Through collective and individual efforts, the physical therapy profession has continued to advance the clinical knowledge and practice of physical therapists. One mechanism of professional development that contributes to the advancement of the knowledge base and clinical skills is the voluntary specialization of practice. Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience which exceeds that of the entry-level physical therapist and which is unique to the specialized area of practice. The American Physical Therapy Association (APTA) endorses the recognition of physical therapists who have attained this level of advanced specialization.

The purposes of the APTA's Clinical Specialization Program are to:

1. Assist in the identification and development of appropriate areas of specialty practice in physical therapy.
2. Promote the highest possible level of care for individuals seeking physical therapy services in each specialty area.
3. Promote development of the science and the art underlying each specialty area of practice.
4. Provide a reliable and valid method for certification and recertification of individuals who have attained an advanced level of knowledge and skill in each specialty area.
5. Assist consumers, the health care community, and others in identifying certified clinical specialists in each specialty area.

Clinical specialization in physical therapy is a voluntary and unrestrictive process. Participation is initiated at the request of the individual, and no attempt is made to prohibit others from practicing in a specified area, nor is it required that physical therapists who are certified restrict their practice to the area in which they are certified. However, no physical therapist shall purport to be a "Board-Certified Clinical Specialist" unless said physical therapist has successfully completed the certification process as developed by the American Board of Physical Therapy Specialties.

These purposes of the Association's Clinical Specialization Program can best be achieved through a centralized organization, which should provide reasonable uniformity in the level and type of standards adopted as the basis for certification, and which should provide for the participation of consumer representatives in the decision-making process. The organizational body which guides the APTA Clinical Specialization Program is the American Board of Physical Therapy Specialties, and its appointed Specialty Councils.

Criteria for establishment of a new specialty area are established by the American Board of Physical Therapy Specialties and guide the development of all new specialty areas. The APTA House of Delegates approves all new specialty areas. The approved specialty areas are:

- Cardiovascular and Pulmonary Physical Therapy 1981
- Clinical Electrophysiologic Physical Therapy 1982
- Geriatric Physical Therapy 1989
The American Board of Physical Therapy Specialties approves certification of clinical specialists in each specialty area. The Specialty Councils define, develop, and modify the requirements for certification and recertification in their specialty areas. The APTA Board of Directors and the Sections of the eight recognized specialty areas provide funding for the specialist certification program, and the APTA Board of Directors serves as an appeal body for certification candidates.

Relationship to Vision 2020: Autonomous Practice, Professionalism; (Residency/Fellowship & Special Certification Department, ext 8520))

[Document updated: 12/14/2009]

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.