



APTA Physical Therapy Supply and Demand Forecast: 2022-2037

A Report From the American Physical Therapy Association

March 2025

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This report is a companion to the article **“Current and Projected Future Supply and Demand for Physical Therapists From 2022 to 2037: A New Approach Using Microsimulation,”** published in *PTJ: Physical Therapy & Rehabilitation Research*, Volume 105: Issue 3, and its online supplement.

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Executive Summary

Meeting society's growing needs for physical therapy requires a large and diverse workforce. Forecasting the supply and demand for physical therapists is valuable for reaching those goals by providing helpful insights for policymakers, educators, professionals, and those considering a career in physical therapy. APTA collaborated with leading workforce researchers at the Center for Health Workforce Studies and GlobalData Plc. to develop a supply and demand forecast from 2022 to 2037. The APTA Scientific and Practice Affairs Committee and a technical advisory group of physical therapists reviewed the APTA survey study design, helped test the survey instrument, and provided insights on overall preliminary findings.

The project resulted in a research article, [“Current and Projected Future Supply and Demand for Physical Therapists From 2022 to 2037: A New Approach Using Microsimulation,”](#) published in PTJ: Physical Therapy & Rehabilitation Research in March 2025.

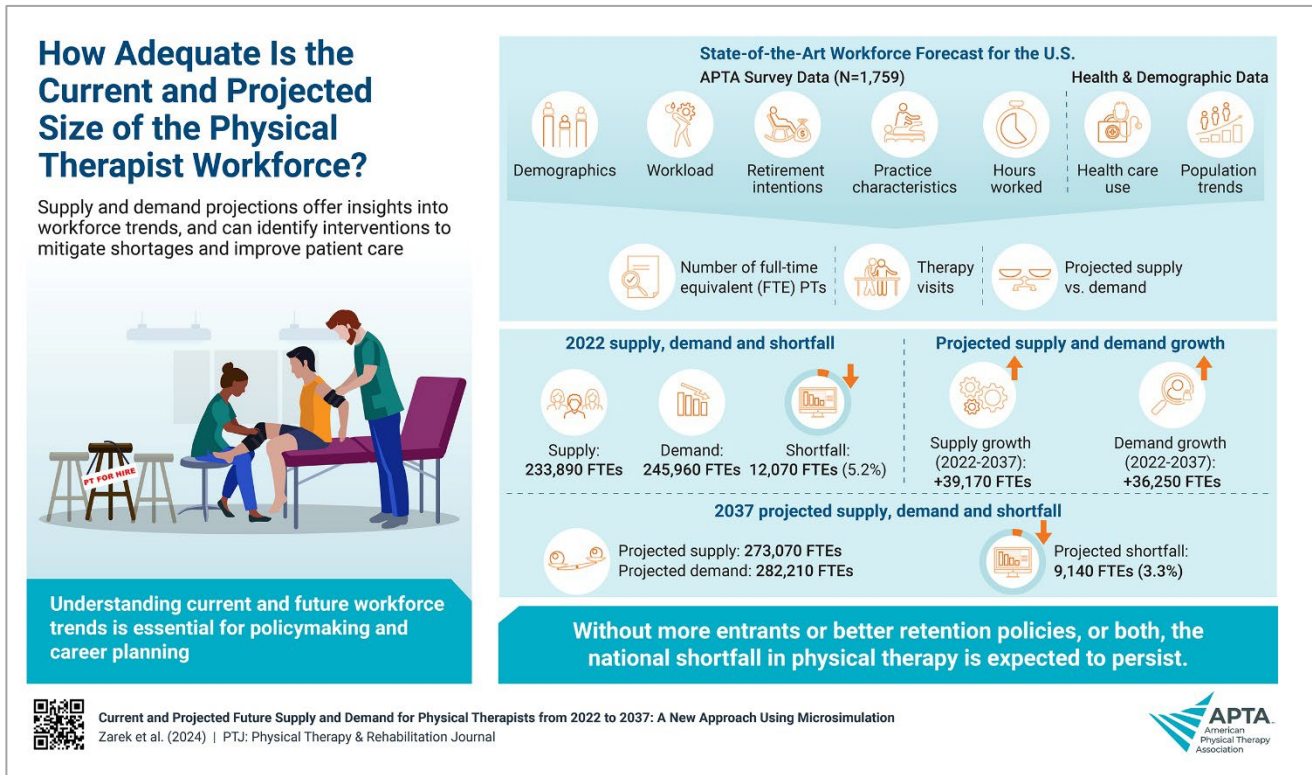
This report, “APTA Physical Therapy Supply and Demand Forecast 2022-2037,” is a companion to the PTJ article. In this report, you will find:

- Results from the APTA 2024 Workforce Survey and the supply and demand forecasts, including Alternative Scenarios.
- Survey respondents’ thoughts about the future of the profession and causes of shortages.
- Research needs that will allow for more accurate estimates and forecasts, including for PTAs.
- Current policy initiatives that could address shortages.
- An appendix summarizing how the supply and demand forecasts were made.

At the core of the forecast published in PTJ is a [microsimulation approach similar to that used by the U.S. Health Resources & Services Administration, or HRSA](#), enhanced with an original survey of APTA physical therapist members in 2024. The 2024 APTA Physical Therapist Workforce Survey provides crucial data – not otherwise available – that informs our understanding of providers’ workload, hours, capacity to meet current demand, and intentions to retire or leave the profession. The survey data contributed to modeling exits from the workforce, calculating the number of full-time equivalent PTs, and estimating initial shortfalls in supply compared with demand.

APTA's workforce forecasting project includes a Baseline Scenario forecast from 2022 to 2037 and five Alternative Scenarios. The Baseline Scenario estimates a shortage of 12,070 full-time equivalent physical therapists in 2022; by 2037, the demand for physical therapist services is projected to grow by 14.7%, compared with an 8% growth in the population. At the same time, the physical therapist supply is projected to increase by 16.8%. This indicates that the 5.2% shortfall in supply in 2022 is estimated to be 3.3% in 2037. However, improved health care access, new health conditions benefiting from physical therapy, and practice area expansion could substantially increase demand, widening the shortage gap even further.

APTA developed this infographic to summarize the findings and methodology leading up to the forecast.



To meet rising demand, APTA is committed to encouraging workforce entrants, enhancing retention, and supporting productivity. Attaining these goals means increasing payment and wages, reducing debt from student loans, protecting and increasing therapists' autonomy, reducing administrative burdens, outlining pathways for qualified internationally trained applicants to practice in the United States, and supporting reentry into the workforce for those temporarily absent from clinical care.

Introduction

Policymakers, professional associations, and patient advocates have long been concerned about shortages of health care workers. With roughly a quarter-million practitioners, physical therapists are [one of the larger health care professions](#). Thus, research on the supply and demand for physical therapists is essential for health care planning in the United States and ensuring accessible, available services. In addition, higher education programs, people considering a career in physical therapy, and industry leaders also benefit from such studies.

In 2024, to understand the current and future supply of and demand for physical therapist services, APTA engaged leading health care workforce researchers to generate supply and demand estimates for 2022 and forecasts up to 2037. The research methods and key results were published in [“Current and Projected Future Supply and Demand for Physical Therapists From 2022 to 2037: A New Approach Using Microsimulation,”](#) published in *PTJ: Physical Therapy & Rehabilitation Research* in March 2025.


The research project included the APTA 2024 Physical Therapist Workforce Survey, an original survey of currently practicing physical therapists. The survey determined physical therapists’ workload – hours, number of patients, etc. – their capacity to see all patients who sought care, and their plans to retire or leave the profession in the next year. Because forecast models are based on assumptions, the member survey allowed the researchers to enhance the models with recent information about the profession. For example, survey responses captured plans for exiting the profession, providing insights into the attrition of physical therapists that we incorporated into the supply forecasts. Other responses allowed us to estimate the current shortfall in physical therapist supply. Details about the survey, including response rates can be found in the appendix to this report, and more information is in the online supplement to the study published in *PTJ*.

Highlights of Findings

Below are highlights from the research. [See the original article and its online supplement](#) for additional details on the research and its methods and limitations.

- There were approximately 233,890 full-time equivalent physical therapists in the United States in 2022.

- There was a national shortfall of 12,070 physical therapist FTEs in 2022 — about 5.2% fewer physical therapists than needed to meet the estimated demand. This shortage is forecast to fluctuate over time, increasing to 8.2% in 2027 and shrinking to 3.3% in 2037.
- Because uncertainty surrounds any forecast's underlying assumptions about the future, alternative forecasts using different key assumptions were central to the project.
 - If fewer physical therapists enter the workforce annually than currently (-10%) **and** demand expands substantially due to large reductions in multiple barriers to patient access to services, the forecast for 2037 is 22.9% **fewer** physical therapists than needed to meet demand.
 - On the other hand, if there are more workforce entrants annually than currently (+10%) **and** demand is adjusted only for population and demographic changes, the forecast for 2037 is 2.5% **more** physical therapists than needed to meet demand.
- Some states have a physical therapy workforce that exceeds the national average of supply per service (typical physical therapy care usage by condition). In contrast, others fall below that threshold, most notably in the South and West.
 - However, substantial geographic variation within states exists in the supply-to-demand comparison. Even for states where the statewide supply appears sufficient at the national average level of care, significant variation exists at the local level. Many respondents in all areas of the country reported that they could not meet local demand.
- The APTA 2024 Physical Therapist Workforce Survey asked practicing members about their patient workload and capacity:
 - About 18.8% of respondents reported they could provide care to all who requested appointments **and** could have accommodated more appointments without extending work hours.
 - About 24.1% of respondents reported they could provide care to all who requested appointments but could **not** have accommodated more patients without extending work hours.
 - About 32.5% of respondents reported they could provide care to all who requested appointments by extending work hours to accommodate that demand.



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- Finally, about 25.5% of respondents reported that they could not accommodate local demand.
- About 36.4% of survey respondents saw increased patient visits in the past year (48.4% saw no change, and 15.2% saw a decrease). Respondents who stated they could not care for all potential patients were significantly more likely to report increased patient visits.
- About 5% of survey participants reported plans to retire or leave the profession in the next year. Work settings where respondents were most likely to report plans to retire or leave the profession were the patient's homes/home care (9%) and skilled nursing facilities/long-term care (8.9%).
- Additional research is needed to determine the degree to which physical therapist assistants can alleviate shortages. Recent changes in federal policy under Medicare Part B have reduced the level of supervision for PTAs from direct to general in outpatient settings, now aligning with the general supervision requirements in all other Medicare settings. Within most states, which also permit general supervision, reducing this burden may ease patient access challenges that influence demand (such as by providing care to those currently underserved or unserved) or reduce challenges to supply (by adding to the care provided by PTs).

Policy and Advocacy Implications

Without strategic interventions such as increasing the number of physical therapist graduates, retaining more of those in the profession, or attracting internationally trained providers, shortages of physical therapists and geographic imbalances suggest that patients may face challenges in accessing timely or sufficient care. Concerns to be addressed include:

- Increasing payment and wages.
- Reducing debt from student loans.
- Protecting and increasing the autonomy of therapists.
- Reducing administrative burdens.
- Increasing pathways for qualified internationally trained applicants to practice in the United States.
- Easing reentry into the workforce for those temporarily absent from clinical care.

Examples of contemporary policies that APTA advocates for addressing these complex concerns are found under Policy Implications of the Findings ([Page 19](#)).



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Additional Workforce Research by APTA


A separate study by APTA and the APTA Private Practice Section provides corroborating evidence of a shortfall in physical therapy supply. The [APTA Benchmark Report: Hiring Challenges in Outpatient Physical Therapy Practices, 2024](#), found that approximately 1 in every 7 or 8 positions for both physical therapists and physical therapist assistants at outpatient practices were open in 2024. As mentioned in that report, the vacancy rate in these practices has declined since the pandemic but remains significantly higher than that for other industries nationwide. In [another study, APTA surveyed primary care physicians in 2024 and found that approximately one-third of physician respondents](#) felt there were insufficient physical therapists and physical therapy clinics in the community where they practiced.

APTA's [website](#) provides additional reports on physical therapy workforce demographics, wages, and the impact of student debt.

Future Workforce Research Needs

Improved data and further research are critical to ensuring that the growing demand for physical therapist services is met, particularly as conditions requiring physical therapy increase with the growing and aging population. In addition, forecasts need to be periodically updated to incorporate changes in policies, demographics, and the social environment that affect the health care economy, including the workforce. [The Research Agenda for Physical Therapy](#) from APTA [published](#) in PTJ: Physical Therapy & Rehabilitation Journal dedicates one of the six areas in the agenda to workforce research, including studies of the labor force, workforce exits and entrants, provider demographics and characteristics, organizational structure and practice environment, geographical distribution of providers, and utilization of services.

Findings from the 2024 APTA Physical Therapy Workforce Survey were incorporated into the U.S. Department of Health and Human Services' Health Resources and Services Administration's [Workforce Projections dashboard](#). APTA's research on providers' workload, hours, retirement plans, etc., is valuable because it demonstrates that supply and demand forecasts should not start with supply equaling demand. The APTA Physical Therapy Workforce Survey identified a shortage of physical therapy care at baseline and HRSA subsequently adopted that data to better inform its model. This data will need to be refreshed periodically, along with



Research into rural shortages, geographic imbalances, policy and technology changes, the role of physical therapist assistants in meeting demand, and other topics is also needed, as is research into interventions to address shortages — understanding what helps attract and retain workers.

updates regarding health care access and use. Research into rural shortages, geographic imbalances, policy and technology changes, the role of physical therapist assistants in meeting demand, and other topics is also needed, as is research into interventions to address shortages – understanding what helps attract and retain workers.


Future research and data development for workforce forecasting in physical therapy should address key gaps to enhance decision-making. First, a standardized dataset on the physical therapy workforce, including physical therapist assistants, is essential.

Previously, APTA and the Federation of State Boards of Physical Therapy collaborated with the National Center for Health Workforce Analysis to create a Physical Therapy Minimum Data Set

to facilitate data collection to describe the physical therapist and physical therapist assistant workforce. APTA supports FSBPT's call for the new Cross-Profession Minimum Data Set by the Healthcare Regulatory Research Institute, including a road map and [toolkit](#) – with links to solutions implemented by several states – for collecting a minimum dataset at each regulatory jurisdictional level. The Health Workforce Technical Assistance Center's [Data Collection Inventory](#) links to state workforce data and the Federation of State Boards of Physical Therapy's workforce page connects to [jurisdiction workforce reports](#).

Second, studies should continue exploring dynamics that are difficult to predict, such as worker migration, attrition, and the role of physical therapist assistants in addressing shortages or reducing barriers to care access. Third, forecasts must adapt to changes in policy, technology, and health care usage. These changes are hard to predict, but forecast scenarios will need updating as the potential impacts of these changes come into better focus with reliable data or hypotheses. Finally, more information is needed about the distribution of providers by practice and specialty areas, as well as understanding those who have taken a hiatus and may or may not be returning to the workforce: How common is this, how does it impact supply, and what influences decisions to return to practice?

Advances in these areas will improve workforce forecasting, address care disparities, and align with global trends in health care workforce planning. By prioritizing research and data-driven strategies, the physical therapy profession can lead in developing innovative solutions to meet the evolving needs of patients and the health care system.




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APTA 2024 Physical Therapist Workforce Survey: Workforce Capacity and Attrition

APTA conducted a survey of member physical therapists in the spring of 2024 to inform the workforce forecasts. This APTA 2024 Physical Therapist Workforce Survey collected data on work hours, patient workload, time spent on patient care, intentions to retire or leave the profession, and opinions about local shortages and the profession's future. Details about the survey, including response rates, can be found in the appendix to this report, and more information is in the online supplement to the study published in PTJ.

Capacity

Labor forecasts sometimes begin with the assumption that current supply meets current demand. However, there is reason to believe this assumption does not hold, particularly in health care professions; for instance, vacancy rates tend to be higher in health care than in other industries. The purpose of the APTA Physical Therapy Workforce Survey was to help establish a more accurate calculation of baseline physical therapy capacity in the United States.



About 72% of respondents reported either a shortage in capacity to meet local demand (57%) or being at the limit of their capacity (24.1%).

From the APTA 2024 Physical Therapist Workforce Survey, we learned that 24.1% of practitioner respondents could provide care to all who requested appointments but could not accommodate more patients without extending work hours. In other words, slightly less than a quarter of respondents fit the common starting-point assumption that supply meets demand: These providers did not face unmet demand in their practice, nor did they have surplus capacity to see more patients.

Another 18.8% of respondents reported they could provide care to all who requested appointments and could have accommodated more without extending work hours. These providers have unused or surplus capacity. The median number of additional weekly appointments they stated they could have accommodated was five.

However, 31.5% of respondents reported they could provide care to all who requested appointments, but they had to extend work hours to meet that demand. The median number of additional weekly appointments they accommodated by extending work hours was four. Finally, 25.5% of respondents reported that they could not accommodate local demand; they had greater patient needs in their area or a waiting list that could not be seen. The median number of additional weekly appointments that this group could **not** accommodate was five. Thus, about 72% of respondents reported either a shortage in capacity to meet local demand (57%) or being at the limit of their capacity (24.1%).

Altogether, based on the number of hours worked, patients seen and not seen, and capacity, the survey indicates that the current national shortage of physical therapist capacity converted to full-time equivalent units is about 5.2% or about 12,070 FTEs. This baseline shortfall in capacity was used in the supply and demand forecast model and adopted by HRSA. One-third of participants who extended their hours to accommodate more patients did not believe that additional physical therapist assistants or aides would have alleviated the situation. However, more research is needed on the relationship between physical therapist assistants and meeting local demand.

There is an association between the wait time for a new patient to be evaluated and the practitioners' reported capacity to meet local demand (see Table 1). The less capacity a respondent reported, the longer the wait times for new patients. Likewise, survey respondents who agreed there was a local shortage of physical therapists reported longer average wait times (see Table 2).

Table 1. Median and Average Wait Times and Practice Capacity

Self-Reported Practice Capacity		Number of Days New Clients Wait to Be Seen	
		Median	Average
Can accommodate more patients.	18.8%	2	6.6
Able to provide care to everyone but cannot accommodate more patients.	24.1%	7	12
Able to provide care to everyone but had to extend hours.	31.5%	7	9.3
Unable to provide care to everyone.	25.5%	20	27

Source: APTA 2024 Physical Therapist Workforce Survey

Note: The difference in average wait times between the last category (“unable to provide care to everyone”) is statistically significantly higher than the other categories in Table 1 ($p < .001$ for each comparison).

Table 2. Median and Average Wait Times and Estimates of Local PT Shortages

How Would You Rate the Current Supply of Physical Therapists in Your Local Area?		Number of Days New Clients Wait to Be Seen	
		Median	Average
There is a shortage.	59.8%	10	17
The current supply is adequate.	35.3%	5	10
There is an oversupply.	5.0%	3	7.3

Source: APTA 2024 Physical Therapist Workforce Survey

Note: The average wait time for those reporting a local shortage is statistically significantly higher than the other categories ($p < .001$ for each comparison).

Hours and Attrition

The supply forecasts include age- and gender-based adjustments to work hours based on the results of the APTA 2024 Physical Therapist Workforce Survey (see [Figure 1](#)). (The respondents only include physical therapists currently in active patient care.) Hours per week of work are relatively consistent until PTs reach their mid-50s, when hours decrease with additional years of age. Men, on average, self-report working slightly more hours per week than women.

About 5% of respondents in APTA’s survey reported plans to retire or leave the profession in the next year, and nearly one-fourth of the current PT workforce will reach age 65 in the next decade. Practice settings where respondents were most likely to report plans to retire or leave the profession were patients’ homes/home care (9%) and skilled nursing facilities/long-term care facilities (8.9%). [Table 3](#) displays the rates by gender and age group. The notable spike in women's intentions to leave the profession in the 31-40 age group may reflect an increase in planning for or meeting family responsibilities. Similar data on how many and when physical therapists return to the profession after time away was beyond the scope of the survey, and more research might provide insights in this area. [Figure 2](#) shows the probability of physical therapists over age 50 retiring or otherwise leaving the workforce. This provides greater insight into the variation of attrition by age than was previously available and the information was used to enhance the workforce forecast model projections.



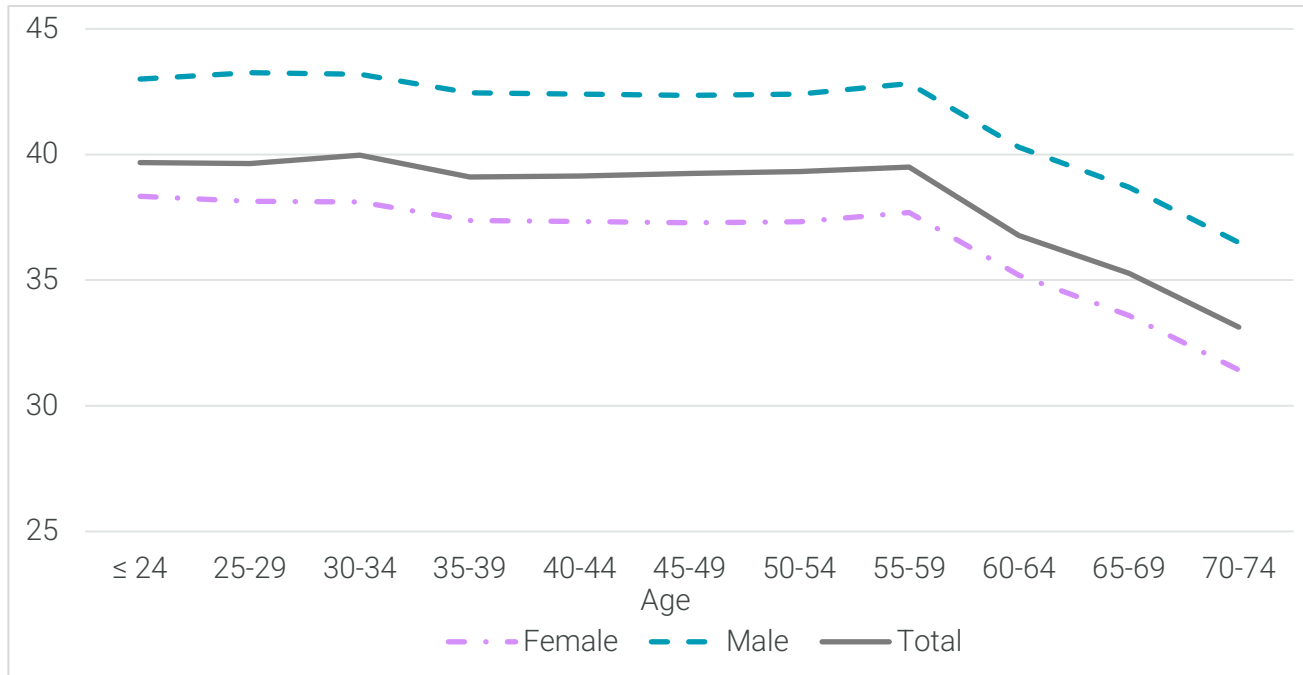
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Table 3. Intentions to Retire or Leave the Profession in the Next Year, by Gender and Age Groups

Age	Men	Women	Men and women
24-30	0.9%	1.0%	1.0%
31-40	1.5%	5.7%	4.5%
41-50	2.8%	2.0%	2.2%
51-60	1.1%	3.8%	2.9%
61-70	13.9%	23.8%	20.4%
71-85	23.6%	21.4%	22.6%
All ages	3.8%	5.8%	5.1%

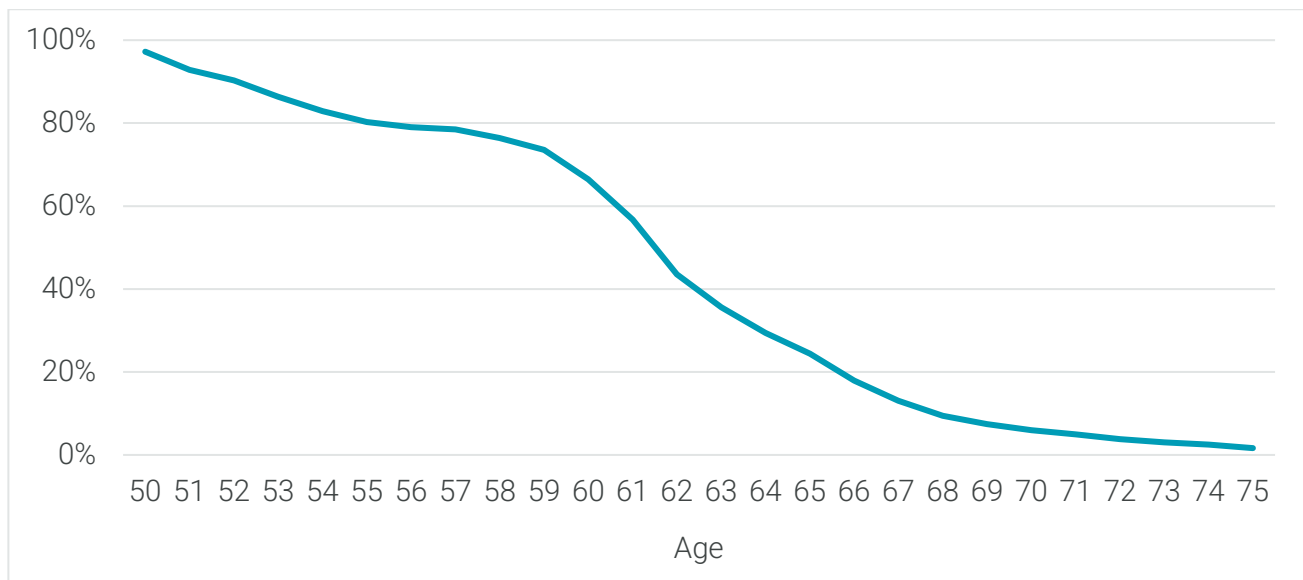
Source: APTA 2024 Physical Therapist Workforce Survey

Figure 1. Average Weekly Hours Worked, by Physical Therapist Sex and Age Group



Source: APTA 2024 Physical Therapist Workforce Survey

Figure 2. Probability of Physical Therapists Aged 50-75 Remaining in Practice




Source: APTA 2024 Physical Therapist Workforce Survey

Opportunities and Concerns About the Causes of Shortages

The 2024 APTA Physical Therapist Workforce Survey included an open-ended question to solicit comments about the current or future practice of physical therapists. The responses to that question identified several opportunities for attracting and retaining physical therapists. Respondents also discussed how shortages may affect patient care and increase stress within the workforce.

1. **Administrative burden.** Survey participants expressed dissatisfaction with excessive paperwork and administrative tasks driven by insurance requirements or the number of patients seen. These tasks can take time away from direct patient care, reduce time in reimbursable or paid activities, and decrease feelings of efficacy.
2. **Payment.** Many respondents expressed frustration with reimbursement rates, particularly from Medicare, which they feel are unsustainable, depress incomes, and do not reflect the value of their services. Respondents worried that this might force clinics to see more patients, reduce the time spent per patient, and increase each provider's daily paperwork burden, as paperwork accrues with each patient seen.
3. **Autonomy.** Many respondents felt that insurance companies or workplace policies influence how physical therapists practice health care, limiting their autonomy and ability to provide optimal care.
4. **Burnout.** Respondents recognized that a combination of low payment, salary stagnation, increasing workloads, and decreased autonomy can lead to burnout. Survey participants believed this contributes to a high turnover rate, particularly among younger PTs, and shortages, particularly in rural areas.
5. **Student debt.** [Physical therapy education costs often leave graduates with substantial debt.](#) Respondents fear this deters potential students from entering the profession or causes PTs to leave the profession for higher-paying fields.

Altogether, some workplace or industry-wide factors may create a cycle that places increasing pressure on existing physical therapists and physical therapist assistants: the shortage of providers and low payment can generate more appointments for existing providers, which, along with structural and economic conditions in the industry, leads to escalating administrative burdens and a lack of autonomy. These factors can eventually cause employee burnout or turnover, even as demand grows, perpetuating the pressures on remaining providers.



Altogether, some workplace or industry-wide factors may create a cycle that places increasing pressure on existing physical therapists and physical therapist assistants.

Examples of contemporary policies that APTA advocates for addressing these complex concerns are found under Policy Implications of the Findings ([Page 19](#)).

Forecast Scenarios and Findings

Methods to conduct workforce forecasts and the data to inform them are evolving regularly. At the core of the forecast published in PTJ is a [microsimulation approach similar to that used by the U.S. Health Resources & Services Administration, or HRSA](#), enhanced with an original survey of APTA physical therapist members in 2024. The 2024 APTA Physical Therapist Workforce Survey provides crucial data – not otherwise available – that informs our understanding of providers' workload, hours, capacity to meet current demand, and intentions to retire or leave the profession. The survey data contributed to modeling exits from the workforce, calculating the number of full-time equivalent PTs, and estimating initial shortfalls in supply compared with demand. HRSA incorporated APTA's survey research into its [most recent forecasts](#).

APTA's forecast starts with estimates of supply and demand in 2022 – the latest year for which we had data on licensed PTs per state – and includes 15 annual adjustments, ending in 2037. This report's appendix provides a brief overview of how the supply and demand forecasts were made.

Forecasts depend on assigning future values to factors affecting supply, such as entries and exits from the workforce, and the demand for services such as patient physical therapy use patterns, including the impact of aging. Because these values are assumptions about future trends, the forecasts inherently involve some uncertainty. Thus, in addition to the findings from the study's Baseline Scenario, five Alternative Scenarios – forecasts made with assumptions that differ from the baseline – are presented to examine how varying these values affect the findings.

Forecast Scenarios

Baseline supply and demand

Reduced Barriers ⇒ higher demand

Fewer Entrants ⇒ lower supply

More Entrants ⇒ higher supply

Earlier Exits ⇒ lower supply


Later Exits ⇒ higher supply

The 2024 APTA Physical Therapist Workforce Survey provides crucial data — not otherwise available — that informs our understanding of providers' workload, hours, capacity to meet current demand, and intentions to retire or leave the profession.

Baseline Scenario

The Baseline Scenario estimated an FTE supply of 233,890 physical therapists. Based on the excess demand estimated from the APTA 2024 Physical Therapist Workforce Survey, initial demand was set at 245,960 FTEs. In other words, the nation lacked about 12,070 FTE physical therapists in 2022, a 5.2% capacity shortfall in meeting physical therapy demand.

According to the Baseline Scenario, demand is forecasted to exceed overall U.S. population growth, because demand is fueled by population aging, not just population growth. By 2037, the demand for physical therapist services is projected to grow by 14.7%, compared with an 8% growth in population. This increase in demand reflects 36,250 FTEs' worth of physical therapist services.



By 2037, the demand for physical therapist services is projected to grow by 14.7%, compared with an 8% growth in population.

In addition, the Baseline Scenario (see [Table 4](#) and [Figure 3](#)) forecasts an increase in supply from 2022 to 2037 (16.8%) that is slightly higher than the increase in demand during the same time period (14.7%). This indicates that the 5.2% shortfall in supply in 2022 is estimated to decrease to 3.3% in 2037 under the Baseline Scenario.

In FTEs, the forecasted 2037 shortfall is 9,140. However, the shortfall varies by year. In the short term, the Baseline Scenario forecasts an increase in the shortfall to 8.2%, or 19,700 FTEs, in 2027, while the 10-year forecast projects a 6.5% shortage, or 16,640 FTEs, in 2032.

Alternative Scenarios

Alternative Scenarios are adjustments to the Baseline Scenario that alter important factors influencing the supply and demand forecasts. These “what if” scenarios represent the impact of changes in the workforce projection's assumptions, allowing some reflection on future uncertainties. Four Alternative Scenarios involve supply forecasts (earlier or later exits from the field and more or fewer entrants), and a fifth alternative involves forecasted demand (reduced barriers to physical therapy access). The results of the alternatives are presented in [Table 4](#) and [Figures 3-3c](#).

Table 4. Supply and Demand Estimates for Various Scenarios, 2022 to 2037

	2022	2027	2032	2037	2037 minus 2022	% Change (2022- 2037)	% Supply to Demand Difference in 2037	Supply minus Demand in 2037
Baseline Scenario								
Supply	233,890	239,290	254,880	273,070	39,180	16.8%	-3.3%	-9,160
Demand	245,960	258,990	271,520	282,230	36,270	14.8%		
Alternative Supply Scenarios								
Earlier Exits (by 2 years)	233,890	231,930	246,800	264,760	30,870	13.2%	-6.6%	-17,470
Later Exits (by 2 years)	233,890	246,060	262,860	281,260	47,370	20.3%	-0.3%	-970
More Entrants (by 10%)	233,890	245,250	266,330	289,520	55,630	23.8%	2.5%	7,290
Fewer Entrants (by 10%)	233,890	233,360	243,450	256,610	22,720	9.7%	-10.0%	-25,620
Alternative Demand Scenario								
Reduced Barriers	272,990	288,030	302,630	315,380	42,390	15.5%	-15.5%	-42,310

Note: All estimates are for full-time equivalent physical therapists. The supply and demand differences are calculated using demand from the Baseline Scenario, except for the final row, which uses the Baseline supply compared with the Reduced Barriers demand. The Reduced Barriers Scenario assumes that current and future populations have increased service access or demand (see the text of this report for details).

Earlier or Later Exits Scenarios

These two scenarios model the impact of workers retiring or leaving the profession two years earlier or two years later, on average, than current trends. (See [Figures 3](#) and [3a](#)).

- Under the two-year Earlier Exits Scenario, the shortage of physical therapists will increase to 11.7% in 2027. By 2037, the shortfall is projected to be twice that of the Baseline Scenario (6.6% compared with 3.3%), indicating the workforce is sensitive to retirements and other exits.
- Under the two-year Later Exits Scenario, the shortage is forecast to nearly disappear (falling to just 0.3%) by 2037. However, in the shorter term, the shortage is estimated to be 5.3% in 2027 and 3.3% in 2032, even with exits delayed two years.

More or Fewer Entrants Scenarios

The Baseline Scenario assumes a constant annual flow of 12,240 new entrants – from domestic and international sources – into the PT workforce. While the number of DPT program graduates has

grown over the past two decades, such growth will only continue with increased investment in graduate physical therapist education. Therefore, to be cautious about assuming that past growth will continue uninterrupted, the Baseline Scenario treats workforce entrants as a constant. However, we developed two Alternative Scenarios to relax this assumption and modified the 12,240 annual entrants by 10%. The More Entrants Scenario models a 10% increase (13,470) in annual entrants to the profession, while the Fewer Entrants Scenario models a 10% decrease (11,020) in yearly workforce entrants. (See [Figures 3 and 3b](#)).

- The 10% More Entrants Scenario is the only forecast that eventually results in an FTE supply above demand. By 2037, the projected supply will be about 2.5% above the projected demand. Note that this scenario forecasts a supply higher than demand only near the end of the 15-year forecast. At the 10-year mark, for example, the forecast is still for a shortage of about 2%, or 5,190 FTEs.
- On the other hand, under the 10% Fewer Entrants Scenario, supply drops to 10% below demand in 2037. This represents an FTE shortage of 25,600.

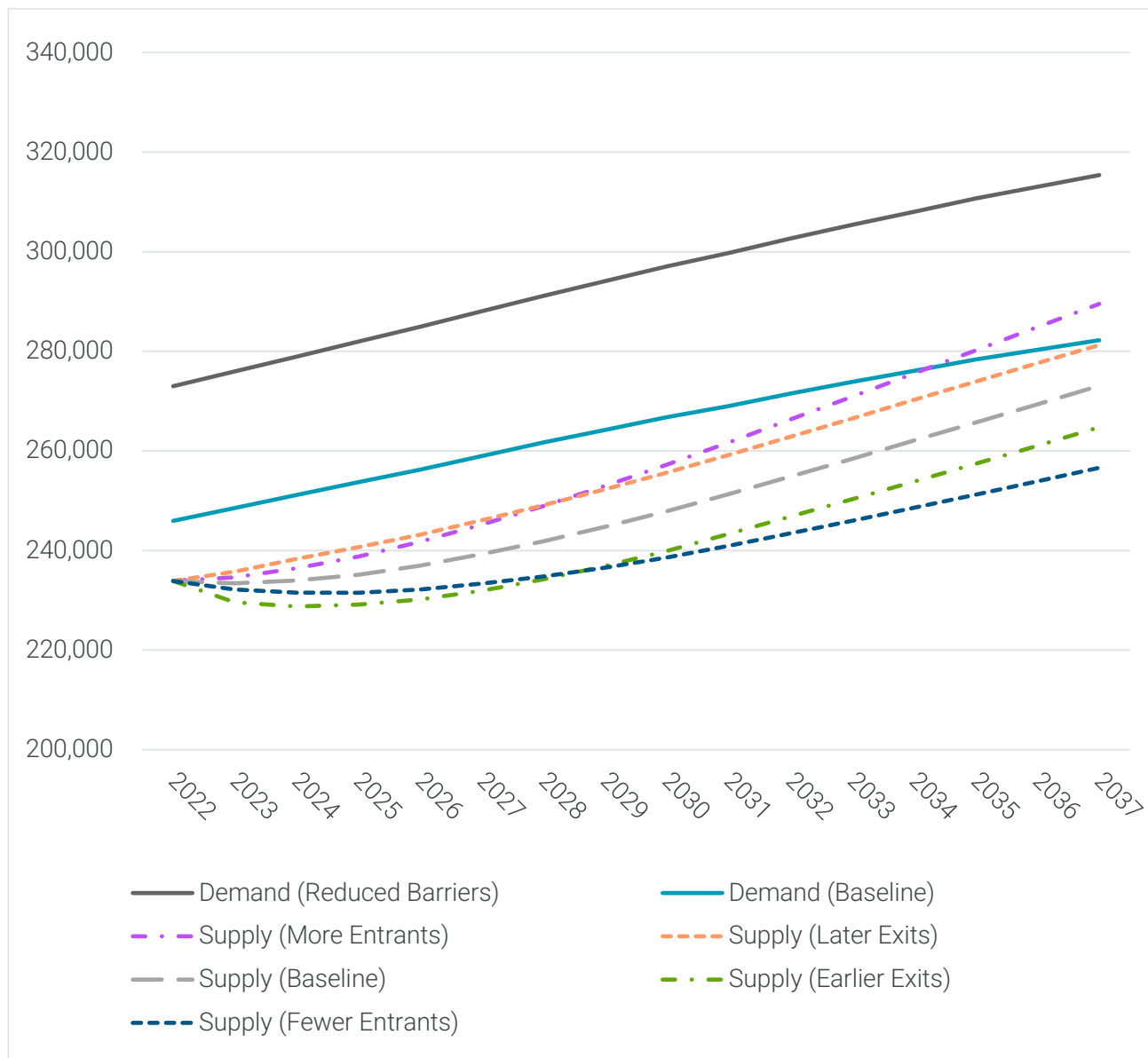
Reduced Barriers Scenario

Looking at adjustments to the Baseline Scenario from the demand side, we considered the impact of increased access to physical therapist services – what would happen if historically underserved populations had greater access to health care? The Reduced Barriers Scenario considers three factors that impact access to health care: insurance coverage, population area, and race/ethnicity. For this scenario, all individuals in the simulated population are modeled as having the health care use patterns like those who are “greater-access consumers”: they are insured, live in a metropolitan area, and are non-Hispanic whites.

Not surprisingly, demand for physical therapist services would rise significantly if barriers to health care were reduced and more members of society had access to necessary physical therapy. The Reduced Barriers Scenario increases the demand forecast by roughly 11%-12% in each of the four forecast periods and over the 15-year period by 15.5% instead of 14.7% (see [Table 4](#)). In terms of FTEs, if this forecast were to come true, the 2037 FTE shortage would increase significantly from the Baseline Scenario projection of 9,140 to 42,312. [Figure 3c](#) shows baseline demand versus the Reduced Barriers Scenario and the two entrants variables.

Although this degree of improved health equity may be difficult to achieve in the short term, it predicts that increases in health equity will likely necessitate a larger physical therapist workforce. Other factors, of course, could also increase demand. For instance, if physical therapists expand their practice into areas not currently modeled, this would be another way in which demand would increase and necessitate an increase in supply.

Figure 3. Supply and Demand Projections for FTE Physical Therapists, 2022-2037



Source: Current and Projected Future Supply and Demand for Physical Therapists From 2022 to 2037: A New Approach Using Microsimulation. Zarek, et al. PTJ: Physical Therapy & Rehabilitation Journal. 2025;105:3. doi.org/10.1093/ptj/pzaf014. Reproduced under the terms of the Creative Commons Attribution License.

Figure 3a. Baseline Versus Reduced Barriers (Higher Demand)

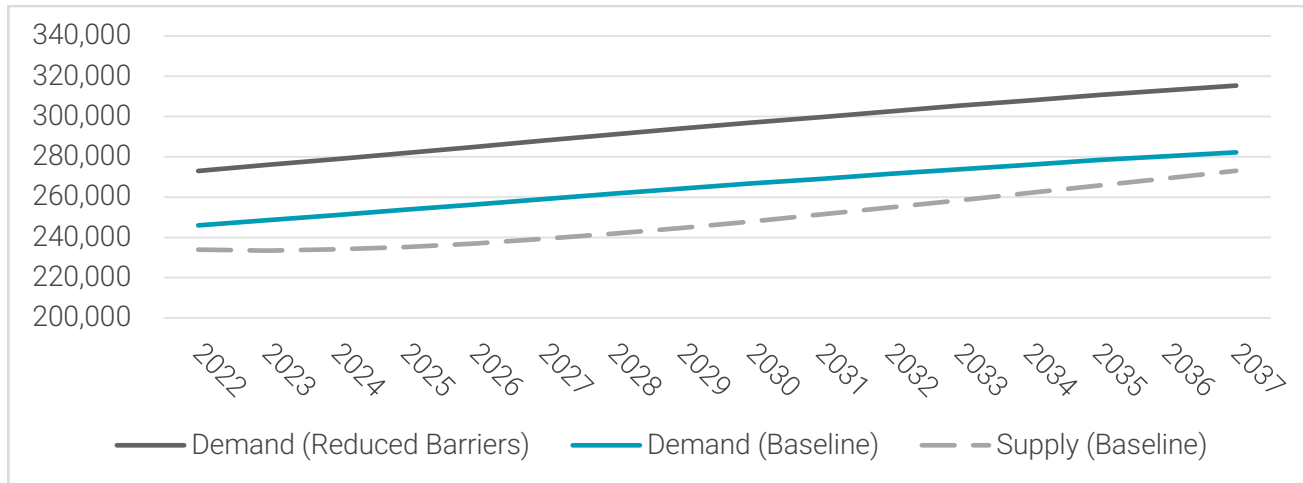


Figure 3b. Baseline Versus Reduced Barriers and Exit Variables (+/- 2 years)

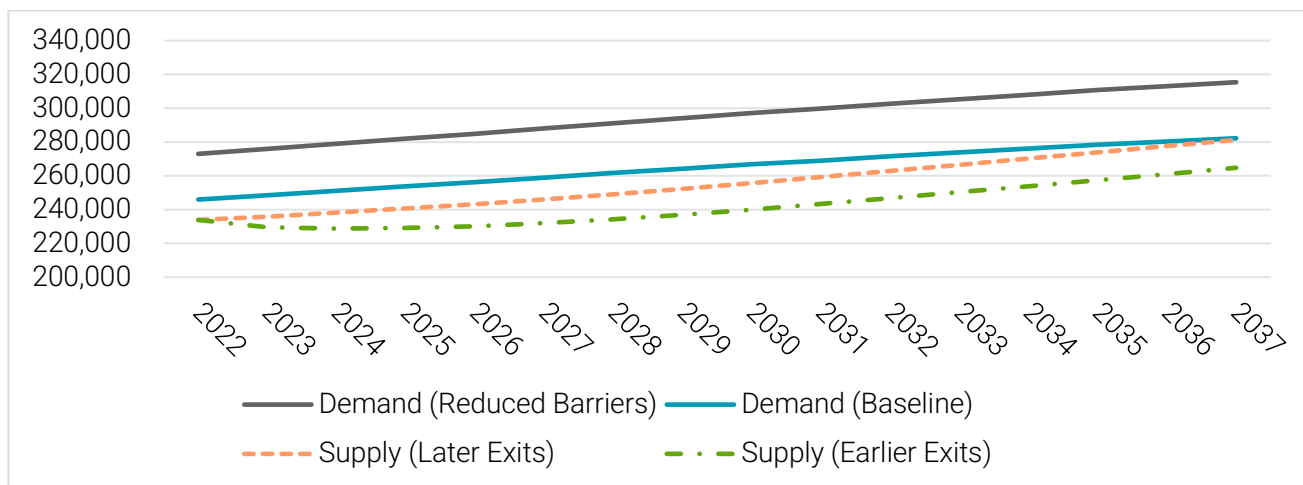
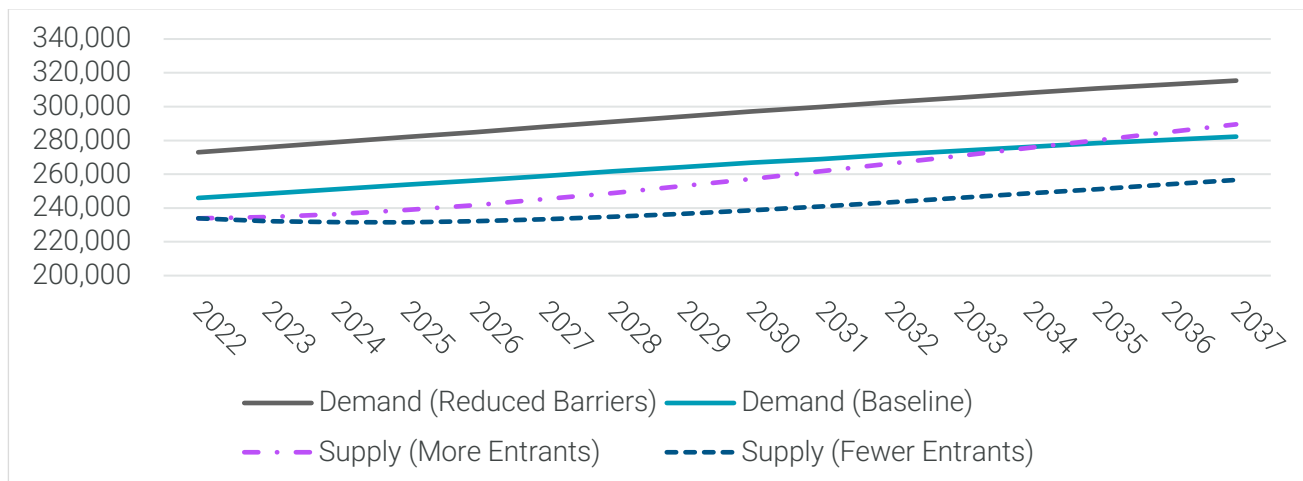


Figure 3c. Baseline Versus Reduced Barriers and Entrant Variables (+/- 10%)



Policy Implications of the Findings

Shortages of physical therapists and geographic availability imbalances mean patients may be challenged to find timely or sufficient physical therapy care. Strategic interventions could be implemented to increase the number of physical therapist graduates and/or improve retention in the profession. There are opportunities to consider policies that address the following issues:

Increasing payment:

Congress should enact meaningful reforms to the [Medicare Physician Fee Schedule](#) to provide financial stability for practices. State legislators can enable access to physical therapy through [fair copays](#) and [Medicaid policy](#).

Reducing debt from student loans:

APTA supports [legislation that allows PTs and PTAs to access federal student loan debt repayment programs](#) and other incentives that encourage students to pursue a career in physical therapy and provide services in underserved areas. APTA also [encourages](#) financial transparency regarding the cost of physical therapy education. APTA's Physical Therapist Centralized Application Service, or PTCAS, requires each program to display the total cost of education within the application and on the [PTCAS Program Directory](#).

Protecting and increasing the autonomy of therapists:

The [2025 Medicare Physician Fee Schedule provisions](#) resolved the onerous direct supervision of physical therapist assistants in favor of general supervision in Medicare Part B settings.

Reducing administrative burdens:

APTA supports the [Improving Seniors' Timely Access to Care Act](#) in Congress. This bipartisan legislation would reduce health care providers' administrative burden by addressing the use of prior authorization under Medicare Advantage plans, ultimately increasing efficiencies in patient care and improving clinical outcomes.

Conclusion

Policymakers, educational programs, and the physical therapy profession can benefit from the knowledge gained by workforce forecasting to ensure that a geographically and clinically diverse workforce is available to meet society's needs.

Workforce supply and demand

forecasts start from the best available

data. Assumptions about the future are then used to project supply and demand estimates to create a baseline forecast. By adjusting those assumptions, researchers can generate alternative – “what if” – scenarios to explore the assumptions' effects. APTA is committed to sourcing high-quality data to improve our knowledge of the profession and provide for the health care needs of society.

APTA's forecast projects a shortfall of physical therapists to meet the expanding need for services over the 15 years from 2022 to 2037. Of course, the forecasts and the relationship between supply and demand depend on future contexts. For instance, demand will increase if we reduce barriers to health care, identify additional health conditions that benefit from physical therapist services, and expand practice areas.

To meet rising demand, APTA will continue to advance policies that:

- Support workforce entrants, both U.S. and internationally educated.
- Enhance workforce retention, including reducing the numbers leaving the profession and reactivating those on hiatus.
- Increase therapist productivity via supportive technology and infrastructure, reduced administrative burden, and the advancement of innovative practice models.

APTA is committed to sourcing high-quality data to improve our knowledge of the profession and provide for the health care needs of society.

Appendix: Research Methods

APTA 2024 Physical Therapist Workforce Survey

The APTA 2024 Physical Therapist Workforce Survey collected data on workload, hours worked, and intentions to retire or leave the profession. The online survey targeted APTA physical therapy members and achieved an 18% response rate, with 1,759 respondents. The sample was representative of the APTA physical therapy membership in terms of age, gender, and race/ethnicity. The survey results contributed to modeling exits from the workforce, calculating the number of full-time equivalent PTs, and estimating initial shortfalls in supply compared with demand. Additional data describing the respondents can be found in the online supplement to the article in PTJ, which also provides the questionnaire.

APTA Current and Projected Supply and Demand Microsimulation

This appendix briefly reviews the research methods used for the forecasts. For a fuller account, [see the article in PTJ and the supplemental material](#), which includes details on the various data sources, microsimulations, APTA 2024 Physical Therapist Workforce Survey questionnaire, and survey respondents.

Microsimulations of labor supply or demand start by creating artificial populations of “providers” and “consumers” who are assigned characteristics relevant to the forecast, such as age, gender, location, health conditions, or health care use. The initial distributions of these characteristics in the simulations are based on data from various sources and inform the current estimates. To develop the forecast, population changes are simulated over time based on probabilistic rules or equations that imitate events such as population growth, demographic change (including aging), retirement, workforce entries and exits, use of services, and movement among the states. These rules are assumptions based on recent trends and findings from prior or original research; for example, the likelihood that any physical therapist would retire at a given age is based partly on the original survey data APTA collected.

Supply

The simulations for forecasting the supply of physical therapists were developed using these sources, among others:

- The number of licensed PTs residing in each state, from the Federation of State Boards of Physical Therapy
- The number of graduates from DPT programs, from the Commission on Accreditation in Physical Therapy Education
- Workforce entries by internationally educated physical therapists, also from FSBPT
- Responses to the APTA 2024 Physical Therapist Workforce Survey
- Demographic and geographic data from the American Community Survey of the U.S. Census Bureau
- The APTA membership database

Demand

The simulations for forecasting physical therapy demand relied on these sources, among others:

- States' population projections
- Demographics from the American Community Survey
- Health data from the Behavioral Risk Factor Surveillance System
- Health care usage from the Medical Expenditure Panel Survey

Equations modeling physical therapy demand were created with race/ethnicity, age, body weight, major health conditions, household income, insurance coverage, and metropolitan status as predictor variables. These equations were applied to the projected microsimulation population characteristics to help forecast demand. The volume of services demanded is converted into needed physical therapist FTEs using data on staffing by practice setting.

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