections will be written
42 by the Task Force with the assistance and contributions as needed from other experts in the area of
43 professionalism. It is anticipated that the project will be completed in 2006.

44
45 **APTA addressed issues associated with continued competence** through staff participation in the
46 Interprofessional Workgroup of Health Professions Regulators. Professional Development staff was an invited
47 participant to a Summit on continued competence sponsored by The Citizens’ Advocacy Committee.

48
49 APTA promoted the importance of mentoring in the profession through **APTA’s Members Mentoring**
50 **Members program**. Mentoring promotes behaviors that uphold professionalism.

51
52 **Objective B: Design and implement lifelong career development/continuing education opportunities**
53 **that provide for augmentation of knowledge, skills, and behaviors that are consistent**
54 **with APTA’s Vision Statement for Physical Therapy 2020. (15)**

55
56 At CSM, the American Board of Physical Therapy Specialties (ABPTS) recognized 561 specialists who
57 achieved certification in 2003. President Ben Massey welcomed the newly certified specialists, their
58 colleagues, family, and friends to the Opening Ceremony. ABPTS Chair Cynthia Zadai, PT, DPT, MS, CCS,
59 FAPTA (MA), congratulated the newly certified specialists on their accomplishments.

1
2 **An additional 595 specialists were certified in 2004, bringing the total number of ABPTS board**
3 **certified clinical specialists to 5,282.** ABPTS also granted recertification to 227 clinical specialists. To date,
4 776 specialists have achieved recertification, which is a 75% recertification rate. Newly certified specialists, as
5 well as those who recertified in 2004, will be recognized at the Ceremony for Recognition of Clinical
6 Specialists at CSM 2005 in New Orleans.

7
8 **Eighty of those individuals who became certified specialists in 2004 identified themselves as**
9 **minorities, which was 13% of all those certified during the year.** Overall, 437 certified specialists identify
10 themselves as minorities, which represents 9% of all certified specialists.

11
12 **More than 1,075 applications/reapplications for the 2005 specialist certification examinations were**
13 **processed in the fall.** The specialist certification examinations will be administered nationwide at
14 Prometric testing centers between March 5-19, 2005. Several specialty councils conducted revalidation
15 studies and the Neurologic Specialty Council completed its practice analysis and prepared a new *Description*
16 *of Specialty Practice (DSP) for Neurologic Physical Therapy*, which ABPTS approved in September. This
17 document will be published in January 2005 and will assist candidates in their preparation for the 2006
18 specialist certification examination in neurologic physical therapy. The Clinical Electrophysiologic Specialty
19 Council fielded its practice analysis survey and anticipates completion of the revalidation by mid-2005. The
20 Cardiovascular and Pulmonary Specialty Council will begin its revalidation study in February 2005.

21
22 **A total of 33 post-professional clinical residency or fellowship programs have been credentialed or**
23 **approved by APTA.** In 2004, 16 new programs were credentialed or approved, including the first geriatric
24 clinical residency program, hand physical therapy fellowship program, and movement science fellowship
25 program. A total of 76 physical therapists, 23 residents, and 53 fellows were graduated from credentialed
26 post-professional programs. Currently, there are eight different areas of practice represented by credentialed
27 programs. Areas for clinical residency programs include: geriatrics, neurology, sports physical therapy, and
28 orthopaedics; and the additional areas for clinical fellowship programs include: orthopedic manual physical
29 therapy, sports division 1 athletics, hand physical therapy, and movement science.

30
31 **Five sports physical therapy programs were approved by the Association** and will be completing the
32 credentialing process within 2 years. These five sports physical therapy programs were approved via an
33 agreement between the Sports Physical Therapy Section and APTA to combine their respective credentialing
34 programs under the Association. The sports physical therapy residency programs include the Centers for
35 Rehab Services Sports Physical Therapy Residency, Pittsburgh, PA; Champion Sports Medicine,
36 Birmingham, AL; KRS Center for Sports Medicine & Orthopedic Physical Therapy, Florence, KY; Minneapolis
37 Sports Medicine Center, Edina, MN; and Skyline Hospital Physical Therapy & Sports Medicine Department,
38 White Salmon, WA.

39
40 **Four new residency programs were credentialed:** Rancho Physical Therapy Orthopaedic Physical
41 Therapy Residency, Corona, CA; St Catherine's Rehabilitation Hospital and Villa Maria Nursing Center
42 Postprofessional Residency in Geriatric Physical Therapy, Miami, FL; University of Delaware Orthopedic
43 Residency, Newark, DE; and the University of Delaware Sports Residency, Newark, DE.

44
45 **Seven new fellowship programs were credentialed:** Institute of Rehabilitation and Training Orthopedic
46 Manual Therapy Fellowship, Prattville, AL; Kaiser Permanente Los Angeles Movement Science Fellowship,
47 Los Angeles, CA; Kaiser Permanente Southern California Hand Therapy Fellowship, Orange, CA; North
48 American Institute of Orthopedic Manual Therapy Inc. Clinical Fellowship, Eugene, OR; Ola Grimsby Institute
49 Orthopaedic Manual Therapy Fellowship, San Diego, CA and Anchorage, AK (formerly a residency program);
50 Sports Medicine of Atlanta Manual Therapy Fellowship, Snellville, GA; and US Army-Baylor University
51 Postprofessional Doctoral Program in Orthopaedic and Manual Physical Therapy, San Antonio, TX (formerly
52 a residency program).

53
54 **The Committee on Clinical Residency and Fellowship Programs** [Robert Landel, DPT, OCS, CSCS,
55 Chair (CA), Dianne Jewell, PT, PhD, CCS (VA), Patricia McCord, PT, FAAOMPT (CO), Teresa Schuemann,
56 PT, SCS (WA), and Rita Wong, PT (VA)], worked on the development of a site visitor pool to assist with the
57 application pool and revised the Resource Manual, which will be available online in 2005.

58
59 **PT 2004, CSM and PREVIEW 2020, offered attendees contact/continuing education units (CEU) hours.**

1 Objectives were met throughout the year through the hundreds of programming hours that were offered at
2 each of these national conferences. APTA took the “typical” classroom programming one step further by
3 offering exhibitors from many different aspects of physical therapy to exhibit with the Association at its
4 national conferences and therefore, gave members the opportunity to have hands-on experience with items,
5 books, computer software, etc, to help them succeed in the current market environment. APTA continued to
6 offer the Advanced Clinical Practice courses at Annual Conference, which provided members the opportunity
7 for intensive learning experiences consisting of lectures, case studies and hands-on labs.

8
9 **PT 2004 focused on evidence in practice and the relevant issues that practitioners face today.**

10 Educational sessions were organized under 12 themes that covered the depth and breadth of physical
11 therapist practice: Advocacy and Legislation, Autonomous Practice, Business Management/Administration,
12 Clinical Practice – Cardiovascular and Pulmonary, Clinical Practice – Integumentary, Clinical Practice –
13 Musculoskeletal, Clinical Practice – Neuromuscular, Education, Health Promotion, Physical Therapist
14 Assistant, Professional Issues and Research Applications for Practice. More than 80 educational sessions
15 and 168 poster and platform presentations were available to the 2,889 attendees. All conference
16 programming addressed the available evidence for practice and was designed to emphasize the knowledge,
17 skills and behaviors needed for a doctoring profession.

18
19 **Special sessions at PT 2004** included the Opening Ceremony with Vice Admiral Richard Carmona, MD,
20 MPH, FACS, Surgeon General of the United States; The Mary McMillan Lecture, *Braving New Worlds: To*
21 *Conquer, To Endure* presented by Marilyn Moffat, PT, PhD, FAPTA, CSCS (NY); an Attendee Networking
22 Breakfast with APTA Leaders that offered a special opportunity to meet informally with APTA President Ben
23 Massey, the Association’s Board of Directors, and other leaders in the profession; The Maley Lecture,
24 *Disabling Our Diagnostic Dilemmas* presented by Cynthia Coffin-Zadai, PT, DPT, MS, CCS, FAPTA (MA);
25 and a plenary session on *Bridging Generational Gaps in the Workplace* presented by Lynne Lancaster and
26 David Stillman.

27
28 **New at PT 2004 were two Concentrated Education Series (CES)**, a sequence of five education sessions
29 that were integrated, advanced, and allowed for attendee networking with colleagues and expert faculty. Two
30 CES tracks were presented on *Advances in Stroke Rehabilitation and Examination and Management of the*
31 *Lower Quarter*.

32
33 **A new subject of choice for potential presenters, cultural competence issues were included in two**
34 **workshops presented at PT 2004**; one on research presented by Meredith Harris, PT, EdD (MA), and the
35 second on education issues presented by Awilda Haskins, PT, EdD (FL). There were also a myriad of posters
36 presented on cultural competence issues at both PT 2004 and CSM.

37
38 **More than 60 APTA members were involved in the review of proposals and abstracts for educational**
39 **sessions for PT 2004.** The Annual Conference Program Committee, chaired by Carole Tucker, PT, MSEE,
40 PhD, PCS (PA), enlisted the assistance of the Subcommittee for Reviewing Proposals to review all proposal
41 submissions and to suggest topics and speakers. Members of the Annual Conference Program Committee
42 included Jeanine Marie Gunn, PT, DPT (CA), C Meg Gleim, PT, MHS, OCS, ATC (OH), Susan Lowe, PT,
43 MS, GCS (MA), Colleen McQuillan, PT, (IL Liaison), Stephanie Johnson, PT, MBA (MA), and Gina Musolino,
44 PT, EdD (UT). Members of the Committee for Screening Proposals/Abstracts included Katherine Beissner,
45 PT, PhD (NY), Linda Feters, PT, PhD (MA), Ann Marie Flores, PT, MS, MA, PhD (TN), Shree Pandya, PT,
46 MS (NY), Caroline Stegink Jansen, PT, PhD (TX), and Brad Stockert, PT, PhD (CA).

47
48 **APTA sent invitations to PT 2004 from President Ben Massey to WCPT member organization**
49 **representatives.** Efforts exceeded expectations with more than 15 international WCPT member
50 organizations including the WCPT Secretary General, and representatives from Canada, Bermuda, Barbados,
51 Nepal, Egypt, Sri Lanka, Ecuador, Mexico, New Zealand, Greece, Uganda, Puerto Rico, Peru, and Kuwait in
52 attendance at the conference.

53
54 **PREVIEW 2020 highlighted nine education program tracks:** Business Management, Cardiovascular and
55 Pulmonary Screening; Foot & Ankle; Lab Values; Low Back Pain; Obesity; Radiology; Vestibular
56 Rehabilitation; and Fitness & Wellness. Two and one half days held 3 plenary sessions, an evening reception,
57 and twenty-seven 3-hour sessions that targeted what physical therapists need to advance their practice
58 based on evidence, as well as build their practice and manage their business. New were two hands-on lab
59 sessions on *Low Back* and on *Screening for Cardiovascular and Pulmonary Disorders*.

1
2 **APTA sponsored a continuing education course designed specifically for the physical therapist**
3 **assistant** held in Atlanta, Georgia, July 31-August 1. Russell Stowers, PTA, BS (TX), Regional Director of the
4 National Assembly, worked with staff to develop a two-day session with topics on *Clinical Orthopedics for the*
5 *PTA: Evidence-Based Strategies for the Patient after an Arthroplasty* led by Steven Lesh, PT, PhD, SCS,
6 ATC (AR), and *Facilitating Gait With Neuro-Developmental Treatment Principles* led by Jennifaye Greene,
7 MSPT, NCS (SC). Participants appreciated having a course specific to PTA continuing education needs.
8

9 **The Association responded to member needs for career development/continuing education through**
10 **the provision of advanced, evidence-based offerings that addressed the knowledge, skills, and**
11 **behaviors of a doctoring profession.** Professional development/continuing education offerings were made
12 available through a variety of cost effective and convenient methods from conferences with thousands of
13 attendees, to small hands-on workshops with student instructor ratios of 1:16, to online and print-based home
14 study courses. APTA continued as an authorized provider of continuing education and training through the
15 International Association of Continuing Education and Training, a National Athletic Trainers Association Board
16 of Certification approved CEU provider.
17

18 **APTA cosponsored two competency-based continuing education courses with Emory University:**
19 *Vestibular Rehabilitation: A Competency-Based Course* and *Vestibular Function Tests: Interpretation and*
20 *Application to Rehabilitation* presented by Susan Herdman, PT, PhD, FAPTA (GA) and Richard Clendaniel,
21 PT, PhD (NC).
22

23 **The ACP Series expanded to 10 different courses.** ACP courses are designed to provide physical
24 therapists with advanced clinical practice information and skills that are based on evidence. The courses
25 focus on evidence-based approaches to evaluation and interventions and feature hands-on labs and limited
26 enrollment to ensure interaction with instructors. Courses included *Diagnosis by Physical Therapists:*
27 *Screening for Medical Referral* presented by William Boissonnault, PT, DHSc, FAAOMPT (WI); *Functional*
28 *Biomechanics of the Lower Quarter: Implications for Movement Dysfunction and Musculoskeletal Injury*
29 presented by Christopher Powers, PT, PhD (CA) and Stephen Reischl, PT, DPT, OCS (CA); *Examination &*
30 *Selected Interventions: Lumbar Spine & Pelvis* presented by Joseph Godges, DPT, MA, OCS (CA), Robert
31 Wainner, PT, PhD, ECS, OCS (TX), and Julie Whitman, PT, DSc, OCS, FAAOMPT (CO); *Pharmacology for*
32 *Physical Therapists* presented by Peter Panus, PT, PhD (TN); *Radiology & Imaging for Physical Therapists*
33 presented by Gail Deyle, DPT, MPT, OCS, FAAOMPT (TX); *Exercise Programs: Making Them Effective and*
34 *Safe* presented by Steven Tepper, PT, PhD (VA); *Evidence-Based Practice in Your Clinic* presented by
35 Robert Wainner, PT, PhD, ECS, OCS (TX); *Examination and Selected Intervention of the Lower Extremity:*
36 *Hip, Knee and Ankle* presented by Julie Whitman, PT, DSc, OCS, FAAOMPT (CO), Mathew Garber, PT, DSc,
37 OCS, FAAOMPT (TX) and Jake Magel, PT, DSc, OCS, FAAOMPT (CO); *Examination and Selected*
38 *Interventions of the Wrist and Hand* presented by Carolyn Wadsworth, PT, MS, OCS, CHT (IA); and
39 *Examination and Selected Interventions for Patients with Cervical Spine Disorders* presented by John Childs,
40 PT, PhD, ECS, OCS, FAAOMPT (TX), Robert Wainner, PT, PhD, ECS, OCS (TX), and Andrew Bennett, PT
41 (LA).
42

43 **Sixteen ACP courses were held at 10 different physical therapy education programs around the**
44 **country:** Belmont University, School of Physical Therapy, Nashville, TN; Hunter College, Division of the
45 Health Professions, New York, NY; Massachusetts General Hospital Institute of Health Professions,
46 Professional Program in Physical Therapy, Boston, MA; Simmons College, Program in Physical Therapy,
47 Boston, MA; University of Illinois, Department of Physical Therapy, Chicago, IL; University of Maryland,
48 Department of Physical Therapy, Baltimore, MD; and Washington University School of Medicine, Program in
49 Physical Therapy, St. Louis, MO.
50

51 **Recognition of Advanced Proficiency for the Physical Therapist Assistant,** including the criteria, policies
52 and procedures for awarding a certificate, was created by a Task Force [Samuel Brown, PT, Chair (KY),
53 Norman Johnson, PT, MS (PA), Russell Stowers, PTA, MS (TX), and Stacy Thrall, PTA (NH)]. A Committee
54 was then formed to institute and manage the process. Committee members included original Task Force
55 members Stowers as Chair, Brown, Johnson and Thrall, and new members Nancy Barakian, PTA (MA), and
56 Dixie Bowman, PT, EdD (VA). The recognition process is available only to physical therapist assistants who
57 are APTA members. To date, three candidates have been accepted for this recognition.
58

59 **Eighteen online-audio/video courses were available through APTA's Web site with a total of 3,306**

1 **courses purchased to date.** Topics included Business Management, Geriatrics, Sports Physical Therapy
2 and Orthopedics. All courses provided a searchable text reference, study questions, downloadable resources
3 and electronic test correction. A total of 821 online-audio/video courses were sold on the following topics:
4 *Biomechanical Evaluation of the Golf Swing* presented by Mark Archambault, PT, MS, CSCS (CA); *Clinical*
5 *Anatomy of the Low Back* presented by Carl DeRosa, PT, PhD (AZ); *Managed Care: It Pays to Understand*
6 presented by Rhea Cohn, PT, MA (VA); *Rotator Cuff Lesions and Rehabilitation* presented by Kevin Wilk, PT
7 (AL); *Shoulder Lesions: From Bankhart to SLAP* presented by Kevin Wilk, PT (AL); *Fraud & Abuse* presented
8 by Karen Ravitz, JD; *Ethics & Professional Responsibility in PT* presented by Jonathan Cooperman, PT, JD
9 (OH) and Ron Scott, PT, JD, EdD, OCS (PA); *Diagnosis by Physical Therapists: Screening for Medical*
10 *Referral* presented by William Boissonnault, PT, DHSc, FAAOMPT (WI); *Your Niche Practices: Business and*
11 *Marketing Essentials* presented by Thomas Papke, PT (VA); *An Overview of Sports for People with*
12 *Disabilities* presented by Mark Anderson, PT, PhD, SCS (OK); *The Female Athlete Across the Lifespan*
13 presented by Lori Thein Brody, PT, MS, SCS (WI); *Management of Patello-Femoral Syndromes and the*
14 *Controversy of Selective Activation of the VMO* presented by George Davies, PT, DPT, MEd, SCS, ATC,
15 CSCS (WI); and *Management of Posterior Cruciate Ligament Pathology* presented by Robert Mangine, PT,
16 MEd, ATC (KY). Geriatric titles launched included: *Conservative Pain Management for the Older Patient*
17 presented by John Barr, PT, PhD (IA); *Evaluation and Intervention of Urinary Incontinence in Elderly Men &*
18 *Women* presented by Jennifer Bottomley, PT, MS, PhD (MA); *Osteoporosis: A Comprehensive Treatment*
19 *Strategy* presented by Sara Meeks, PT, MS, GCS (MA); *Examination & Intervention of Balance Disorders in*
20 *the Elderly* presented by Patricia McGinnis, PT, MS (NJ) and Susan Wainwright, PT, MS (PA); and
21 *Pathological Manifestations of Aging* presented by Jennifer Bottomley, PT, MS, PhD (MA).

22
23 Former Committee on Cultural Competence member, Ronnie Leavitt, PT, PhD (CT) developed a **CEU course**
24 **for PT Magazine** titled, **Cultural Competence in a Multicultural World**, published in two parts in December
25 2003 and January 2004.

26
27 **Another series of the “Fiscal Therapy” columns were published in PT Magazine.** Topics included
28 workers' compensation (January), tips for securing life, health, and disability insurance (February), the need
29 for early consideration of life insurance (April), and getting health insurance in a tight market (December).
30 Experts from the companies that administer the APTA-endorsed Education Loan Program and the APTA-
31 endorsed life, health, and disability insurance plans contributed content for these columns. Such content
32 sharing is one example of how the Association benefits from its relationships with the affinity benefits
33 business community.

34
35 **Two updated articles and one new article featuring clinically related physical therapist practice were**
36 **published:** *The Integumentary System – Repair and Management: An Overview* by Joseph McCulloch, PT,
37 PhD, FAPTA (LA); *Management of the Individual with Pain, Parts 1 and 2* by John Echternach, PT, PhD,
38 ECS, FAPTA (VA); and *The Obesity Epidemic: Health Consequences and Implications for Physical Therapy*
39 by Susan Deusinger, PT, PhD (MO), Robert Deusinger, PT, PhD (MO) and Susan Racette, PhD. During the
40 year, more than 3,000 respondents successfully completed an examination based on the continuing
41 education (CE) article and an accompanying research article related to that topic. Over 80% of the responses
42 to the CE Series were sent through electronic transmissions via APTA's Web site.

43
44 **Invited presentations and additional resource information was provided to physical therapist and**
45 **physical therapist assistant faculty and clinical communities to continue enhancement in the delivery**
46 **of quality education programs.** Presentations were provided at AASIG's fall meeting, the National Clinical
47 Education Conference, PREVIEW 2020, and The Educators Forum: Promoting Reimbursement Literacy.

48
49 Staff from the Department of Minority/International Affairs assisted components in developing workshops for
50 CSM and Annual Conference including the Geriatrics, Pediatrics, Education, and Health Policy/Administration
51 sections on CSM workshops. **Components have frequently held workshops on cultural competence and**
52 **diversity issues** emphasizing that cultural competence issues are now mainstream. In addition, staff
53 developed and presented well-attended workshops on professionalism and cultural competence at NSC.
54 Information on cultural competence and the profession was also provided to students who attended the
55 Conclave.

56
57 **APTA's "Members Mentoring Members" online program** enables members to quickly access the most up-
58 to-date information on mentors. A member benefit, the program provides opportunities for
59 members to further their career by either being a mentor or obtaining mentoring. The program has

1 been used as a model for several external organizations, including the American College of Cardiologists,
2 Texas Medical Association and the Canadian Physiotherapy Association.

3
4 **Objective C: Expand and promote Association and member advocacy for patients/clients at local,**
5 **state, regional, and national levels. (13)**
6

7 **APTA members and staff were active in meetings with federal officials and other associations with**
8 **whom APTA can form coalitions to advocate for funding for rehabilitation research.** Meetings included
9 the Director of the National Center for Medical Rehabilitation Research (NCMRR) and his senior staff, the
10 Director of the National Institute for Child Health and Human Development (NICHD), senior staff at the
11 National Institute for Disability and Rehabilitation Research, and the National Institute for Neurological
12 Disorders and Stroke (NINDS). APTA staff also met with lobbyists representing the American Academy of
13 Physical Medicine and Rehabilitation (AAPM&R) and staff from the American Congress of Rehabilitation
14 Medicine (ACRM). Steven Wolf, PT, PhD, FAPTA (GA), and Rebecca Craik, PT, PhD, FAPTA (PA), attended
15 the meeting with ACRM and Dr Craik attended the meeting with NICHD. Staff attended meetings of the
16 Advisory Panels of NCMRR and the National Institute on Aging. In addition, the names of eight physical
17 therapists were submitted to NCMRR to serve on its Advisory Panel beginning in June 2005.
18

19 **APTA was invited to attend meetings** that will 1) develop rehabilitation research agendas for patients with
20 musculoskeletal impairments sponsored by NCMRR; 2) enhance research and develop capacity in the field of
21 rehabilitation research and to stimulate funders to finance elements of research and training, sponsored by
22 AAPM&R; and 3) plan an NIH sponsored conference, headed by NINDS, to ensure funding for the allied
23 health professions. Relationships with many external organizations will continue in the future.
24

25 Association staff met with representatives from the American College of Sports Medicine, the Robert Wood
26 Johnson Foundation, the American Association of Retired Persons, and with members and components to
27 develop a **research agenda documenting the effectiveness of exercise programs among adults over 50**
28 **years of age.** APTA also made substantial contributions to the creation of the Active Aging Toolkit.
29

30 **The practice of physical therapists was promoted to external organizations at local, state and national**
31 **levels.** Members actively participated in the deliberations of the Coalition of Rehabilitation Therapy
32 Organizations (CRTO) of the Joint Commission on Accreditation of Health Care Organizations (JCAHO).
33 Ronald Reed West, PT, CWS (AZ), Margaret Carr, PT, MBA (IL), Anita Bemis-Dougherty, PT, MAS (MD), and
34 Joanne Wood, PT, MBA (CT), represented APTA through CRTO on Professional and Technical Advisory
35 Committees of the JCAHO. Cathy Ellis, PT (MD), served as a Trustee of the Commission on Accreditation of
36 Rehabilitation Facilities.
37

38 **In an unprecedented collaborative effort, APTA, the Association of Rehabilitation Nurses and the**
39 **Veterans Health Administration convened a task force to develop a position paper to promote**
40 **collaboration between rehabilitation nurses and physical therapists.** The white paper addressed the
41 mutual goals of improving: 1) safety of patients during handling and movement tasks; 2) functional status and
42 independence of patients to achieve optimal rehabilitation potential; 3) safety of care-providers during patient
43 handling and movement tasks; 4) utilization of evidenced based research on safe patient handling and
44 movement; and 5) communication between interdisciplinary team members regarding safe patient handling
45 methods. APTA representatives included Kathleen Rockefeller, PT, MPH, ScD (IL), Miriam Joffe, PT, CPE
46 (TX), Hoang (Ginger) Le, PT, MPH (FL), and Ken Harwood, PT, PhD, CIE (VA). The white paper will be
47 published in 2005.
48

49 **APTA was an active participant in the development of a clinical manual for the World Health**
50 **Organization's International Classification of Functioning, Disability and Health (ICF),** sponsored by the
51 American Psychological Association. The ICF is among the family of the international classification systems
52 developed by the World Health Organization. The aim of the ICF is to provide a unified and standard
53 language and framework for the description of health and health-related states. Diane Brandt, PT (MO),
54 served as APTA's representative on the project.
55

56 Jennifer Bottomley, PT, PhD, MS (MA), and Mary Thompson, PT, PhD, GCS (TX), assisted the **Alzheimer's**
57 **Association to develop recommendations for improving dementia care practice in nursing and**
58 **assisted living facilities.**
59

1 Through APTA's **Family Violence Guidelines and Web site information**, Women's Initiatives provided
2 resources for physical therapists and physical therapist assistants to help their patients who may be
3 victims of domestic violence, child abuse, or elder abuse.

4
5 **APTA's Key Contact Program expanded to record levels**, with nearly 430 physical therapists volunteering
6 to serve as Key Contacts for their members of Congress, and more than 175 Key Contacts and Federal
7 Affairs Liaisons taking part in APTA's Federal Government Affairs Forum. With the help of more than 15,000
8 volunteers in the PTeam Network, APTA grassroots advocates generated more than 7,000 email messages to
9 Congress.

10
11 **In April, the 16th Annual Federal Government Affairs Forum** brought more than 220 physical therapists,
12 physical therapist assistants, and students to Washington, DC, to hear Senator Susan Collins (R-ME),
13 Senator Ben Nelson (D-NE), and other experts speak on federal health care issues. Participants met with
14 members of Congress and their staff to seek support for the Medicare Patient Access to Physical Therapists
15 Act and the Individuals with Disabilities Education Improvement Act.

16
17 **Four Members of Congress were honored with APTA's Public Service Award.** Senator Arlen Specter (R-
18 PA) joined Congressmen Bob Etheridge (D-NC), Phil English (R-PA), and Earl Pomeroy (D-ND) in receiving
19 recognition for their outstanding support of physical therapy on Capitol Hill. All were instrumental in building
20 support for Medicare direct access and repealing the Medicare therapy cap.

21
22 **PT-PAC set a new record for fundraising in a single year, totaling more than \$938,000 – setting a**
23 **record of \$1.7 million for the 2003-2004 election cycle.** More than 8,250 APTA members or 12.5% (15.2%
24 physical therapists, 9.2% physical therapist assistants, and 1.2% students) contributed to PT-PAC, with
25 individual contributions averaging slightly more than \$113 per member. More than \$660,000 was contributed
26 to candidates and more than \$1 million during the 2003-2004 election cycle.

27
28 **In conjunction with National Physical Therapy Month activities, legislative aides in congressional**
29 **offices received a "Walking for Health" kit** complete with a pedometer, a tip sheet on walking for exercise,
30 and *For Your Health* magazine. Response from Capitol Hill was very positive.

31
32 **Nearly 100 chapter legislative leaders attended the 14th Annual State Government Affairs Forum** in
33 Lake Tahoe, California, where Nevada State Senator Mark Amodei, California Assemblywoman Tricia Hunter,
34 and other experts and chapter leaders discussed their insights on the legislative process and lobbying, public
35 relations and fundraising strategies, and participants' efforts to advance direct access and improve state
36 practice acts. **The 2004 State Legislative Leadership Award was presented to Tom Caldwell, PT, MHS,**
37 **SCS (OH), and Janet Shelley, PT (SC).** Caldwell was recognized for his leadership in coordinating Ohio's
38 successful effort to enact direct access legislation, while Shelley was honored for her efforts to eliminate
39 POPTS in South Carolina.

40
41 **APTA became a member of the Health Professionals for Diversity Coalition** and attended its meeting
42 sponsored by the Association of American Medical Colleges. This is a group comprising health care member
43 organizations and advocacy groups interested in increasing the diversity of health care professionals and
44 students of color in health care education. Other organizations represented were nursing, family physicians,
45 teachers of preventive medicine, internal medicine, public hospitals, optometry, and public health, NAACP,
46 American College of Physicians, Orthopaedic Surgeons, Dental, Veterinary medicine, National Academy of
47 Sciences Institutes of Medicine, and Hispanic Healthcare Executives. The group met quarterly to discuss
48 diversity and advocacy issues as they pertain to health care, increasing the number of students of color in
49 health care professions, and improving the health care of persons of color.

50
51 **In September, staff attended a meeting of the Congressional Black Caucus** and various meetings
52 sponsored by the Caucus, as well as other advocacy groups who sponsored meetings pertaining to health
53 disparities issues.

54
55 Meredith Harris, PT, EdD (MA), and APTA staff attended a **conference sponsored by the Department of**
56 **HHS' Office of Minority Health and AHRQ** on how health professionals, the federal government, and the
57 private sector can respond to the issues of health disparities.

58
59 The Committee on Cultural Competence and APTA Board Liaison Karl Gibson, PT, MS (PA), met to **provide**

1 **advice and counsel to the Board of Directors on issues of diversity and cultural competence** and to
2 revise APTA's Strategic Plan for Cultural Competence. This group also met with APTA staff to assure that
3 cultural competence is included in activities and initiatives on a regular basis.

4
5 In addition to regular columns contributed by the Government Affairs Department, **PT Magazine published**
6 **the following articles that promoted advocacy:** *How to be a Persuasive Practitioner* (July) and *PTs*
7 *Confront Minority Health Disparities* (May).

8
9 **A new Payer's Guide to Interventions by Physical Therapists and Related CPT Coding**, was (and will
10 be) distributed to payers (the intended audience) at the Insurance Forum and other meetings with payers.
11 APTA received the AMA Educational Excellence Award at the November CPT Editorial Panel meeting for the
12 new publication.

13
14 The **Washington Chapter made a presentation on the Guide to Physical Therapist Practice** to Regence
15 BCBS Medical Management department. The **Missouri Chapter's reimbursement chair (Gwenna Peters,**
16 **PT) coordinated two presentations to payors**, including United HealthCare. APTA provided support and
17 materials for both presentations.

18
19 **Objective D: Identify and promote opportunities for community service, including provision of pro**
20 **bono services and participation in consumer education and public awareness**
21 **initiatives. (20)**

22
23 **APTA continued as a sponsor of Physical Therapy Overseas (PTO) of Health Volunteers Overseas**
24 **(HVO)**. Physical therapists participate in education and advocacy in developing countries through PTO, which
25 is the fastest growing segment of HVO. Pamela Duffy, PT, MS, OCS, RP (IA), served on the Board of HVO
26 and worked with APTA members to develop programs for physical therapist volunteers who currently serve in
27 Bhutan, Haiti, Nicaragua, Peru, and Vietnam.

28
29 In addition to news coverage of community-oriented activities throughout the year, **PT Magazine published**
30 **APTA's National Physical Therapy Month Public Relations Kit in June.**

31
32 **Through PT Bulletin Online, a "Miscellaneous Listings" section** was provided for individuals to post
33 community service opportunities.

34
35 **Goal VI: Communication throughout the Association enhances participation of and**
36 **responsiveness to members and promotes and instills the value of belonging to APTA.**

37
38 **Objective A: Promote Association communications that effectively match target audiences, key**
39 **messages, and appropriate mediums. (11)**

40
41 **PT Bulletin Online readership topped 100,000**, with the weekly electronic newsletter being sent to 101,692
42 e-mail addresses in December, 54,709 of which were APTA members. The Bulletin published special editions
43 that covered activities from the March and November APTA Board of Directors meetings, as well as from the
44 June House of Delegates session. These issues allowed APTA to distribute information to members within
45 days of these meetings. In addition, PT 2004 included a daily online update of conference activities,
46 accessible via APTA's Web site.

47
48 Component presidents, president-elects, executives, the Committee on Chapters and Sections, chief
49 delegates, and the APTA Board of Directors received a **weekly e-mail that provided timely, concise**
50 **information related to APTA and component activities, events, and deadlines**. The e-mails offered
51 material that could be easily placed in component newsletters or shared on component e-mail networks.
52 During the year, APTA Board members visited at least 20 chapter conferences and gave presentations or
53 lead discussions on the Association and its activities. Faxes to component leadership shared important
54 information regarding CSM, annual conference, component awards, and provided detailed tips and strategies
55 on working with volunteers.

56
57 **Message boards for various component leaders were accessible through APTA's Web site**. These
58 boards, including ones specific for chapter presidents, section presidents, component executives, section
59 program chairs, and chapter, section, and assembly delegates, offered a meaningful way for component

1 leaders to interact.

2
3 **In December, a 1-hour on-line “chat” updated Association members on federal and state government**
4 **affairs issues.** APTA Board member Pauline Flesch, PT, MPS (IN), joined staff in responding to questions on
5 Medicare payment, direct access, and the impact of the 2004 elections on physical therapy issues.

6
7 **“Action alerts” were targeted to specific component audiences this year on key legislative and**
8 **regulatory issues.** The Pediatrics Section mobilized to support legislation reauthorizing IDEA, while the
9 Private Practice, Orthopaedics, and Health Policy and Administration sections submitted comments on Stark
10 II self-referral regulations and “incident to” standards under the Medicare physician fee schedule. Federal
11 Affairs Liaisons also coordinated chapter responses to specific alerts on physical therapist assistant
12 supervision and “incident to” provisions.

13
14 **APTA chapters made use of the online State Legislative Action Center** to send targeted alerts to their
15 members on key state legislation. A single alert to California Chapter members generated more than 500 e-
16 mails to the state capitol in a single day. Indiana, Michigan, and Washington also used the center to energize
17 their grassroots activities.

18
19 **The Department of Minority/International Affairs segment of APTA’s Web site was updated frequently**
20 with materials on cultural competence, diversity, research funding and student recruitment. There are now
21 special segments dedicated to health disparities and cultural competence as major topics of interest and
22 importance to physical therapy. The international segment was also updated to provide information on
23 volunteering/working outside the US to provide information for therapists educated outside the US and the
24 process for obtaining a license in the US. Information on international meetings was included for members
25 and those interested in physical therapy outside the US.

26
27 **The Leadership Training for Chapter and Section Presidents and Executives/CEO’s was a success.**
28 The focus of the program was on current presidents and executives and their roles and responsibilities within
29 components. Participants reacted positively to the program and felt that the information provided through
30 sessions related to financial and legal responsibilities, professionalism, and traits of an effective leader, were
31 valuable to their responsibilities as component leaders. Time was also dedicated to an update and discussion
32 of current “hot” professional issues.

33
34 **The first Regional Leadership Development Program, held in Connecticut, was offered to members of**
35 **the Connecticut, Massachusetts and Rhode Island chapters,** with the majority of participants from
36 Massachusetts. The program was a success and many participants requested that this type of program be
37 continued in future years. Leaders learned ways to assess leadership styles, and to identify ways to match
38 volunteers to the jobs that are right for them. Information was also provided on how chapters and national
39 can work together to promote the Association’s Vision 2020. APTA Vice President Janet Bezner, PT, PhD
40 (TX), was the speaker.

41
42 David Emerick, PTA (VA), president of the National Assembly of Physical Therapist Assistantw, led an **Open**
43 **Forum to discuss physical therapist assistant issues at NSC.** In addition, the National Assembly
44 exhibited during the Conclave, and Emerick was available to discuss issues related to physical therapist
45 assistants.

46
47 **APTA’s Web site design was overhauled in 2004 for implementation in early 2005.** The site will be more
48 content-sensitive and will include features to improve communication between members and APTA by
49 allowing members, consumers, educators and other groups to find relevant content more intuitively. Members
50 will be able to subscribe to content subjects they feel are relevant, view their past transactions with APTA
51 online (registrations, orders, etc.), and participate in forums and online chats more easily. Also to assist
52 members in finding information, a number of forms were added to APTA’s Web site including all applications
53 for the Minority Scholarship Awards, APTA’s Honors and Awards Program, and forms for the Diversity
54 Fundraiser, including ticket and ad purchase and for silent auction items.

55
56 **The Information Technology Department upgraded its firewall, spam filtering, and anti-virus**
57 **technologies.** The fastest-growing threat to computers and organization networks is spyware that is
58 downloaded to computers through Internet browsers. APTA’s new technologies better protect the organization
59 from these threats and provide automated search and recovery mechanisms for computers that are infected.

1 In addition, the Association upgraded its Web site and server hardware in preparation for hosting the Web site
2 internally in 2005. The decision to bring the site back in-house was based on the increased integration
3 between the new Web site content management system and APTA's association management software.
4

5 **Additional automated electronic mail communication tools were developed to improve member**
6 **services with implementation in 2005.** These tools will allow APTA members and customers to specify
7 what types of electronic communications they wish to receive from APTA, and to "opt out" of those categories
8 they wish not to receive. This service will comply with the federal government's "CAN-SPAM" Act of 2004.
9

10 **Objective B: Develop and implement strategies to increase membership in the Association. (6)**
11

12 **APTA experienced growth in the PT Full membership category each month during 2004.** In fact, APTA
13 surpassed its highest level ever for PT Full membership in August. By year end, PT Full membership stood at
14 42,571. The Association has worked hard to ensure reaching President Ben Massey's membership goal to
15 the House of Delegates of increasing PT Full membership by 10% by the time his term ends in May 2006.
16

17 **In December, APTA shared its 2004 accomplishments with members via a letter from President Ben**
18 **Massey.** Accompanying this letter was the *2004: Year in Review*, a concise document that outlined the
19 Association's many achievements during the year. This full-color document and a copy of President Massey's
20 letter also were posted on the Web site.
21

22 **APTA's membership development materials were given a new look.** All membership ads, applications,
23 recruitment brochures, and renewal materials have been redesigned with an emphasis on the individual
24 member. The following members participated in a photo shoot to help APTA achieve this new look: Julie
25 Agbasi, SPT (MD), Katie Baick, SPT (MD), Melissa Borgstede, SPT (DC), Mario Howard, PT (DC), Michael
26 Mastrostefano, PT, OCS (VA), Jim Mulroy, PT (VA), Margaret Plack, PT, EdD (DC), Senora Simpson, PT,
27 DrPH (DC), Sasha Torres, SPT (MD), and Adam Wolf, SPT (DC).
28

29 **In 2004, total membership increased by 2,551, or 4.01%.** The Active category increased 2.7%, the Affiliate
30 category decreased .39%, and overall student membership increased 10.04%. The Association ended the
31 year with 66,118 members. Forty-four chapters experienced increases, seven chapters experienced
32 decreases, and one chapter remained the same. **Please refer to Appendixes A and B for details.**
33

34 Growth was achieved in the **PT membership category** in each month of 2004 when compared with the same
35 month in 2003. **PTA membership** began to increase with growth every month since May. At year-end, PTA
36 membership had increased by 2.11% when compared with December 2003.
37

38 APTA recognized growth among **PT student members** in 11 months of 2004. Membership among **PTA**
39 **student members** showed growth in all but 3 months.
40

41 **The retention of PT members was 80%,** the same retention percentage as in 2003. The retention rate for
42 PTA members was 69%, an increase of 3%. **Please see Appendix F.**
43

44 **The Installment Dues Program, which began in 1999, continued to attract more users.** In 1999, 2,196
45 members paid installment dues and by 2004, there were 6,040 members participating.
46

47 **The number of 2004 graduates who took advantage of Career Starter Dues (CSD) decreased for both**
48 **PT and PTA members.** The large decrease was due to students being given a full year of student
49 membership and many of them not being billed for their first year of dues until 2005. The number of CSD
50 participants who continued their membership in the second year (by paying two-thirds dues) increased for PT
51 and decreased for PTA members. The number of participants paying full dues in their third year increased for
52 both PT and PTA members. Specifics are described below:
53

54 **Physical Therapists:**

- 55 ● 31% of PTs who graduated in 2004 continued their APTA membership, 17% lower than in 2003.
- 56 ● 73% of PTs who graduated in 2003 and continued their membership at one-third dues, chose to renew their
57 membership at the two-thirds rate; a 10% increase from 2002 graduates.
- 58 ● 65% of PTs who graduated in 2002 and continued their membership in 2002 and 2003, chose to renew
59 their membership by paying full dues in 2004; a 9% increase from 2001 graduates.

59 **Physical Therapist Assistants:**

- 16% of PTAs who graduated in 2004 continued their APTA membership, 15% lower than in 2003.
- 13% of PTAs who graduated in 2003 and continued their membership at one-third dues, chose to renew their membership at the two-thirds rate; an 8% decrease from 2002 graduates.
- 60% of PTAs who graduated in 2002 and continued their membership in 2002 and 2003, chose to renew their membership by paying full dues in 2004; a 9% increase from 2001 graduates.

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

APTA membership of people of color increased in all categories except PTAs. At the end of the year, the total number was 7,574 (of those members that indicated race/ethnicity) or 12.01%. This is the highest number of minority members in history with 5,025 active members for a percentage of more than 10.8%. The Department of Minority/International Affairs increased its communication with members via e-mail and there was an increased visibility of minority members and cultural competence/diversity issues in *PT Magazine*, component e-mails, and *PT Bulletin Online*.

In an effort to provide as much information to components as possible regarding their members, the **APTA provided an annual listing of all members that identify themselves as members of racial/ethnic minority groups.** Each component also received statistics on a quarterly basis on their members of color. Articles on diversity were provided for publication in component newsletters and a PowerPoint presentation on the importance of diversity in the Association and profession was made available to all components.

An Advisory Panel on Member Recruitment and Retention was established, held its first meeting in November, and made several recommendations for the Board of Directors to consider in 2005. Advisory Panel members included Pauline Flesch, PT, MPS, Board Liaison (IN), Chris Junkins, PTA (SC), Stuart Katzman, PT (CA), Nichole Spake, PT (KY), Barbara Sullivan, PT (IL) and Debbie Lowenthal (TN).

APTA worked with Marketing General, Inc, (MGI) to evaluate its current membership development initiatives with some of the recommendations that MGI made in its final report already implemented. Staff will prepare a report in response to the recommendations for consideration by the Advisory Panel on Member Recruitment and Retention.

The “Working For You” PowerPoint presentation was revised and made available to all members. This presentation provided members with the tool they need to promote membership to current and prospective members. The script and the PowerPoint presentation are available on APTA’s Web site or by contacting the Public Relations and Marketing Services Department. In addition, a new presentation was developed to educate members and prospective members about APTA’s structure and how they can get involved.

Efficient and professional management services were provided to the Education, Geriatrics, Neurology, Oncology, Pediatrics, and Women’s Health sections, and to the District of Columbia and Virginia chapters. In addition, APTA provided booth management services for the Acute Care, Aquatics, Health Policy and Administration, and Home Health sections.

The “Members Mentoring Members” program continued as an excellent example of APTA’s “Benefits of Belonging.” This program has implications for the entire physical therapy profession; mentoring relationships can bolster recruitment and retention efforts, and provide an effective strategy for continued professional development and growth in physical therapy practice, education and research.

The 2004 National Student Conclave was held October 22-24 and had nearly 1,000 students in attendance. Participants had an opportunity to attend clinical sessions, debate professional issues, learn about being an advocate for the profession, and explore job opportunities and career paths. The enthusiasm levels of the students were evident, and many commented favorably with postings on the Student Assembly Message Board. APTA President Ben Massey provided information on APTA activities and led an open discussion. Students also participated in mock interview and resume critique sessions. The Student Assembly Board of Directors, led by Student Assembly President Jaison Oommen, PT (NY), were hosts at the event.

The Student Assembly Board of Directors and Nominating Committee utilized the *Working For You* PowerPoint presentation by showing it in their schools, and traveling to component meetings to discuss the benefits of belonging to APTA. The students created a PowerPoint version of the presentation that focuses on government affairs. As a result of the previous Board’s efforts, three new Student Special Interest Groups have been formed.

1
2 **The Student Assembly Student and Faculty Liaison Networks continued to grow.** The Student
3 Assembly Board focused on programs that currently do not have a student or faculty liaison identified, and
4 encouraged students and faculty to sign up. Ideas to promote the network included having the liaison serve in
5 an elected position, suggesting that programs offer paid membership to student and faculty liaisons, and
6 having a special student and faculty liaison meeting at national conferences.

7
8 **The Student Assembly Bulletin Board Challenge** offered \$100 APTA cash to a randomly selected student
9 who contributed to the *FLASH*, student assembly newsletter or Student Message Board. **Student E-News**,
10 continued to highlight student activities, scholarships, internships, and ways to become involved with the
11 Student Assembly.

12
13 **A new Web page under Women's Initiatives was created for students and recent grads.** This page
14 contains information about interviewing, negotiating, the Family Medical Leave Act, and health insurance
15 basics (how to evaluate health plans, the necessity of having health insurance even though young) and
16 having limited cash flow. Expansion of resources for recent graduates is being provided to assist in
17 encouraging them to transition from student to full membership.

18
19 **Because of their strong influence on students' perceptions about the importance of APTA**
20 **membership, clinical instructors were the target of a special recruitment campaign in March.** This
21 campaign emphasized professionalism and being a positive role model to students. As a result of a mailing
22 sent to more than 4,100 clinical instructors, APTA gained 32 new members.

23
24 **Campus Competition, APTA's annual student membership campaign, was held September through**
25 **November.** The 2004 Campus Competition involved 108 schools, 195 classes (164 PT and 31 PTA), and
26 more than 4,406 APTA student members. Of the participating classes, 125 achieved more than 90%
27 membership in APTA, which qualified them for the grand prize drawing of \$500 APTA cash. Grand prize
28 winners were the Youngstown State University PT Class of 2007, and Broward Community College PTA
29 Class of 2005.

30
31 **APTA sent a mailing to all education program directors encouraging them to promote Association**
32 **membership** and providing them with applications, recruitment brochures, posters, and other valuable
33 resources. APTA communicated with this influential group of members via the Education Section's listserv
34 throughout the year. In addition, 12 educators attended the NSC Faculty Coffee to discuss membership
35 development initiatives and challenges at each instructor's school.

36
37 **APTA hosted students from six schools:** George Washington University, Howard University, Ithaca
38 College, Northern Virginia Community College, Shenandoah University, and the University of Maryland,
39 Baltimore. During these visits to headquarters, students heard from APTA staff about Association activities
40 and accomplishments and had the opportunity to become a member while onsite.

41
42 **In an effort to increase its outreach to schools, APTA polled PT program directors about their**
43 **interests in videoconferencing with the Association.** At year's end, 52 programs had expressed a desire
44 to participate. Tentatively, the first topic for a videoconference will be professionalism with other topics of
45 interest to include legislative updates, reimbursement, and APTA 101 (benefits of belonging, victories,
46 history). It is expected that each videoconference will be interactive with students able to ask questions of the
47 staff speaker.

48
49 Communication with new members took place quarterly through the **Advantage newsletter and the E-**
50 **Advantage**, an electronic version of this newsletter. These publications informed new members about
51 member benefits, upcoming events, and Association activities. In addition, the **Student E-News** was sent
52 each month to all student members. This electronic newsletter updated students on news in the profession,
53 member benefits, Association activities, and scholarships of specific interest to students.

54
55 Staff from the **Department of Minority/International Affairs visited multiple physical therapy education**
56 **programs** including Howard University and Alabama State University to provide information on the
57 importance of APTA membership and professionalism. Staff also worked with Student Assembly officers to
58 increase minority participation and membership on the student level.

1 The Committee on Cultural Competence reviewed applications for the **Minority Scholarship for Academic**
2 **Excellence Awards** and recommended to the PT Fund Board the awarding of \$58,000 to 10 physical
3 therapist students, one physical therapist assistant student and one physical therapist faculty member. The
4 Committee and staff worked with co-hosts AASIG of the Section for Education and Central Academic
5 Coordinators of Clinical Education Consortium on the 2004 Diversity Fundraiser. The event was held in St.
6 Louis, MO and raised nearly \$50,000 for the Minority Scholarship Fund. Member participation helped make
7 this one of the most successful events. At year-end, the balance of the Fund was more than \$391,000.
8

9 **Through various communication vehicles, physical therapist assistant members were encouraged to**
10 **participate in activities** such as Campus Competition, National Physical Therapy Month, or by contacting
11 new members in an effort to increase membership. The RBNA passed a position establishing October 18th as
12 PTA Day – a day within National Physical Therapy Month designed to celebrate the 35th anniversary of the
13 first physical therapist assistants to graduate from an accredited program. In other membership efforts,
14 National Assembly Regional Directors contacted new PTA members via a letter to encourage their
15 involvement within the National Assembly and APTA.
16

17 **To increase affiliate membership, APTA developed three direct mail campaigns focusing on the needs**
18 **of the physical therapist assistant member.** These campaigns, mailed in March, June, and October,
19 generated more than 144 new members for the Association. For the campaign conducted in the fall, some
20 former members received the most current issue of *The Voice*.
21

22 **Early in the year, component membership information was shared with component presidents,**
23 **membership chairs, and executive personnel.** Information included retention rates, dues history,
24 membership summaries, and lapsed member data. In addition, perspectives on how to use this information
25 and why it is important to membership development were included.
26

27 **APTA staff had the opportunity to meet with leaders from three chapters that were experiencing**
28 **difficulty in membership development in 2004.** Staff met with the Board of Directors of the Arkansas,
29 Indiana, and Massachusetts chapters to discuss membership trends, goals, activities, and future plans to
30 work toward increasing membership.
31

32 In February, APTA worked with the **Georgia Chapter to implement a recruitment campaign in**
33 **conjunction with the chapter's spring conference.** Nonmembers who joined the Association by the
34 specified deadline were entitled to a free conference registration. As a result of this campaign 60 physical
35 therapists and 14 physical therapist assistants joined the Association. Special assistance with this campaign
36 was provided by Abigail Russell, PTA (GA) and Christen Vickery (GA).
37

38 **In March, APTA launched several membership campaigns that focused solely on issues within**
39 **particular states.** Special contributions by James Roush, PT, PhD, ATC (AZ), Ellen Caruso (CO), Vincent
40 Amendolagine, PT (NM), Ivan Mulligan, PT, SCS (PA), Mary Nelson, PT (PA), Kevin Hulsey, PT (ID), Nichole
41 Spake, PT (KS), Rick Wickstrom, PT, CPE (OH) and Nancy Garland, JD, CAE (OH), made these campaigns
42 a success. For each campaign, former members were offered a \$50 dues discount if they responded by a
43 specified date. From this effort, the Arizona Chapter gained 24 new members, Colorado-42, New Mexico-16,
44 Pennsylvania-35, Idaho-15, Kansas-17, and Ohio-46.
45

46 **In October, former members in California, Washington, DC, Kentucky, North Carolina, and West**
47 **Virginia received a special offer if they rejoined the Association by a specific date.** Patricia Evans, PT
48 (CA), Alison Lichy, PT, MPT (DC), Sean Sullivan, PTA (KY), Glen Newman, PT (NC), Donna Willis (NC) and
49 Nancy Tonkin (WV) helped develop a message that would appeal to physical therapists in their state. To date,
50 the California Chapter has gained 84 new members, DC-4, Kentucky-37, North Carolina-22, and West
51 Virginia-13.
52

53 In 2003, APTA collaborated with leaders from the Geriatrics, Home Health, Pediatrics, Women's Health, and
54 Sports Physical Therapy sections. As a result, **APTA implemented a campaign that offered free section**
55 **membership to a select group of former and renewing members.** To get a complete look at the results of
56 this campaign, it is important to determine how many of those members receiving a free section membership
57 renewed both APTA and section membership the following year. Of the 14 former members who joined as a
58 result of this effort, 2 members have renewed both APTA and section membership, 2 members have renewed
59 APTA membership only, and 2 members did not renew. The remaining members are still in the renewal cycle.

1 Of the 177 members who renewed early and took advantage of one free section membership, 18 members
2 renewed both APTA and section membership and 93 renewed APTA membership only. The remaining
3 members are still in the renewal cycle. When the campaign results have been finalized, the information will be
4 shared with leaders in the participating sections.
5

6 **Membership development roundtables were held at both CSM and PT 2004.** Nearly 40 component
7 presidents, membership chairs, and executives participated in lively discussions.
8

9 **OnTarget**, a newsletter designed especially for component membership chairs, was published monthly. This
10 electronic newsletter highlighted component membership efforts, offered new ideas, and provided updates
11 about APTA's membership activities.
12

13 A **Member Opinion Survey** was conducted via e-mail in late 2003. Because the survey was conducted
14 electronically, APTA was able to survey all physical therapist members who have provided their e-mail
15 addresses. Survey results were useful to the Advisory Panel on Member Recruitment and Retention as they
16 discussed future membership development efforts. In addition, a **Former Member Survey** was conducted to
17 gather the opinions of former members. This survey provided useful information as the Panel met to discuss
18 future endeavors. Member data and survey results were shared with component leaders in early 2004.
19

20 **Acute care practitioners were a primary target for APTA's recruitment efforts** with campaigns launched
21 in March, June, and October directed at former members who indicated that they practice in an acute care
22 setting. Initial campaigns offered some former members a Coding Fast Finder as an incentive to rejoin the
23 Association immediately. APTA gained more than 206 new physical therapist members as a result of this
24 campaign.
25

26 **Work continued on the development of a PowerPoint presentation directed at acute care practitioners.**
27 Staff collaborated with leaders in the Acute Care Section to develop the appropriate message and identify
28 areas of interest to practitioners in this setting. This presentation will be made available to component leaders
29 once it has been finalized.
30

31 **Nonmembers were offered the opportunity to register for CSM and PT 2004 for only \$99 when they**
32 **joined APTA.** For CSM, this offer was made to approximately 2,600 physical therapist members who had
33 been lapsed for at least six months and lived in the Tennessee region. As a result of this campaign, APTA
34 gained 104 new members. For PT 2004, the offer was made to physical therapist members who had been
35 lapsed for at least six months and lived in the Midwest region. Eight-three nonmembers took advantage of this
36 offer. In addition, APTA shared lists of nonmember registrants from CSM and PT 2004 with appropriate
37 chapters so that follow up contact could be made. A special mailing was also sent to nonmembers who had
38 attended annual conference encouraging them to join APTA.
39

40 In an effort to recruit more members and to update its database, **APTA targeted former members who**
41 **lapsed prior to 1999** with mailings sent in March and July. As a result of the mailings, more than 430
42 physical therapists and 109 physical therapist assistants joined the Association.
43

44 **APTA's efforts to attract former physical therapist members back into membership continued** with
45 special campaigns and messages developed for physical therapists in the first five years of their career and
46 for those who had been in the profession more than five years. Initial campaigns offered a \$100 gift certificate
47 for some former members to rejoin; however, when results showed that letters mailed without an incentive
48 were more effective, subsequent campaigns did not include an incentive. As a result of these campaigns,
49 APTA gained more than 489 physical therapists who were in the first 5 years of their career and more than
50 945 physical therapists who had been in the profession more than 5 years.
51

52 **A list of membership prospects maintained by APTA was targeted with recruitment campaigns**
53 **conducted in May and October.** In May, a select group of prospects received an offer of a \$100 gift
54 certificate good toward APTA products and services when they joined by a specific date. However, when
55 results showed the gift certificate didn't serve as the motivator it was intended to be, the fall campaign did not
56 offer an incentive. As a result of these campaigns, APTA gained more than 112 new members.
57

58 **In May, APTA began targeting physical therapy directors in hospitals and private practice owners and**
59 **partners** with a series of mailings highlighting the benefits an employer would gain from employing APTA

1 members or giving their employees the benefit of APTA membership. Seventy respondents, employing more
2 than 750 physical therapists and physical therapist assistants, were sent a membership package and were
3 added to a prospect list for future mailings.
4

5 **Because of the positive results of a 2003 campaign offering a free online audio/video course to a**
6 **select group of renewing members,** APTA again made this offer available to all renewing members who
7 were in the first five years of their career. This campaign had a positive effect on early renewal rates with at
8 least one month showing a 33% early renewal rate in comparison to the average of 18%. Further analysis
9 showed that those who were eligible for the free course redeemed it. To date, two submission deadlines have
10 passed with redemption rates of 19% and 29%. The results of this campaign confirm the findings of the
11 Member Opinion Survey indicating that free continuing education would affect likelihood to renew.
12

13 **APTA sent electronic communications reminding members that their membership was about to**
14 **expire.** This electronic renewal reminder, sent within 2 weeks after a member's expiration date, generated a
15 quick response from many members.
16

17 **Objective C: Develop and implement strategies to promote members' active involvement in**
18 **professional association activities. (10)**
19

20 The 60th session of the House of Delegates was held June 28-30, during which the 403 voting delegates
21 took action on 27 motions. An election was held to determine the constituency of the APTA Board of Directors
22 and Nominating Committee: Pauline Flesch, PT, MPS (IN), Stephen McDavitt, PT, MS, FAAOMPT (ME), and
23 Scott Ward, PT, PhD (UT), were elected as Board members; Babette Sanders, PT, MS (IL), was elected
24 Secretary, and Barney Poole, PT, MEd (GA), was elected Vice-Speaker. David Lake, PT, PhD (GA), and
25 Ellen Spake, PT, PhD (KS), were elected to the Nominating Committee.
26

27 **A New Board Orientation** was held briefly following the House of Delegates with a more detailed orientation
28 held in conjunction with the fall meeting of the APTA Finance Committee. The Post-House orientation was
29 added in order to provide new Board members with important information and procedures they would need to
30 be aware of prior to their fall orientation. In September, new Board members met with staff in each division
31 and received an orientation to the activities of the Finance Committee from APTA Treasurer Fran Welk, PT,
32 DPT, MEd (PA), and Charles Martin, CAE, CIA, chief operating officer. In addition, new Board members
33 attended a meeting of the Finance Committee and APTA Executive Committee.
34

35 The **APTA Board of Directors** met monthly via conference call in addition to three meetings during the year,
36 one in June at the Association's annual conference, and one in March and November in Alexandria, Virginia.
37 Schedules for the March and November Board meetings were reformatted in an effort to make the meeting
38 more efficient and allow extra time for the Board to explore in greater depth important issues facing the
39 physical therapy profession.
40

41 Nineteen Association award recipients (including Mercy College for the Minority Initiatives Award), 10 Mary
42 McMillan Scholarship Award recipients, 12 Minority Scholarship Award for Academic Excellence recipients;
43 and four newly elected Catherine Worthingham Fellows were honored during the **Honors and Awards**
44 **Recognition Ceremony during PT 2004.** Rebecca Craik, PT, PhD, FAPTA (PA) was announced as the 36th
45 Mary McMillan Lecturer and will present her lecture during PT 2005.
46

47 **Three new awards to recognize member and education program achievements were approved by the**
48 **APTA Board of Directors for inclusion in the Association's Honors and Awards Program.** Two new
49 Practice and Service Awards: the *Marilyn Moffat Leadership Award*, established to honor a PT who has made
50 sustained and outstanding leadership contributions at all levels and has impacted the advancement of the
51 profession; and the *Outstanding Physical Therapist/Physical Therapist Assistant Team Award*, established to
52 recognize outstanding clinical practice interaction between physical therapists and physical therapist
53 assistants who are a part of a highly functional PT/PTA team. A new Education Award that combined the
54 former Minority Initiatives Award and Minority Achievement Award into one award: the *Outstanding*
55 *Achievement in Minority Initiatives Award* was established to recognize the effectiveness and achievements of
56 initiatives by PT or PTA education programs in the areas of recruitment, admission, retention, and graduation
57 of minority students, the recruitment and retention of minority faculty, and the provision of services for
58 students of racial and ethnic minority groups.
59

1 **Recognition was awarded to components that exceeded the expected level of activity and produced**
2 **outstanding results.** For 2004, the results were: Outstanding Chapter Web Site: Connecticut Chapter;
3 Outstanding Section/Assembly Web Site: Student Assembly; Outstanding Chapter Newsletter: Arizona
4 Chapter; Outstanding Section/Assembly Newsletter: Section on Pediatrics; Outstanding Peer-Reviewed
5 Journal: Section on Pediatrics; Outstanding Chapter Membership Initiative: Ohio Chapter; Outstanding
6 Section/Assembly Membership Initiative: Home Health Section; Outstanding Section/Assembly Membership
7 Initiative: Section on Women's Health; Outstanding Chapter Effort in Legislative Affairs: Ohio Chapter; and
8 Outstanding Section/Assembly Effort in Legislative Affairs: Private Practice Section.

9
10 The ***President's Reference Handbook***, developed to assist component presidents with their responsibilities,
11 was provided to new presidents as a part of their orientation program. Information contained within the
12 *Handbook* included officer job descriptions, organizational charts, tables of contents from component policy
13 and procedure manuals, an annual calendar, and information on the Association's Board Liaison Program.
14 Manuals were also specifically designed for and available to component treasurers, newsletter and Web
15 editors, and section program, membership, public relations, and reimbursement chairs. In addition,
16 information pieces on such topics as Orienting Your Successor, Preserving Component History, Hiring
17 Executive Personnel, Strategic Planning, and Membership Recruitment and Retention were made available
18 through APTA's Web site.

19
20 **APTA facilitated the strategic planning process**, including in some cases a leadership development
21 component, with leaders from the Virginia and Tennessee chapters, Foundation for Physical Therapy, and a
22 private physical therapy practice. In addition, a presentation by APTA Vice President Janet Bezner, PT, PhD
23 (TX) and Education staff was provided on strategic planning at the Component Presidents' meeting at CSM.

24
25 At the **Component Presidents' meetings**, presidents had the opportunity to talk with presidents from
26 components of similar membership size, discussing topics such as managing volunteers, communications
27 with members, legislative initiatives, fiscal issues, and volunteer and staff relations. Presidents also discussed
28 strategic planning, outreach to insurers, direct access, DPT and t-DPT, and increasing student involvement in
29 components.

30
31 Staff, working with APTA Treasurer Fran Welk, PT, DPT, MEd (PA), **provided financial updates at the**
32 **Treasurers' Forum** held at CSM and at the Component Leadership Forum. APTA also provided financial
33 issues updates to component leaders using the weekly Component Services email.

34
35 **APTA's financial consultant worked with various components to restructure their portfolio alignments**
36 to position them to gain realistic rates of return during the 2004 "bull" market. This service was provided at no
37 charge to the components.

38
39 **All business insurance policies were renewed for the 2004–2005 term.** Components receive coverage
40 under three of these policies at no charge. A policy was added for errors and omissions coverage geared
41 primarily to cover risks tied to the publication of *Physical Therapy* and *PT Magazine*. This policy covers only
42 APTA national publications.

43
44 Dianne Valle Jewell, PT, PhD, CCS, president of the Cardiovascular and Pulmonary Section, served as chair
45 of the **Committee on Chapters and Sections**, and committee members included Roger Herr, PT, MPA,
46 Home Health Section president; Kathleen Mairella, PT, New Jersey Chapter President; Kimberly Puttuck
47 Cohee, PT, MS, former Utah Chapter President; and Dale Scalise-Smith, PT, PhD, Section on Pediatrics
48 section program chair. The Committee determined the programs for the two, daylong, annual meetings of all
49 component presidents held in February and June.

50
51 **Component leadership topics were added to APTA's Speakers Bureau to create a Component**
52 **Leadership Speakers Bureau (CLSB).** Past and present distinguished leaders now have the opportunity to
53 share their skills and expertise in a professional presentation to component leaders. The CLSB was
54 developed as a resource to assist components with a variety of leadership challenges by offering a database
55 of experienced members available to speak at various meetings.

56
57 **New features and procedures were added to APTA's Members Mentoring Members program for the**
58 **specific use of chapters and sections for component-level mentoring.** Component-level mentoring goals
59 are part of the purposes of APTA's Mentoring program: membership, leadership, and conveying professional

1 behaviors. The Florida Chapter was instrumental in initiating this new benefit and is currently utilizing the
2 directory for their state-level mentoring. Several components have requested information on these new
3 features including Minnesota, Nebraska, Virginia, and the Sports Physical Therapy Section.
4

5 **The Department of Minority/International Affairs worked with multiple departments to increase the**
6 **number of members of color who participate in APTA professional activities and completed an annual**
7 **minority member survey.** Information from the survey was shared with appropriate departments on
8 members wanting to serve on appointed groups, running for national or component offices, those interested in
9 Specialist Certification, speaking at conferences, working on government affairs issues, and those interested
10 in writing articles for publications. Members of color who agreed to be mentors were also included in the
11 Members Mentoring Members directory.
12

13 **Women's Initiatives provided information and resources at PT 2004**, including the educational program,
14 "Creating Space in Your Life." An article on work/life balance was also published in the January issue of *PT*
15 *Magazine*.
16

17 To provide APTA members with guidance and information on mentoring and APTA's Members Mentoring
18 Members program, two editions of the mentoring newsletter, ***Mentor Link***, were mailed to all members
19 currently in the program and to potential protégés who have accessed the directory.
20

21 **Presentations on reimbursement issues were delivered to Marymount University and University of**
22 **Maryland students.** In addition, a seminar was held for academic and clinical faculty titled Promoting
23 Reimbursement Literacy in Baltimore, and a presentation was made at NSC in October.
24

25 **The 2004 Charles Harker Intern, Jessica Spratt, SPT (MA), from Northeastern University**, played a key
26 role in coordinating and drafting the Association's compendium on direct access for MedPAC, along with
27 APTA Government Affairs staff. Audrey Natale, PT (CO), in her final semester at Regis University, assisted in
28 organizing activities for the 2004 Federal Government Affairs Forum during a spring Government Affairs
29 apprenticeship.
30

31 **A Board Task Force on Affiliate Structure** made up of 4 National Assembly Board members [Debbie
32 Bornmann, PTA (AZ), Nancy Brox, PTA (KS), Cherie Metz, PTA (GA), and David Emerick, PTA (VA)] and 4
33 APTA Board Members [Steve Levine, PT, DPT, MSHA (FL), Barney Poole, PT, MEd (GA), Randy Roesch,
34 PT, MBA (CO), and Ben Massey] met to review the affiliate member structure. The Task Force was created in
35 response to a charge by the House of Delegates to review the National Assembly Structure at 4 and 6 years
36 from its creation. The task force recognized the critical need to seek ways to integrate, rather than separate
37 PTAs from the APTA governance structure. It identified significant inadequacies in the current structure of the
38 National Assembly and RBNA which limited PTAs' opportunities for meaningful input and recognition. It was
39 clear that physical therapist assistants want to be valued, have influence, receive recognition, and
40 meaningfully participate, whether in the clinical setting or in the governance process of their Association. With
41 this in mind, a new structure for affiliate members was proposed to the membership. The basic elements of
42 the proposed structure would include the creation of an Advisory Panel of Physical Therapist Assistants, add
43 positions for a PTA on selected currently existing advisory panels (eg, Advisory Panel on Education), increase
44 the number of affiliate delegates to the House of Delegates from two to five delegates, create a PTA Caucus
45 to replace the RBNA, and dissolve the RBNA and National Assembly Board. Debbie Bornmann developed a
46 PowerPoint presentation to describe the proposed structure and address questions. Members will have the
47 opportunity to vote on the proposed structure changes in June 2005.
48

49 **A message board available through APTA's Web site served as a mechanism for sharing of**
50 **information and opinions among physical therapist assistants.** Interactive dialog ensued on topics such
51 as the proposed structure change for the affiliate member in APTA, licensure, Medicare, PT/PTA Teams, vote
52 for affiliate members at the chapter level, and opportunities for involvement.
53

54 **THE VOICE**, a quarterly newsletter, provided information to all physical therapist assistant members of the
55 Association through a National Assembly President's message and articles on timely events and activities.
56 Contributions from RBNA representatives and Affiliate Special Interest Group members were published.
57

58 **Various members of the National Assembly Board of Directors and RBNA representatives**, including
59 David Emerick, PTA (VA), Debbie Bornmann, PTA (AZ), and Ashlee Esplen, PTA, MS, CMT (PA), met and

1 made presentations to physical therapist and physical therapist assistant members in various locations
2 throughout the US. Topics presented included the value of APTA and the importance of being a member,
3 current issues related to physical therapist assistants and the proposed structure change, and upcoming
4 events and activities. The "IMPACT" presentation was updated for use by National Assembly leaders to
5 provide information on activities of the National Assembly and encourage member involvement.
6

7 **Physical therapist assistants met in town hall meetings held during CSM and PT 2004** to enhance the
8 active dialogue between physical therapist and physical therapist assistant members and to continue
9 discussions on the proposed structure for affiliate members. In addition, the National Assembly Board of
10 Directors was present at the March and November meetings of the APTA Board of Directors.
11

12 **In June, the National Assembly completed the first year of its "Care to Share" campaign to promote**
13 **political participation in PT-PAC.** The campaign challenged every PTA to contribute at least \$30 to PT-PAC
14 to commemorate APTA's service to affiliate members for 30 years. Almost 10.7% of physical therapist
15 assistants contributed during the campaign for a grand total of \$25,330; an increase of almost 400% PTA
16 participation in PT-PAC.
17

18 **A new physical therapist assistant resource information page** was created on APTA's Web site to quickly
19 locate and access information related to physical therapist assistants that includes general information, scope
20 of work/supervision, reimbursement, entry-level education, continuing education, employment and market
21 factors, APTA membership and awards, and other resources.
22

23 **APTA initiated an electronic submission and review process for abstracts and proposals for PT 2005.**
24 This submission and review process was developed as a convenience to members who are able to build and
25 submit their submissions electronically, and to the reviewers who had instantaneous access to the assigned
26 abstracts or proposals with a consistent method of response.
27

28 **Four oral histories were recorded:** Marilyn Moffat, PT, PhD, FAPTA, CSCS (NY), Jan Richardson, PT,
29 PhD, OCS (NC), Shirley Sahrman, PT, PhD, FAPTA (MO), and Mary Toole, PT (IL). Oral history member
30 consultant chair Tom Waugh, PT (TX), and emeritus member consultant Geneva Johnson, PT, PhD, FAPTA
31 (LA), conducted the interviews. Thirty-four oral history interview tapes were loaned out to members
32 for a variety of uses including classroom viewing, doctoral dissertation research, and chapter history
33 preparation.
34

35 **HPSO again granted approval for attendance at selected APTA courses to be considered as credit**
36 **towards the company's risk management discount.** This discount (10% per year for three consecutive
37 years) is applied at the time of application or renewal when a customer can show proof that they have
38 attended approved risk management continuing education programming worth 0.6 CEU or more. A total of 45
39 courses at PT 2004 were approved for credit. As of the end of December, approximately 60 APTA members
40 had taken advantage of the PT 2004 risk management education track to earn the 10% premium discount.
41

42 **Goal VII: American Physical Therapy Association standards, policies, positions, guidelines and**
43 **the *Guide to Physical Therapist Practice, Normative Model of Physical Therapist***
44 ***Education and Evaluative Criteria, and Normative Model of Physical Therapist***
45 ***Assistant Education and Evaluative Criteria, are recognized and used as the***
46 **foundation for physical therapist practice, research, and education environments.**
47

48 **Objective A: Update Association standards, policies, positions, guidelines and the *Guide to***
49 ***Physical Therapist Practice* to influence and respond to physical therapist practice,**
50 **education and research. (18)**
51

52 **The revision to *A Normative Model of Physical Therapist Professional Education: Version 2004* was**
53 **completed by an Ad Hoc Revision Group** that included Laurita Hack, PT, DPT, PhD, MBA, FAPTA, Chair
54 (PA), Elizabeth Rogers, PT, PhD (NC), Kyle Meyer, PT, MPA (NE), Alma Merians, PT, PhD (NY), Mary
55 Rodgers, PT, PhD (MD), Cheryl Bainbridge, PT, MS (IN), Cynthia Moore, PT, MS (CA), and Janet Gwyer, PT,
56 PhD (NC). This model was made available in June as an APTA publication packaged together in hard copy
57 and CD-ROM.
58

1 **An Ad Hoc Physical Therapist Assistant Normative Model Review Group was convened to begin the**
2 **revision to *A Normative Model for Physical Therapist Assistant Education*.** Members of this review
3 group included Candace Bahner, PT, MS (KS), Steve Bannister, PT, EdD, OCS (PA), Becky McKnight, PT,
4 MS (MO), James Smith, PT, MA (CT), Ann Roberts Divine, PT, PhD (MO), and David Emerick, PTA (VA).
5 Each section of the current model was evaluated in light of the *Guide to Physical Therapist Practice, A*
6 *Normative Model of Physical Therapist Professional Education: Version 2004*, APTA's policies, positions, and
7 guidelines on matters related to physical therapist assistant education and scope of work, APTA Core Values,
8 education setting, qualification of academic faculty and clinical educators, clinical education, and external
9 public documents that influence physical therapist assistant education (eg, Healthy People 2010, Institute of
10 Medicine Health Profession's Education Core competencies, and Cultural Competence Compendium). In
11 addition, this version of the model will address the development of curriculum with the inclusion of sample
12 curricula. The initial draft of the model is planned for 2005 with opportunities for review and comment by
13 program directors and faculty of physical therapist assistant programs, APTA Board of Directors, and selected
14 others. Comments will be integrated into the final draft of the PTA Normative Model, which will be forwarded
15 to the Board of Directors in November 2005 for review and action. Publication of the revised model is
16 anticipated for 2006 packaged in hard copy with a CD-ROM.

17
18 **APTA Guidelines and Self-Assessments for Clinical Education** were updated to remain contemporary
19 and were adopted by the APTA Board in March. These guidelines and self-assessments are accessible to
20 members on APTA's Web site and available to nonmembers as an APTA publication.

21
22 Cynthia Potter, PT, DPT, PCS (PA) reviewed and provided revisions for **APTA's *Guidelines for***
23 ***Recognizing and Providing Care for Victims of Child Abuse*** and Theresa Spitznagle, PT (MO) reviewed
24 and revised **APTA's *Guidelines for Recognizing and Providing Care for Victims of Domestic Violence***.
25 These revised editions will be printed in 2005 following Board review and endorsement in March. In addition,
26 Susan Saliga, PT, MHS, NCS (MO), agreed to review **APTA's *Guidelines for Recognizing and Providing***
27 ***Care for Victims of Elder Abuse***, which will be presented to the Board for review in late 2005. _ _

28
29 **Objective B: Promote the use of Association standards, policies, positions, guidelines, and the**
30 ***Guide to Physical Therapist Practice* to achieve the mission and goals in physical**
31 **therapist practice, education, and research environments. (15)**
32

33 **The *Guide to Physical Therapist Practice 2nd Edition* was translated to Korean** and became available to
34 that market, widening the reach of APTA's landmark publication. Copyright royalties provided APTA with an
35 additional source of nondues revenue. In addition, the English version of the Guide continued to be featured
36 prominently in APTA's Resource Catalog and in full-page ads that appeared in *Physical Therapy* and *PT*
37 *Magazine*. The Guide is always a top-seller and is used regularly as a text in education programs.

38
39 **APTA maintained a formal reciprocal liaison relationship with the National Association of Advisors for**
40 **the Health Professions (NAAHP).** The NAAHP collaborates with liaisons from professions who prepare
41 practitioners at the doctoral level to advise their board of directors and members on trends in selected
42 professions. Susan Deusinger, PT, PhD (MO), was reappointed as APTA liaison to NAAHP. She continued to
43 actively represent the profession by participating at the annual NAAHP board meeting and several regional
44 NAAHP meetings, communicating on the NAAHP list serve to reflect the Association's values and policies
45 regarding professional education, communicating regularly with NAAHP's liaison to APTA, and being involved
46 in NAAHP's quarterly non-refereed journal.

47
48 **The Association and its components worked together to ensure that component policies, position**
49 **statements, and guidelines are in line with APTA's policies, positions, and guidelines.** A committee of
50 the APTA Board of Directors operates to ensure that component documents are not inconsistent with APTA
51 documents.

52
53 **All professional development and continuing education programs offered by APTA** including ACP
54 seminars, PREVIEW 2020, and PT 2004 reflected the language and content of the *Guide to Physical*
55 *Therapist Practice* and complied with APTA policies and positions.

56
57 Throughout the year, ***PT Magazine* frequently referred to APTA positions, policies, and guidelines** within
58 articles as examples of best physical therapy practice.

1 **The Guide, the Pediatrics and Neurology home-study courses, Writing Case Reports, and the**
2 **Business Skills Series led publications sales in 2004.**
3

**Total Membership Statistics
2001 – 2004**

Category	2001 Total	2002 Total	2003 Total	2004 Total	2001-2002 Gain/(Loss)	2002-2003 Gain/(Loss)	2003-2004 Gain/(Loss)
Active (PT)	44,220	44,619	45,213	46,432	399	594	1,219
Active Transfer	938	763	1,301	1,582	(175)	538	281
Affiliate (PTA)	5,094	4,560	4,144	4,128	(534)	(416)	(16)
Affiliate Transfer	108	94	268	378	(14)	174	110
Life	2,135	2,211	2,241	2,234	76	30	(7)
Retired			42	50		42	42
Honorary	12	12	12	12	-	-	-
Student PT	9,977	9,104	8,761	9,562	(873)	(343)	801
Student PTA	1,240	1,296	1,129	1,321	56	(167)	192
Master's Student	128	113	105	86	(15)	(8)	(19)
Doctoral Student	271	345	351	333	74	6	(18)
Totals	64,123	63,117	63,567	66,118	(1,006)	450	2,551

Chapter Membership Statistics

Chapter	2001	2002	2003	2004	2001-2002 Gain/(Loss)	2002-2003 Gain/(Loss)	2003-2004 Gain/(Loss)	Dues Increase Years
Foreign	235	226	214	212	(9)	(12)	(2)	n/a
AK	209	228	236	245	19	8	9	1987, 05
AL	671	662	667	648	(9)	5	(19)	88,95-96,98-00,03-05
AR	528	524	489	524	(4)	(35)	35	88, 93-97
AZ	997	1,028	1,096	1,162	31	68	66	87, 89-97
CA	5,104	4,975	5,161	5,479	(129)	186	318	88-98
CO	1,038	1,074	1,089	1,142	36	15	53	86-87, 91-94, 96-98
CT	1,084	1,007	1,043	1,054	(77)	36	11	84, 87, 92, 97-01
DC	176	182	217	226	6	35	9	87
DE	290	327	324	359	37	(3)	35	84, 86, 88, 96, 99-00
FL	3,143	3,148	3,300	3,460	5	152	160	84, 88-89, 95
GA	1,646	1,535	1,529	1,680	(111)	(6)	151	87, 92-94
HI	284	276	290	305	(8)	14	15	90, 94-96
IA	1,020	988	998	1,025	(32)	10	27	86, 91, 97, 02-05
ID	344	343	335	361	(1)	(8)	26	84, 86, 90, 98
IL	2,604	2,648	2,722	2,867	44	74	145	85, 95-99
IN	1,461	1,376	1,274	1,227	(85)	(102)	(47)	87, 92, 04-05
KS	777	785	801	796	8	16	(5)	87-88, 98, 03
KY	969	955	959	975	(14)	4	16	84, 95, 03
LA	927	947	933	958	20	(14)	25	85, 89, 96
MA	1,800	1,669	1,684	1,621	(131)	15	(63)	88, 96-98
MD	1,178	1,175	1,175	1,194	(3)	-	19	86, 89, 93-95
ME	482	476	446	425	(6)	(30)	(21)	86, 91, 98
MI	2,011	2,004	2,053	2,188	(7)	49	135	86, 88, 93, 99
MN	1,494	1,460	1,472	1,522	(34)	12	50	87, 91-95, 04
MO	1,451	1,430	1,389	1,417	(21)	(41)	28	88, 00, 05
MS	497	505	486	495	8	(19)	9	93, 00
MT	375	405	416	433	30	11	17	84, 88, 92, 01
NC	1,585	1,536	1,524	1,649	(49)	(12)	125	86, 88, 94, 99-00
ND	317	317	351	371	-	34	20	88, 97
NE	895	904	893	926	9	(11)	33	88
NH	386	393	372	391	7	(21)	19	87, 92, 99, 04
NJ	2,025	1,993	2,053	2,054	(32)	60	1	98-00
NM	356	353	336	355	(3)	(17)	19	86, 98
NV	381	381	392	428	-	11	36	88, 94, 96, 98
NY	4,658	4,596	4,496	4,786	(62)	(100)	290	87, 92-95

OH	2,373	2,214	2,226	2,240	(159)	12	14	93, 95-01, 03, 05
OK	718	725	718	793	7	(7)	75	87, 90
OR	799	800	812	851	1	12	39	88, 93-95, 04
PA	3,812	3,724	3,596	3,697	(88)	(128)	101	86, 91-95, 04
PR	70	61	73	83	(9)	12	10	93
RI	269	266	262	282	(3)	(4)	20	85, 87, 90
SC	846	843	803	884	(3)	(40)	81	87, 94, 03
SD	317	312	321	321	(5)	9	-	85, 94
TN	1,133	1,127	1,350	1,512	(6)	223	162	86, 88, 91, 96
TX	3,605	3,415	3,360	3,496	(190)	(55)	136	88-90, 94, 96-98
UT	555	497	476	549	(58)	(21)	73	88, 94
VA	1,803	1,844	1,800	1,858	41	(44)	58	86, 88, 97
VT	290	279	272	281	(11)	(7)	9	88, 95, 05
WA	1,764	1,800	1,865	1,928	36	65	63	87, 94-99, 03
WI	1,769	1,777	1,823	1,776	8	46	(47)	87-00, 02-04
WV	445	454	437	450	9	(17)	13	88-90, 99, 05
WY	157	148	158	157	(9)	10	(1)	93, 94, 96
TOTALS	64,123	63,117	63,567	66,118	(1,006)	450	2,551	

**PTA Student Transfer Statistics
1990-2004**

YEAR	PTA Student Member Graduates	Transferred to Affiliate	% Transferred
1990	870	438	50%
1991	967	473	49%
1992	1,209	589	49%
1993*	1,569	941	60%
1994	2,061	1,297	63%
1995	2,347	1,406	60%
1996	2,679	1,600	60%
1997	2,989	1,677	56%
1998	3,101	1,547	50%
1999	2,702	1,245	46%
2000	2,013	1,033	51%
2001**	1,668	742	44%
2002	1,074	432	40%
2003	969	300	31%
2004***	1,235	202	16%

*Student membership goes until month of graduation & then pay 1/3 dues, if paid within 30 days & pay 2/3 dues 2nd year

**Student membership goes until month of graduation & then pay 1/3 dues, if paid within 120 days & pay 2/3 dues 2nd year

*** Receive 12 months of student membership & then pay 1/2 dues, if paid within 30 days.

**PT Student Transfer Statistics
1972 – 2004**

Year	PT Student Member Graduates	Transferred to Active	% Transferred
1972	1,517	1,077	71%
1973	1,709	884	52%
1974	1,782	1,264	71%
1975	1,990	1,741	87%
1976	1,972	1,552	79%
1977	2,121	1,798	85%
1978*	2,124	1,400	66%
1979	2,539	1,727	68%
1980	2,502	1,442	58%
1981	2,544	1,488	58%
1982	2,770	1,630	59%
1983	2,904	1,293	45%
1984	2,643	1,734	66%
1985	2,824	1,492	53%
1986**	3,535	2,441	69%
1987	3,962	2,240	57%
1988	4,235	2,224	53%
1989***	4,663	2,154	46%
1990	3,930	1,958	50%
1991	3,799	2,004	53%
1992	4,358	2,382	55%
1993****	4,390	2,909	66%
1994	4,664	3,033	65%
1995	4,992	3,433	69%
1996	5,041	3,458	69%
1997	5,463	3,653	67%
1998	6,010	3,833	64%
1999	6,191	3,946	64%
2000	5,744	3,774	66%
2001*****	5,761	3,413	59%
2002	5,169	3,126	60%
2003	4,077	1,962	48%
2004*****	4,620	1,422	31%

*Receive 12 months of student membership, 3 free months of PT membership, & then pay full dues

**Student membership goes until month of graduation & then pay 1/2 dues, if paid within 30 days

***Student membership goes until month of graduation & then pay 1/2 dues, if paid within 90 days

****Student membership goes until month of graduation & than pay 1/3 dues, if paid within 30 days & pay 2/3 dues 2nd year
****Student membership goes until month of graduation & then pay 1/3 dues, if paid within 120 days & pay 2/3 dues 2nd year
*****Receive 12 months of student membership & then pay 1/2 dues, if paid within 30 days

**Second—Year PTA Student Transfer Statistics
1993 – 2004**

Year PTs Graduated	Year PTAs Were Billed 2/3 dues	# PTAs Who Were Billed 2/3 Dues	# PTAs Who Paid 2/3 Dues	% Transferred
1993*	1994	742	495	67%
1994	1995	1,060	621	59%
1995	1996	1,202	715	59%
1996	1997	1,448	887	61%
1997	1998	1,512	870	58%
1998	1999	1,363	628	46%
1999	2000	1,191	507	43%
2000	2001	916	424	46%
2001**	2002	741	370	37%
2002	2003	420	218	31%
2003	2004	254	140	13%
2004***				

*Student membership goes until month of graduation & then pay 1/3 dues, if paid within 30 days & pay 2/3 dues 2nd year

**Student membership goes until month of graduation & then pay 1/3 dues, if paid within 120 days & pay 2/3 dues 2nd year

***Receive 12 months of student membership & then pay 1/2 dues, if paid within 30 days

**Second – Year PT Student Transfer Statistics
1993 – 2004**

Year PTs Graduated	Year PTs were Billed 2/3 Dues	# PTs Who Were Billed 2/3 Dues	# PTs Who Paid 2/3 Dues	% Transferred
1993*	1994	2,699	1,811	67%
1994	1995	2,904	1,904	66%
1995	1996	3,133	2,075	66%
1996	1997	3,417	2,191	64%
1997	1998	3,698	2,475	67%
1998	1999	3,745	2,315	62%
1999	2000	3,851	2,449	64%
2000	2001	3,703	2,276	61%
2001**	2002	3,745	2,237	60%
2002	2003	3,291	2,072	63%
2003	2004	1,613	1,176	73%
2004***				

*Student membership goes until month of graduation, pay 1/3 dues 1st year, if paid within 30 days & pay 2/3 dues 2nd year

**Student membership goes until month of graduation & then pay 1/3 dues, if paid within 120 days, & pay 2/3 dues 2nd year

***Receive 12 months of student membership & then pay 1/2 dues, if paid within 30 days

**Third – Year PTA Student Transfer Statistics
1993 – 2004**

Year PTAs Graduated	Year PTAs Were Billed Full Dues	# PTAs Who Were Billed Full Dues	# PTAs Who Paid Full Dues	% Transferred
1993*	1995	501	343	68%
1994	1996	632	442	70%
1995	1997	716	510	71%
1996	1998	941	491	52%
1997	1999	817	363	44%
1998	2000	699	364	52%
1999	2001	612	312	51%
2000	2002	491	251	51%
2001**	2003	418	213	51%
2002	2004	218	130	60%
2003	2005			

*Student membership goes until month of graduation & then pay 1/3 dues, if paid within 30 days & pay 2/3 dues 2nd year

**Student membership goes until month of graduation & then pay 1/3 dues, if paid within 120 days & pay 2/3 dues 2nd year

**Third – Year PT Student Transfer Statistics
1993 – 2004**

Year PTs Graduated	Year PTs Were Billed Full Dues	# PTs Who Were Billed Full Dues	# PTs Who Paid Full Dues	% Transferred
1993*	1995	1,930	1,346	70%
1994	1996	1,965	1,390	71%
1995	1997	2,137	1,461	68%
1996	1998	2,432	1,493	61%
1997	1999	2,363	1,375	58%
1998	2000	2,660	1,640	62%
1999	2001	2,604	1,553	60%
2000	2002	2,699	1,590	59%
2001**	2003	2,653	1,477	56%
2002	2004	2,067	1,345	65%
2003	2005			

*Student membership goes until month of graduation & then pay 1/3 dues, if paid within 30 days & pay 2/3 dues 2nd year

**Student membership goes until month of graduation & then pay 1/3 dues, if paid within 120 days & pay 2/3 dues 2nd year

2004 Retention Percentages

Renewal Month	Total PT Members Billed	Total PT Members Renewed	% Renewed	Total PTA Members Billed	Total PTA Members Renewed	% Renewed
January	2,687	2,351	87%	174	124	71%
February	2,787	2,369	85%	250	174	70%
March	3,021	2,567	85%	222	153	69%
April	2,731	2,298	84%	228	155	68%
May	4,434	3,848	87%	589	451	77%
June	2,903	2,440	84%	298	216	72%
July	2,250	1,859	83%	199	160	80%
August	3,808	3,118	82%	363	256	71%
September	2,646	2,103	79%	250	161	64%
October	2,897	2,188	76%	245	157	64%
November	2,957	2,127	72%	226	138	61%
December	5,249	3,361	64%	284	151	53%
Total	38,370	30,629	80%	3,328	2,296	69%