



Impact of COVID-19 on the Physical Therapy Profession Over One Year

A Report From the American Physical Therapy Association

May 2021

Introduction

No one expected it to last this long.

On March 13, 2020, when President Donald J. Trump declared a national emergency due to COVID-19, there was no precedent for a year-long lockdown in our modern world. The optimism for a short disruption was evidenced by what the Trump administration and the Centers for Disease Control & Prevention did next: announcing a 15-day action plan on March 16 to “slow the spread” of the virus.

That 15-day plan quickly became a 30-day plan, and by mid-April it was clear that the virus would be disrupting our previous way of living for much longer. By the end of May, the United States reached 100,000 deaths related to COVID-19, despite nationwide efforts to wear masks, social distance, self-isolate, and close or move to virtual all but the most essential of services.

Throughout the pandemic, physical therapist services were treated as essential by federal, state, and local guidance. But that doesn't mean it was business as usual.

Many in the physical therapy profession changed their approach in response to the virus: temporarily closing their doors until safe practices could be developed, shifting to virtual care via expanded rules for telehealth, or proactively halting nonessential care – all on top of donning personal protective equipment and screening individuals for potential infection.

Some physical therapists and physical therapist assistants had their employment or pay affected. Some were asked to assist in other supporting roles. Many experienced stress due to the impact of COVID-19 on their jobs or personal lives.

APTA monitored the effects of the pandemic on the profession through multiple surveys (see “About This Report” on page 25), the most recent of which was completed by a representative sample of PTs and PTAs between March 16 and April 5, 2021.

This report uses data from those surveys to explore the impact of the pandemic after one year.



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Executive Summary

The COVID-19 pandemic severely disrupted the physical therapy profession.

The effect of the virus was most felt in the initial weeks of uncertainty and stay-at-home orders, but it continued to reverberate a year later, even as vaccine distribution offered signs of progress.

This report shows that, while recovery has begun, much of our profession is still seeking a return to pre-pandemic norms.

Caseload Decline Leads to Income Decline, Financial Challenges

As many Americans stayed at home to avoid illness and slow the spread of the coronavirus, the volume of physical therapist services slowed. As a result, revenue and income suffered.

One year into the pandemic, over a quarter of PTs (28%) and about half of PTAs (49%) were still experiencing income loss. As a result, 19% of PTs and 38% of PTAs reported that the pandemic was still affecting their essential spending. Of those whose essential spending wasn't affected, 34% of PTs and 42% of PTAs reported that their flexible spending remained challenged compared with pre-pandemic flexible spending.

Stress Increases, but Also Pride

Despite income challenges, PTs and PTAs suggested that the pandemic's effect on their careers and personal lives caused greater stress than its effect on their finances.

Still, PTs and PTAs were more likely to indicate that the pandemic caused their career pride to increase rather than decrease.

Telehealth Surges, but In-Person Care Remains Norm

Video-based care was being provided by just 2% of physical therapists prior to the pandemic. One year later nearly half were providing some form of telehealth.

But of those providing telehealth, the majority (54%) were treating fewer than an average of one individual per week via live video consults.

“I realize that everyone has been affected in one way or another. I also realize how important my skills are to the patients I treat. I only closed for one week in March because I was receiving phone calls stating the need to receive PT services. Many patients are returning, stating that they have physically gotten worse because of the lack of PT services. Many would prefer to come in rather than stay at home with telehealth. We are truly an essential service.” –PT respondent

Practice and Workforce Implications

Stay-at-home orders and adjustments by clinics led to changes for physical therapists and physical therapist assistants.

Practice Hours and Caseloads Decline

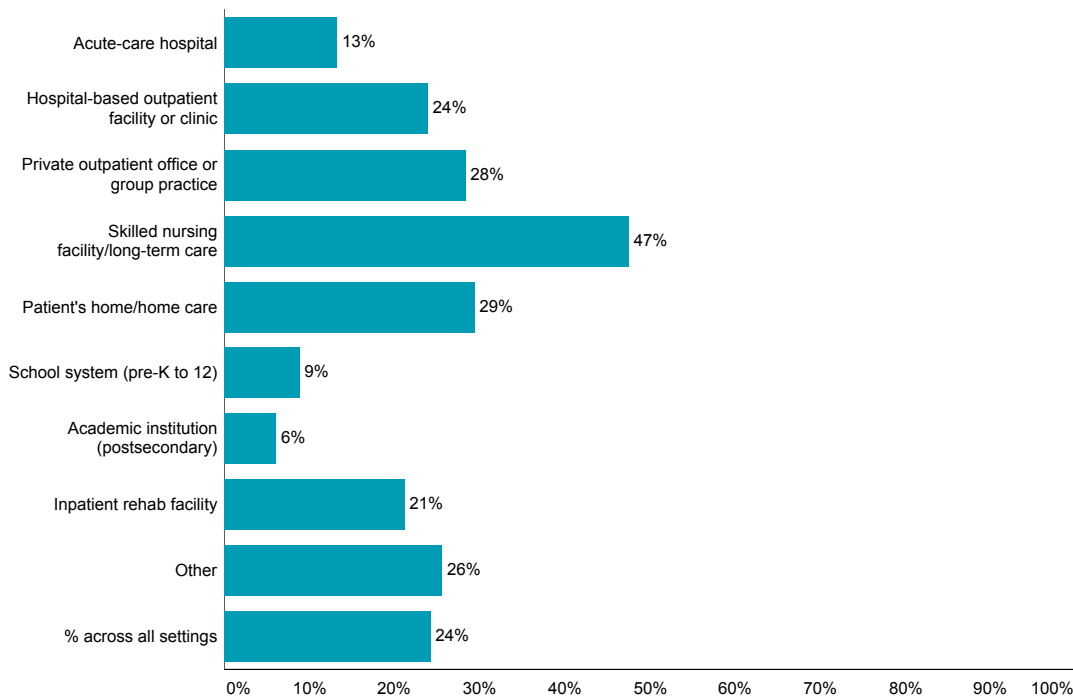
In the initial weeks of the pandemic, 54% of PTs and 64% of PTAs experienced a decrease in hours.

One year in, 24% of PTs and 47% of PTAs continued to experience a decrease in hours compared with pre-pandemic hours. On the flipside, 21% of PTs and 19% of PTAs were experiencing an increase in hours one year in.

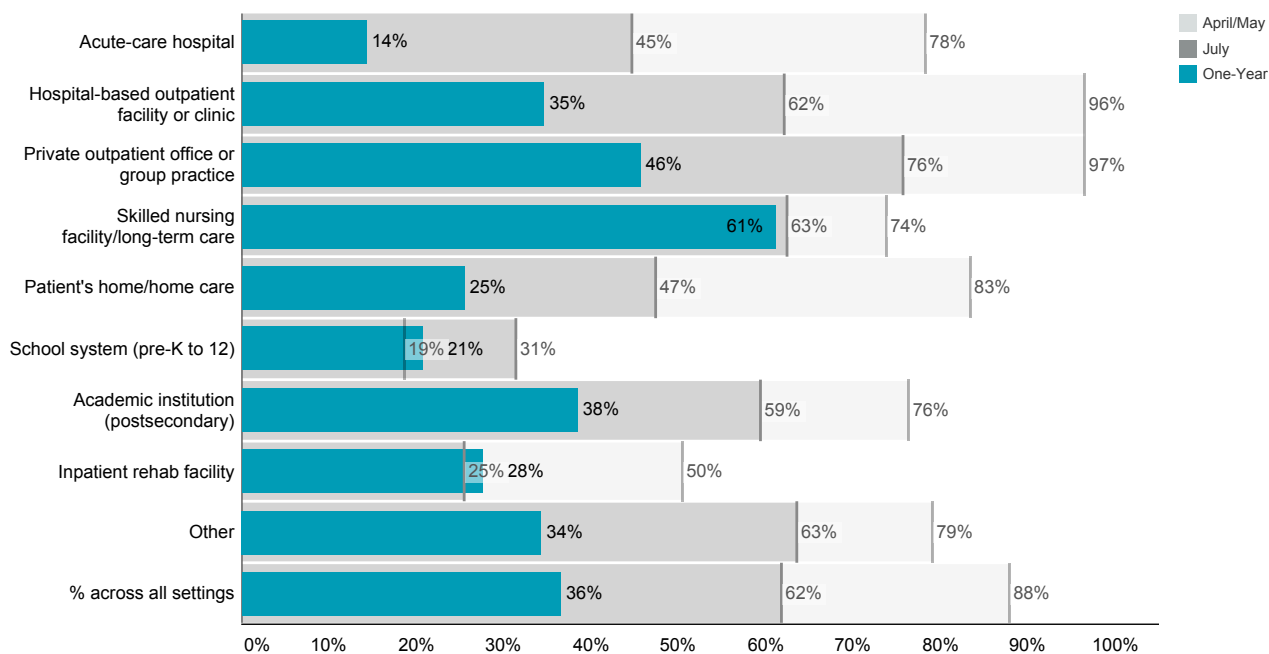
Regarding caseload, 37% of PTs reported that their physician referrals declined, compared with 15% who reported increases. The caseload of direct access patients was more consistent, with 19% of PTs reporting decreases compared with 12% who reported increases.

Did You Know: A March 2021 American Medical Association analysis found that physical therapy was the most severely impacted specialty during the pandemic when it came to payment through the Medicare physician fee schedule, with an estimated drop of 34% in spending from January to June 2020, as many individuals self-isolated instead of seeking care (see “Appendix D” on page 21).

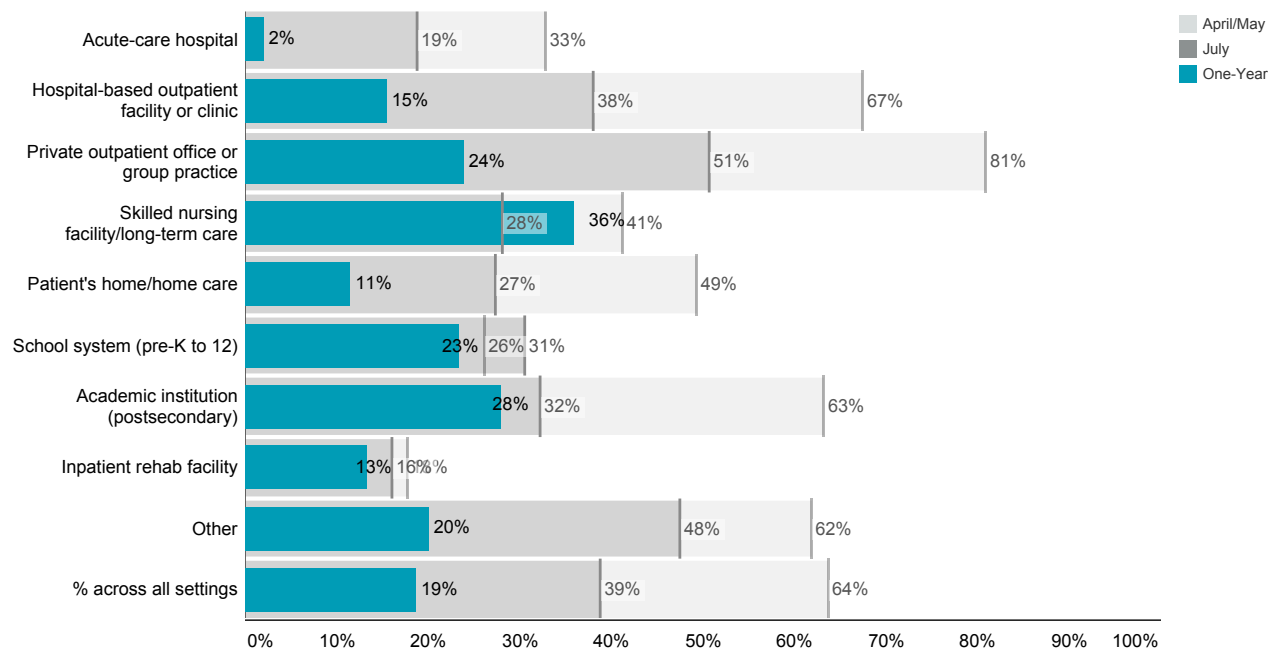
Percent of PTs Whose Hours One Year Later Were Lower Than Before the Pandemic



Percent of PTs Whose Physician Referral Caseload Declined



Percent of PTs Whose Direct Access Caseload Declined



“The pandemic caused me to reevaluate how and where I run my practice. I have moved to a cash-based model with the exception of Medicare. I see fewer patients per day for longer sessions. My work-life balance has markedly improved.”

–PT respondent

Employment Is Disrupted

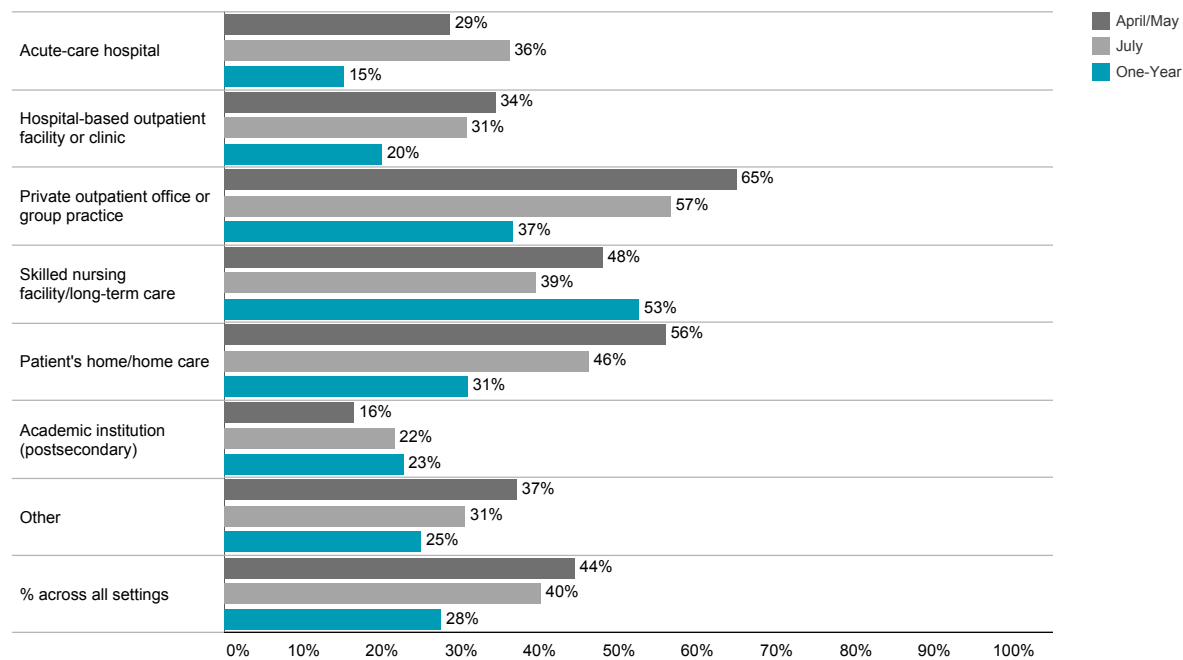
At some point over the first year of the pandemic, 6% of PTs have been laid off, 15% have been furloughed, and 9% have resigned or quit. As for PTAs, 14% have been laid off, 24% have been furloughed, and 9% have resigned or quit.

Income Slows, Then Rebounds

When we first surveyed PTs and PTAs between April and May 2020, income loss was affecting 44% of PTs and 54% of PTAs. During the same time, 2% of PTs and 4% of PTAs reported increases compared with pre-pandemic income.

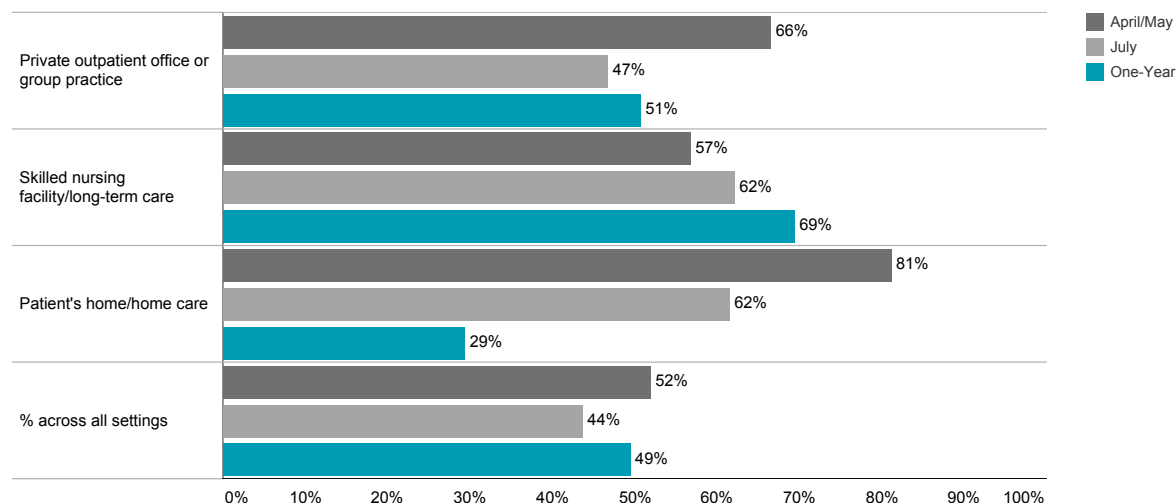
One year in, there was greater improvement for PTs than for PTAs. The number of PTs continuing to experience reduced income was down to 28%, with 49% of PTAs experiencing income loss. Meanwhile, 22% of PTs and 18% of PTAs were experiencing income increases.

Percent of PTs Whose Income Declined



Data not reported from some settings due to small number of respondents.

Percent of PTAs Whose Income Declined



Data not reported from some settings due to small number of respondents.

Essential Care Is the Norm

For PTs practicing during the pandemic, 77% said their employer never instructed them to provide in-person treatment for what they considered nonessential physical therapist services.

PTs in Acute Care Treat Individuals With COVID-19

Of surveyed PTs who work in acute care settings (or were redeployed to other clinical duties outside of physical therapist services), 66% reported providing in-person care for individuals with COVID-19, and 55% reported providing in-person care in the intensive care unit for individuals with COVID-19.

Some PTs Observe Increase in Severity

Almost half of PTs (45%) reported noticing additional or more-severe health conditions in their patient populations compared with conditions seen before the pandemic.

“Patients are seeking pain relief here despite the threat of COVID-19. Patients feel they are being cared for and are safe with the procedures we use in clinic here: mask wearing by employees, sanitizing frequently, and spacing in private rooms and in the gym. We are finally starting to see a rise in patient visits and revenue with vaccinations becoming more accessible in the community.” –PTA respondent

Personal Protective Equipment Widely Provided

For PTs who continued to provide in-person care during the pandemic, our July 2020 survey reported that 85% were being provided adequate PPE. Of those who felt the provided PPE was inadequate, 59% cited being asked to reuse PPE and 43% cited not being provided enough PPE, some commenting on lack of N95 masks or face shields.

Aerosol-Generating Procedures Rare

Only 16% of PTs surveyed in July 2020 said they were engaged in aerosol-generating procedures when treating patients. At the time, the CDC recommended that providers don full PPE, including N95 or other filtering respirator masks — such as powered air-purifying respirators or elastomeric respirator masks — when performing an aerosol-generating procedure with patients who have suspected or confirmed COVID-19.

22%

PTs who were redistributed to other duties in response to the pandemic.

Impact on Personal Life and Well-Being

The coronavirus pandemic is two seemingly opposite things at once. In many respects, it's a shared experience. At the same time, the virus has affected each of us on a highly individual level — the ways our jobs and family lives have been altered, our personal physical and emotional health, and the losses we've suffered.

COVID-19 impacted the lives of PTs and PTAs at work, at home, or both.

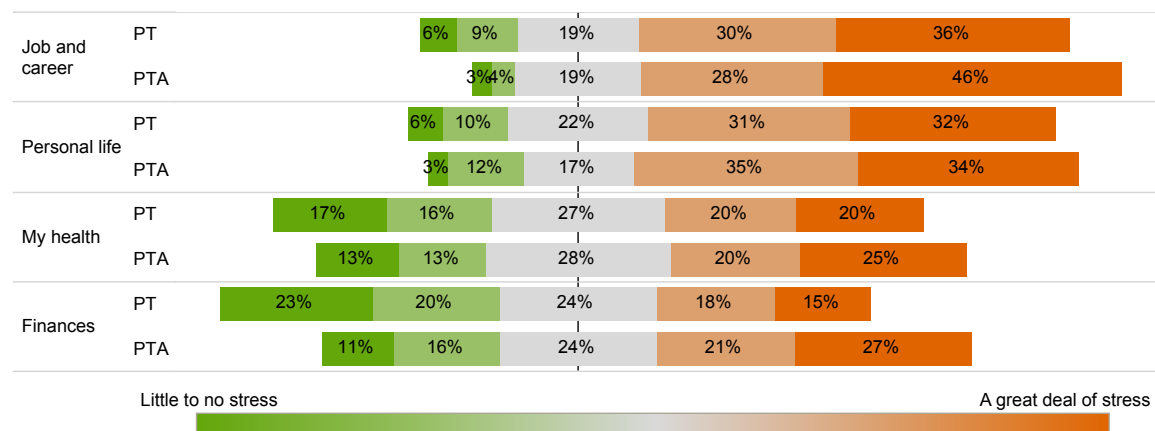
Personal Finances Challenged

One year into the public health emergency, 19% of PTs and 38% of PTAs said that the pandemic was affecting their ability to pay essential bills and expenses. Of those whose essential spending wasn't affected, nonessential (flexible) spending was a challenge for 34% of PTs and 42% of PTAs. Of them, 67% of PTs and 75% of PTAs expected it would take longer than three months to return to previous levels of flexible spending.

Professional and Personal Stress Exacerbated

Asked to rate their level of pandemic-related stress across four topics, the top selection for both PTs and PTAs was identical: the impact of the pandemic on their job and career, followed by the impact on their personal life.

Impact of COVID-19 on Stress Levels



“This pandemic has been extremely difficult to manage. My outpatient caseload has gone up and down significantly and I have had to take on some home health patients to make up for the difference in my pay. I am trying to remain positive and hopeful about my profession and clinical practice. I hope the end of this pandemic is near because I am not sure how much more negativity I can handle.” –PT respondent

Practices Address Human Impact

The majority of PTs (57%) indicated that their practice took action to address staff burnout or other mental health issues related to the pandemic, ranging from employee assistance programs to meetings for staff to express concerns. PTAs (36%) were less likely to identify these opportunities.

“We live in a rural community, and the death of 28 folks in our county has been hard on us, our family, friends, and neighbors. No community activities like school sports, funerals, and church have been very difficult on people. Also, no visitors at the nursing homes has been absolutely devastating to many.” –PT respondent

Career Pride Increases

After a year of challenges, PTs and PTAs were more likely to say that the pandemic had improved their career pride rather than eroded it, with most saying it had no effect. Of PTs, 32% felt their career pride increased, while 14% said it declined. Of PTAs, 26% felt their career pride increased and 19% felt it declined.



Telehealth Adoption and Utility

Perhaps no area of physical therapist practice was impacted as dramatically by the pandemic as was telehealth.

On March 17, 2020, the Centers for Medicare & Medicaid Services announced it was easing restrictions in ways that would allow PTs to provide “e-visits.” It wasn’t until April 30 – after significant advocacy by APTA and its members – that CMS included PTs and PTAs in private practice among the providers eligible to bill for services furnished through real-time, face-to-face technology. On May 27, CMS recognized outpatient facility-based providers among those who can bill for telehealth services provided through real-time, face-to-face technology under Medicare.

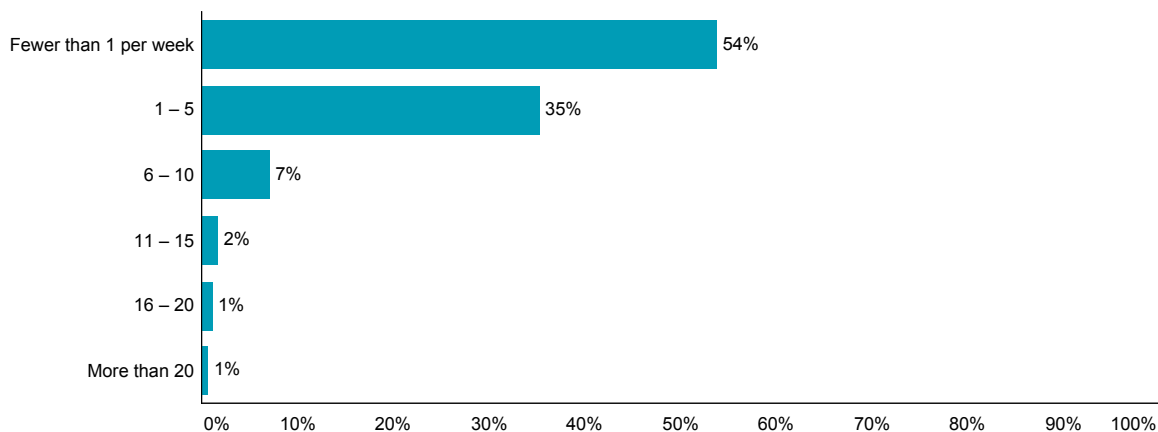
The number of PTs providing telehealth rapidly increased, but most have used it minimally.



PTs Pivot to Video

Prior to the pandemic, 98% of PTs surveyed weren’t providing live video consults. A year later, 48% were providing them. But in-person care remains the norm. More than half (54%) reported treating fewer than one patient per week via telehealth on average. Just over 10% were seeing an average of at least six patients per week via video consult.

Average Patients Treated Per Week Via Live Video Consult by PTs



Uncertainty Persists

One year into the pandemic, more than half of PTs (54%) were unsure which payers reimbursed for telehealth services, and 59% were unsure if telehealth services were reimbursed at the same rate as in-person care. Similar uncertainty extended to satisfaction and outcomes, with 44% not having access to patient satisfaction data on telehealth care compared with in-person care and 45% not having access to data comparing outcomes in both settings.

In-Person Outperforms Telehealth

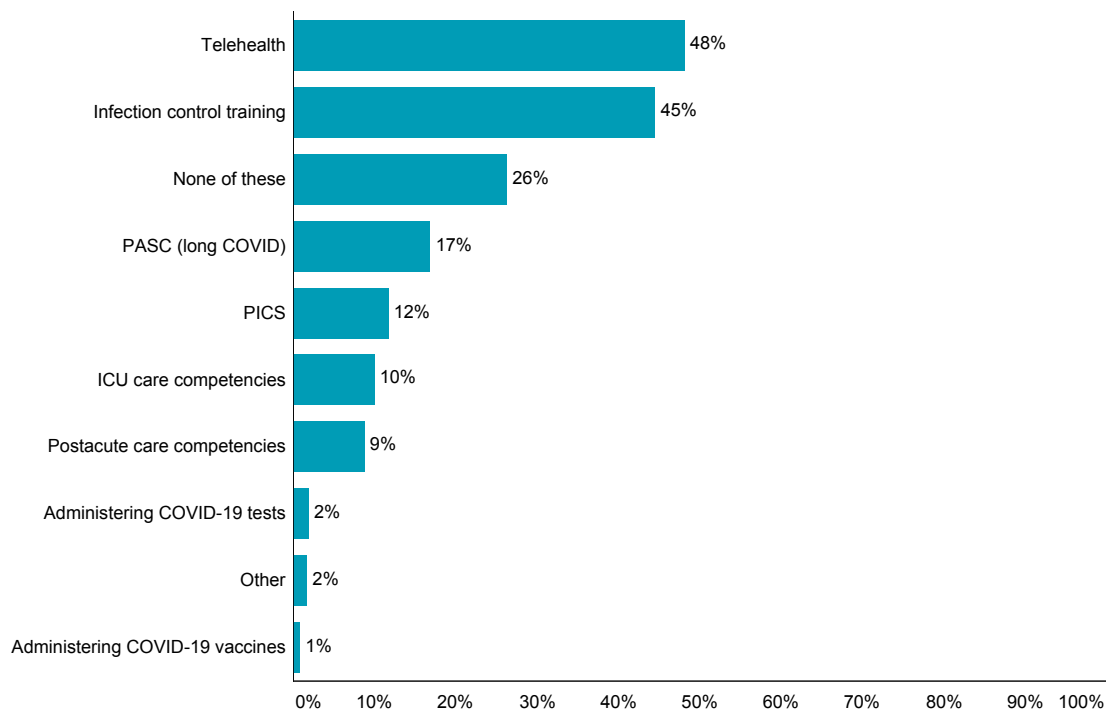
Of those who had access to data on satisfaction and outcomes, 49% of PTs said patient satisfaction was equivalent or improved via telehealth and 48% reported equivalent or improved outcomes, while 51% reported lower patient satisfaction and 52% reported poorer outcomes.

“Patients visit our clinic to get out of the house and interact with others. We do not force them into telehealth if they would rather do live services.” –PT respondent

Training Surges

Since the start of the pandemic, 48% of PTs surveyed had received telehealth training, more than had received training on infection control (45%), PASC or “long COVID” (17%), and post-intensive care syndrome or PICS (12%). In 2021, APTA released a telehealth certificate series via the APTA Learning Center to ensure that PTs, PTAs, and students are prepared to provide excellent care via telehealth.

Training Trends During the Pandemic



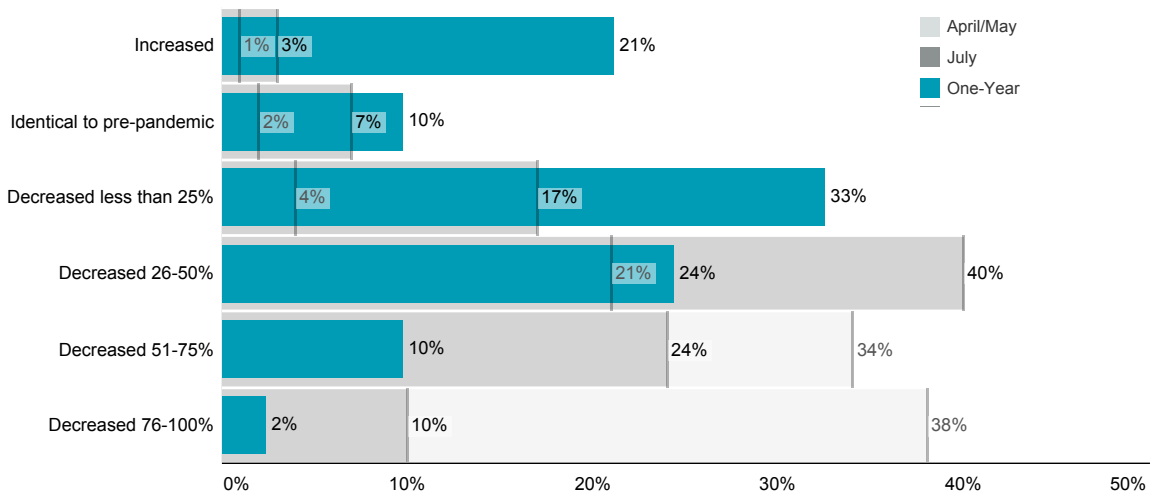
Impact on Practices

The COVID-19 pandemic triggered revenue losses that were still being felt a year in.

In spring 2020, 97% of practice owners were experiencing declines in weekly revenue. By July 2020, the percentage of owners experiencing revenue declines dropped only slightly, to 91%. However, in that time the extent of revenue loss improved at a greater rate. Between April and July 2020, the percentage of owners experiencing commercial loss whose revenue decrease was greater than 50% declined from 73% to 37%.

One year into the pandemic, 69% of practice owners were facing declines in revenue compared with pre-pandemic levels. Increases were cited by 21% of owners, and 10% reported revenue as being the same as pre-pandemic levels. Of those experiencing losses, 18% reported decreases of more than 50% and 47% reported decreases of less than 25%.

Weekly Revenue Change



“As an owner of a private practice, it has been incredibly stressful for me with my concern about the health and welfare of my employees and my clients. Because our facility is small and we treat many clients with multiple medical issues, the operation of the office has changed.” –PT respondent

Professional Judgment Demonstrated

Nearly half (45%) of owners surveyed in July 2020 reported that their clinic closed at least temporarily due to COVID-19. Of them, 58% closed for more than four weeks. Of the practices that closed, the top reason cited was professional judgment (82%), followed by patient cancellations (34%), and governor's orders and insufficient safety precautions such as a lack of PPE (each at 26%).

“I felt as health care professionals we needed to model the behavior being requested of all citizens. We closed for two weeks and reevaluated. We determined which patients really needed to be seen in the clinic and who realistically could come in, and we determined who we could see via telehealth and e-visits.”

–PT respondent

Small Business Loans Pursued

In response to revenue decline, 75% of owners surveyed in July 2020 applied for a small business loan, with 92% of them receiving small business relief. Most owners (94%) applied for the Paycheck Protection Program. Additionally, 52% received funds from the \$30 billion CARES Act general distribution fund.

Emergency Preparedness Plans Rare

Prior to the pandemic, 30% of the responding owners surveyed in spring 2020 had an emergency preparedness plan in place. Those with a plan reported that it helped most with policies and procedures (46%) and communications (37%).

“We, as a company, have learned that we have many deficits that need to be addressed to better handle situations such as the COVID-19 pandemic. Working remotely has highlighted our deficits in communication, PPE equipment, and ability to effectively manage staff resources.” –PT respondent

Trusted Sources of Information

In a period of rapid change, APTA was a trusted source of information.

The association's website set a single-day traffic record on March 17 – more than 68,000 users and 131,000 pageviews – when APTA's Board of Directors issued a statement on patient care and practice management that encouraged PTs to “use their professional judgment to determine when, where, and how to provide care.”

Over the next 10 days, traffic to APTA's website tripled as the association provided guidance on COVID-19 and evolving rules related to telehealth. In the ensuing weeks, APTA produced dozens of articles, webinars, and courses, with APTA chapters and sections providing additional valuable content.

APTA's call center had a 48% increase in call volume and a 39% increase in customer service requests yet reduced its average response time to support members during a time of need.

The CDC was the most helpful source of information during the pandemic, cited by 87% of PTs surveyed one year after the pandemic began, followed by the PT's work facility (47%), state government (46%), APTA (34%), the World Health Organization (19%), and the PT's coworkers and/or peers (18%).

“APTA section webinars have been extremely helpful. I am distilling them and sharing this information with members of our department to keep our practice in step with the best practitioners in our profession.”

—PTA respondent

Recommendations for the Profession

The physical therapy workforce should be better leveraged to improve health across settings and patient populations at all times – not only in a time of crisis.

PTs and PTAs on the frontlines of the COVID-19 crisis response have been crucial members of the health care team, providing care in hospitals, rehabilitation facilities, and nursing homes. Meanwhile, PTs and PTAs who work in local clinics and other community-based settings have helped ensure that essential care to individuals not affected by COVID-19 is not disrupted. Maintaining and advancing mobility, strength, activity, and endurance — core elements of physical therapy in all settings — has positive effects on health and function at all times. Through improved accessibility, PTs and PTAs can reduce unnecessary hospitalizations and preventable bottlenecks in the health care system, while lowering the total cost of health care and improving societal health.

Direct access restrictions must be removed. APTA has long advocated for consumers to have direct access to physical therapist services. Efforts to flatten the curve are specifically designed to avoid overwhelming hospitals and other medical facilities. Enabling consumers to go straight to a PT without restrictions allows more timely and effective care to optimize outcomes in all situations and is of heightened importance during a pandemic.

All PTs and PTAs must have access to personal protective equipment and training on its proper use. The CDC developed a document, Strategies to Optimize the Supply of PPE and Equipment, to help health care providers manage a “sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility.” PPE is essential not only for the safety of therapists but for the safety of patients.

PTs and PTAs should develop long-term strategies for telehealth. Telehealth has enabled PTs to treat and advise patients who otherwise might have gone without care during the public health emergency. Moving forward, PTs must ensure that they fully understand evolving regulations and best practices to ensure patient safety, privacy, and quality of care. Some patients — especially those who live in rural and remote areas and those with underlying health conditions — will rely on physical therapist services delivered via telehealth. Patient access to physical therapy via telehealth must continue beyond the public health emergency.

PTs and PTAs should be prepared to address the needs of individuals with PASC. While vaccine distribution should help reduce the spread and severity of this condition, our profession must be prepared to care for the needs of people with post-acute sequelae of SARS-CoV-2, or PASC, which sometimes is called “long COVID.”

Recommendations for Policymakers

Throughout the pandemic, APTA has consistently lobbied policymakers to take action related to the COVID-19 health crisis.

In April 2020, APTA sent a letter to House Speaker Nancy Pelosi and Majority Leader Mitch McConnell that featured the following recommendations:

- Provide economic stability to the health care of older adults.
- Support health care providers and first responders on the front lines of the pandemic.
- Provide additional economic support specifically to health care providers with small businesses.
- Protect students with disabilities.
- Ensure small business workforce flexibility.
- Implement a long-term policy solution on telehealth.
- Improve access to rehabilitation for COVID-19 patients at community health centers.

Full detail of these recommendations is available in Appendix A.

One year into the public health emergency, APTA is urging the Biden administration and Congress to develop a comprehensive national plan to address the PASC, or long COVID, crisis. PASC has significant and growing ramifications on our health systems and economy. An incomplete response has the potential to exacerbate the opioid crisis and racial and ethnic health disparities.

Full details of these recommendations are available in Appendix B and Appendix C.

Appendix A: April 14, 2020, Letter to Policymakers

On April 14, APTA sent a letter to House Speaker Nancy Pelosi and Majority Leader Mitch McConnell that featured the following recommendations:

Provide economic stability to the health care of older adults. Now is not the time to reduce payment to providers under the Medicare program. In the 2020 final Medicare Physician Fee Schedule rule, CMS reduced payment, effective Jan. 1, 2021, to more than three dozen categories of health care providers in order to increase payment for primary care health professionals. To prevent these cuts from going into effect, Congress should waive the budget neutrality requirements for a period of no less than five years for purposes related to the proposed evaluation and management payment adjustments.

Support health care providers and first responders on the front lines of the pandemic. Include funding for “hazard pay” to assist health care providers who are deemed essential during the COVID-19 pandemic. Also, the federal government must do significantly more to facilitate the timely manufacturing and distribution of ventilators and PPE through a process that is transparent, equitable, based on need, and noncompetitive.

Provide additional economic support specifically to health care providers with small businesses. Congress should include small businesses in the Immediate Relief for Rural Facilities and Providers Act, which provides targeted financial support and grants to health care providers.

Protect students with disabilities. No additional waivers for either the Individuals with Disabilities Education Act or the Rehabilitation Act of 1973 are warranted. Given that IDEA offers flexibility by design, and that states, districts, communities, and families are working together to find solutions to the problems they face in the next several months, this is not the time to roll back civil rights protections for students with disabilities.

Small business workforce flexibility. Locum tenens arrangements ensure that care is continued by another licensed, qualified provider during a temporary provider absence due to illness. Inclusion of the Prevent Interruptions in Physical Therapy Act (H.R. 5453) in any legislative package would relieve potential staffing shortages faced by small clinics and ensure uninterrupted care to Medicare beneficiaries.

Implement a long-term policy solution on telehealth. Congress should pass legislation that would provide a permanent policy solution to expand use of telehealth services by physical therapy providers.

Improve access to rehabilitation for COVID-19 patients at community health centers. Congress should include the Primary Health Services Enhancement Act (H.R. 5693) as part of any future COVID-19 relief package. This bipartisan legislation would expand patient access to essential physical therapy services to children and adults who receive care at rural health clinics and federally qualified health centers, also known as community health centers.

Appendix B: March 31, 2021, Letter to Policymakers

On March 31, 2021, APTA President Sharon Dunn sent a letter to President Joe Biden and Vice President Kamala Harris:

On behalf of the 100,000 members of the American Physical Therapy Association, we write to commend you and your administration on your actions to address the impact of the SARS-CoV-2 virus on our nation, communities, and citizens. Your leadership to increase access to vaccinations and to promote effective public health practices has been extraordinary.

The next phase of this public health challenge must address the required rehabilitation and recovery of individuals impacted by the virus.

On March 18, 2021, the American Academy of Physical Medicine and Rehabilitation sent a letter to you urging the development of a comprehensive national crisis plan to address the needs of people with postacute sequelae of SARS-CoV-2, or PASC, which has previously been called “long COVID.” APTA stands in support of AAPM&R and the three major components needed for a crisis response: resources to build necessary infrastructure; equitable access to care for all patients; and continued funding for research that advances medical understanding of PASC.

This is a critical time to act to address the health of the individual and ensure our path to recovery as a country. PASC has significant and growing ramifications on our health systems and economy. An incomplete response has the potential to exacerbate the opioid crisis and racial and ethnic health disparities. As AAPM&R states, this will require national leadership, a multidisciplinary approach, and collaboration across the health community.

APTA was proud to serve on the Obama administration’s opioid workgroup, and we are committed to assisting this effort and joining forces with the administration, Congress, and the rest of the health professional community to help establish and implement a national action plan to address this current health emergency.

APTA urges your administration to take immediate action to ensure that people with PASC have access to the care they need. The physical therapy profession has a proud history of helping our nation move forward from tragedy — from the wounds of war, from infectious diseases such as polio, and from an overreliance on dangerous prescription drugs. We stand ready to collaborate with you and our health professional colleagues to advance the health of our country.

Appendix C: April 2021 Letter to Policymakers

In April 2021, APTA joined more than 50 other organizations in signing this letter to policymakers:

An estimated 10-30% of individuals infected with COVID-19 develop Post-Acute Sequelae of SARS-CoV-2 infection (“PASC” or “Long COVID”), regardless of whether these individuals exhibited COVID-19 symptoms. Due to the high infection rate in the United States, 3-10 million Americans are likely to experience the varied and often debilitating PASC symptoms, preventing them from fully recovering and America from restoring economic stability. A comprehensive federal plan is needed to defeat this national crisis. The undersigned groups represent the providers, clinicians, patients, patient caregivers, and other stakeholders who are most familiar with these new conditions and witness the lack of coordinated, multidisciplinary resources needed to treat the influx of individuals impacted by PASC.

A comprehensive national plan must include a commitment to three major priorities:

- (1) Resources to build necessary clinical infrastructure to address the needs of individuals with PASC;
- (2) Equitable access to care for all individuals affected by PASC; and
- (3) Continued funding for research that advances a fundamental understanding of PASC and rapid dissemination of best practices to mitigate its effects.

To develop this comprehensive plan, we recommend the immediate formation of a federal commission with a diversity of expertise to develop priority recommendations for addressing infrastructure needs and other gaps in access to timely and appropriate clinical care for all individuals with PASC.

Resources to Build Necessary Infrastructure and PASC Treatment Capacity: Currently, the rehabilitation system in the United States lacks the infrastructure and funding to meet this crisis. Over recent months, clinics to address PASC have opened throughout the country. However, the need for these clinics far outstrips the resources available. Local health systems need resources—perhaps as part of the recently enacted American Rescue Plan Act – for the necessary facilities, medical professionals, and supplies to support patients and provide expert care. Additionally, this care must be supported through appropriate reimbursement to ensure clinicians are able to provide care to PASC patients consistently. Appropriate ICD-10 codes must be developed for PASC in the immediate term and a formal provider designation for these PASC multidisciplinary clinics or another long-term payment strategy should be established under the Medicare program.

Equitable Access to Care for All Patients with PASC: All PASC patients need timely and local access to multidisciplinary care to ensure their broad and varied PASC symptoms are addressed. It is imperative that the commission’s plan address inequities in our health care system that result in diminished and limited access to sustainable quality PASC care due to race, ethnicity, neighborhood or geographic location, socioeconomic factors, and disability status. Additionally, patients who do not recover quickly need equitable access to strengthened safety-net care, including disability evaluation and benefits.

Continued Funding for Research that Advances Medical Understanding and Treatment of PASC:

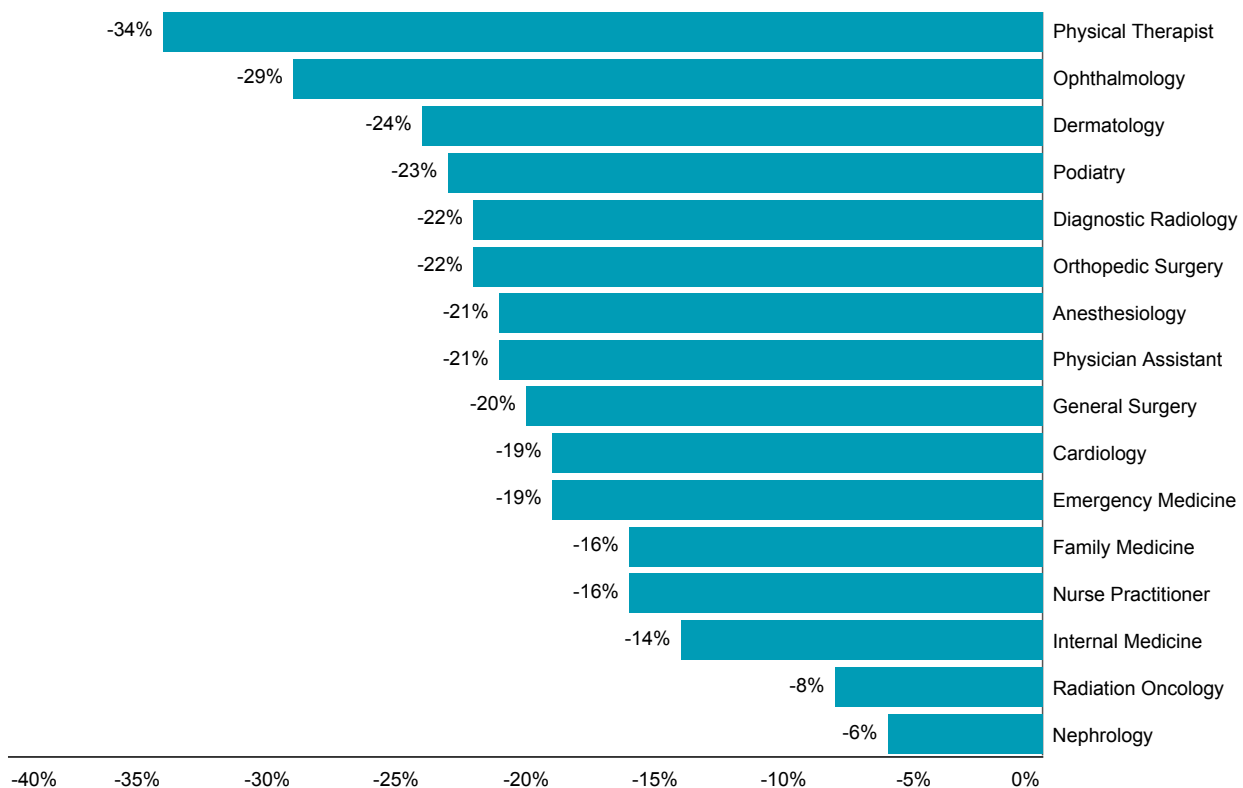
Results from ongoing and future PASC research are needed to support providers in real-time through rapid development and widespread dissemination of best practices for PASC care. Research must be inclusive of all populations, including people with disabilities and underlying health conditions.

The undersigned urge the Biden Administration to launch a federal commission of diverse experts to develop a comprehensive federal crisis plan and prioritize actions to address the care needs of patients with PASC.

Appendix D: Cumulative Reduction in Medicare Physician Fee Schedule Spending

The following data was published by the American Medical Association in their 2021 report “Changes in Medicare Physician Spending During the COVID-19 Pandemic.”

Cumulative Reduction in Medicare Physician Fee Schedule Spending



Appendix E: Timeline

Items specifically impacting the physical therapy profession are in **blue**.

Dec. 31, 2019: The World Health Organization's China Country Office is informed of a cluster of pneumonia cases of unknown cause in Wuhan, Hubei Province, leading to identification of a novel coronavirus.

Jan. 21, 2020: The United States has its first confirmed case, in Washington state, by a man who developed symptoms after a trip to Wuhan.

Jan. 30, 2020: The WHO declares a global health emergency.

Jan. 31, 2020: The Trump administration restricts travel from China.

Feb. 6, 2020: Although it will not be linked to the pandemic until April, the first known coronavirus death in America occurs in Santa Clara County, California.

Feb. 11, 2020: The WHO names the disease caused by the virus COVID-19, short for coronavirus disease 2019.

Feb. 19, 2020: If it hasn't done so already, the pandemic hits close to home for the physical therapy profession when the Life Care Center in Kirkland, Washington, has its first patient sent to the hospital for what becomes a confirmed case of COVID-19, although a 911 call had described someone at the center as having similar symptoms on January 29. By mid-March there are at least 142 cases among residents, staff, and visitors connected to Life Care Center, including 35 deaths.

Feb. 29, 2020: The first reported coronavirus death in the United States occurs near Seattle. (Earlier deaths are later discovered via autopsy.)

March 3, 2020: APTA publishes its first article related to the pandemic, "Coronavirus Reports: What We Know, and What We Don't," which notes that the risk of global spread is "very high," according to the WHO, and "reminds PTs and PTAs to follow precautions for reducing the spread of infectious diseases." Over the next month, the article generates more than 108,000 pageviews.

March 5, 2020: APTA creates a landing page for COVID-19 information and issues its first communication about association operations related to the pandemic, noting that it is "monitoring the developments," but that "all APTA events are ongoing and operations are continuing as usual." This will change six days later.

March 11, 2020: APTA suspends all in-person meetings and business travel by staff or members through April 15, 2020. This includes canceling the Federal Advocacy Forum in Washington, D.C.

March 13, 2020: President Trump declares a national emergency.

March 15, 2020: The Centers for Disease Control and Prevention recommends no gatherings of 50 or more people in the United States.

March 16, 2020: The Trump administration and the CDC announce “15 Days to Slow the Spread” recommendations. Later updated to “30 Days to Slow the Spread,” the guidelines note that “if you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.”

March 17, 2020: APTA’s board of directors issues a statement on patient care and practice management during the COVID-19 outbreak that “encourages physical therapists to use their professional judgment to determine when, where, and how to provide care, with the understanding this is not the optimal environment for care, for anyone involved.” The statement leads to record single-day traffic on APTA’s website, with more than 68,000 users and 131,000 pageviews visiting apta.org.

March 17, 2020: CMS announces it is easing Medicare telehealth restrictions in ways that could allow PTs to provide “e-visits,” a limited type of service that must be initiated by the patient. Prior to this change CMS had not recognized PTs among the health care professionals eligible to bill codes associated with such visits.

March 19, 2020: California becomes first state to issue a stay-at-home order.

March 20, 2020: APTA President Sharon Dunn, PT, DPT, board-certified orthopaedic clinical specialist, writes an open letter to the physical therapy community reinforcing that “care decisions should be based on a specific person’s needs and a risk/benefit analysis for the individual, not simply by the setting in which the care is provided. The COVID-19 outbreak changes the factors we must consider in our professional evaluation,” she continues, “but it does not change our basic responsibility to do what is best for our patients. As licensees, physical therapists are empowered and obligated to make those decisions.”

March 25, 2020: APTA joins the APTA Cardiovascular and Pulmonary Section and the APTA Academy of Acute Care Physical Therapy in endorsing Physiotherapy Management for COVID-19 in the Acute Hospital Setting: Clinical Practice Recommendations, a document published in April in the Australian Journal of Physiotherapy.

March 26, 2020: The United States becomes the country with the most confirmed COVID-19 cases: at least 81,321, with more than 1,000 deaths.

March 30, 2020: CMS issues a new rule that includes therapy codes in telehealth but stops short of allowing PTs to conduct the services described by those codes.

March 31, 2020: APTA cancels its in-person House of Delegates and NEXT Conference and Exposition, set for Phoenix, Arizona, in June. Like so many in-person meetings, both events are transitioned to an online environment.

April 10, 2020: Courtesy of the CARES Act, a \$30 billion emergency relief package begins rolling out to many health care providers – including PTs – who are caring for patients with possible or verified COVID-19. In the ensuing weeks, APTA will help members – including providers who were eligible but didn’t receive relief funds – navigate the CARES Act.

April 30, 2020: In a major shift strongly advocated by APTA members, CMS includes PTs and PTAs in private practice among providers who can bill for telehealth services provided through real-time, face-to-face technology.

May 15, 2020: BCBS of Tennessee becomes the first major insurer to adopt a permanent telehealth benefit in response to the pandemic – including telehealth services provided by PTs and others – among benefits to remain in place even after the COVID-19 health emergency ends.

May 27, 2020: The United States reaches 100,000 deaths related to the coronavirus.

May 27, 2020: Due to advocacy by APTA, its members, and other stakeholders, CMS recognizes outpatient facility-based providers among those who can bill for telehealth services furnished through real-time, face-to-face technology under Medicare.

May 27, 2020: APTA releases the first “Impact of COVID-19 on the Physical Therapy Profession” report.

June 29, 2020: The APTA Cross-Academy/Section Core Outcomes Measure Task Force releases its first set of recommendations on measures PTs should consider using to evaluate a patient’s recovery from COVID-19.

July 1, 2020: The cover story for APTA Magazine features the profession’s response to the national health emergency, with members sharing their experiences in their own words.

July 23, 2020: The Department of Health and Human Services extends the national public health emergency related to COVID-19 for another 90 days.

July 23, 2020: Major League Baseball begins a shortened 60-game season. The Women’s National Basketball Association starts its season two days later. The National Basketball Association resumes its season, which went into hiatus on March 11 due to the coronavirus, on July 30. All three leagues play games without fans in attendance and with restrictions in place to try to limit exposure to the coronavirus.

August 3, 2020: Among provisions of its proposed 2021 Medicare physical fee schedule, CMS proposes to permanently allow PTs to furnish and bill e-visits, virtual check-ins, and remote evaluations of recorded video and images (communications technology-based services).

August 7, 2020: APTA announces that the 2021 Combined Sections Meeting, scheduled for Feb. 24-27 in Orlando during APTA’s centennial year, will be transitioned to virtual in the interest of public health. “Simply put, as the COVID-19 pandemic continues, there is no evidence to suggest that a mass gathering like CSM will be safe in February 2021,” the statement explains. “As a health care association, we cannot risk the health of our attendees or the people they serve.”

September 28, 2020: Global deaths related to COVID-19 reach 1 million.

October 2, 2020: President Trump is reported as having tested positive for COVID-19.

November 4, 2020: For the first time, 100,000 COVID-19 cases are reported in a single day in America.

December 8, 2020: President-elect Joe Biden sets a goal to get at least 100 million COVID-19 vaccinations administered within the first 100 days of his administration.

December 10, 2020: The Food and Drug Administration endorses the first COVID-19 vaccine, made by Pfizer. Shipments begin days later.

January 1, 2021: CMS permanently recognizes PTs and facility-based PT providers as eligible to furnish and bill communication technology-based services: e-visits (98970-72); remote assessment of pre-recorded image and video (G2250); and virtual check-ins (G2251).

January 7, 2021: The United States sees more than 4,000 COVID-19 related daily deaths and 300,000 daily COVID-19 cases – both records.

February 22, 2021: The United States surpasses 500,000 deaths associated with COVID-19.

March 15, 2021: An American Medical Association analysis finds that physical therapy was the most severely impacted specialty during the pandemic when it came to payment through the Medicare physician fee schedule, with an estimated drop of 34% in spending from January to June of 2020.

March 18, 2021: APTA releases a practice advisory on vaccine administration.

March 23, 2021: Reintroduction of the Expanded Telehealth Access Act (H.R. 2168) specifically adds PTs, PTAs, OTs, OTAs, SLPs, audiologists, and facility-based providers as authorized providers of outpatient telehealth services.

March 24, 2021: APTA hosts a livestream discussion with physical therapists living with post-acute sequelae of SARS-CoV-2 infections, or PASC, sometimes referred to as “long COVID.”

March 31, 2021: APTA joins the American of Physical Medicine and Rehabilitation in calling on President Biden, his administration, and Congress to establish a national plan to address the needs of the growing number of individuals with PASC.

April 1, 2021: A feature in APTA Magazine takes a deep dive into the “myths and mysteries” of post-intensive care syndrome – what it is, the role of physical therapy, and how the COVID-19 pandemic has increased focus on the syndrome.

April 2, 2021: The CDC updates its travel guidance for fully vaccinated people, recommending that they can travel “at a low risk to themselves.”

April 20, 2021: HHS Secretary Becerra renews the COVID-19 public health emergency for an additional 90 days. This renewal, in conjunction with the national health emergency declaration issued by President Trump on March 13, 2020, means that PTs and PTAs in private practice and within health care facilities will continue to be covered by the temporary Medicare regulatory waivers and new rules that allow for flexibility to respond to COVID-19 pandemic, including telehealth services.

April 21, 2021: Ahead of his 100th day in office, President Biden announces that Americans have received 200 million COVID-19 vaccinations, double his December goal.

About This Report

This report uses data from three surveys. Between April 24 and May 11, 2020, APTA surveyed a representative sample of 5,400 PTs and 1,100 PTAs to gauge the impact of the COVID-19 pandemic on the physical therapy profession. APTA performed a follow-up survey between July 2 and 22, 2020, with 1,813 PTs and 271 PTAs responding. The third survey was conducted between March 16 and April 5, 2021, with 1,066 PTs and 236 PTAs responding.

