Motions to the 2025 House of Delegates

June 02, 2025

Table of Contents

Memo

TO: House of Delegates

FROM: Bill McGehee, PT, PhD, Speaker of the House

DATE: June 2, 2025

SUBJECT: Motions to the 2025 House of Delegates

As delegates are aware, the 2025 session of the House of Delegates began with a virtual meeting on February 27, 2025, continues July 13-14, 2025, in Washington, DC, and concludes with our elections for national office in November.

To help delegates navigate the 48 motions proposed for the 2025 House, a new community titled "**2025 House Motions**" has been created that contains all 2025 House motions and 2025 House motion discussion threads. Additional materials specific to the 2025 House will be added to this new community throughout the coming weeks.

There are three ways to access the new **2025 House Motions** Community:

1. From your "Communities" drop down, select "My Communities" and select "2025 House Motions" from your list.
2. From the "APTA House of Delegates" Community, access the 2025 House Motions and discussion threads via the featured card found at the top of the Community.
3. Access motions to the 2025 House by clicking **here**; access discussion threads for motions to the 2025 House by clicking **here**.

To keep conversation organized, no new discussion threads should be created on the **2025 House Motions Community**. In addition, the motion concept threads currently on the House of Delegates Community, will be locked tomorrow so that all motion discussion between now and the July House is located in one place.

Additional information to assist in your preparation will be found in Appendix A. Thank you for all that you do for our association. I wish you and yours good health.

APPENDIX A

Motions to the 2025 House of Delegates

There are 48 motions scheduled for consideration by the 2025 House of Delegates. The motions may be accessed **here** as separate Word files and a PDF compilation of motions will be provided later this week.

Pre-House amendments to motion language are due **June 23, 5:00 pm ET** and will be shared on the House Community June 30. We are asking everyone who is considering an amendment to submit it to the Reference Committee by June 23, 2025 and communicate with the Committee and the motion maker as soon as possible. Delegates are under no obligation to move those amendments in July but submitting them in advance allows more time for your colleagues to be prepared for the discussion.

All proposed amendments to motions, including replacement language from motion makers, must be submitted using the **Amendment Submission Form**, available by June 9.

Organization of Motions

Motions have been provided RC numbers organized alphabetically by the component who is the primary motion maker. If a component has multiple motions they are listed and numbered sequentially. Chief Delegates will develop the order of RCs 9-25 through 48-25. House Officers suggest Chief Delegates begin conferring with their delegations about the order and which motions should be placed on the consent calendar as soon as possible. Some guiding questions for your conversations are outlined below:

1. How does this motion meet the future needs of the profession?
2. How does this motion support the strategic direction of the organization?

As this is a bylaws year, the House Officers suggest the bylaw amendments be considered early. As the disposition of the motion on the revised Code of Ethics has implications for some of the bylaw amendments, the House Officers have designated it as RC 1-25 with bylaw amendments organized as RCs 2-25 through 8-25.

Motion Language

Some motions comprise several parts, indicated by 'Part A', 'Part B', etc. These motions have conforming amendments, which means, to maintain consistency, the question cannot be divided, and all parts will be debated and voted on with a single vote.

Motion language has been edited and formatted to be consistent with standards for documents published by APTA. The same has not been done to support statements. These statements are

the sole purview of the motion maker and have been presented as submitted. Support statements for each motion are preserved in the Archive section of the House of Delegates Community and are readily accessible to all APTA members.

The Implications for Motion Language document lists words that are appropriate for positions and for charges, and the definitions of those words. The goal is to provide consistency in use of terms and clarity of intent. Review this document as you read the motions, and particularly if you are contemplating amendments.

Motion Tracking Document
A motion tracking document that includes a crosswalk to help delegates make connections between the final RC and what was presented as its corresponding concept will be posted to the **2025 House Motions** community shortly.

Motion Questions and Inquiries
All motion questions and inquiries must be posted to the discussion threads on the **2025 House Motions Community** and should be directed to the motion maker. Delegates should use this medium, and not social media, so that all delegates are aware of the information being shared. To keep conversation organized, no new discussion threads should be created on the **2025 House Motions Community**. In addition, the motion concept threads currently on the House of Delegates Community, will be locked so that all motion discussion is found in one place.

House Community Discussion Standards
All delegates must abide by the following House Community standards:

- To encourage collaboration within delegations, chief delegates, and delegates with permission of their chiefs, may post to the House Community.
- The Community is a professional platform and not an extension of social media. Whether in or out of session, rules of decorum among delegates apply. Please be respectful.
- Community posts will be clear and concise. Consider how long it will take someone to read your post.
- Debate is not allowed.
    - What is debate? Expressing opinion and trying to sway the opinion of others is debate and is not allowed.
    - What is information sharing? Asking and responding to clarifying questions and sharing proposed motion and amendment language is information sharing and is allowed.

Motion makers that convene a discussion group regarding their motion(s) should communicate outcomes on the 2025 House Motion Community in the corresponding motion discussion threads.

Consent Agenda and Cosponsoring Motions

- Chief Delegates will use a cosponsor signup available by June 9 to indicate co-sponsorship of a motion.

- The Consent Calendar is a group of motions that will be adopted as a package by general consent of the House. The Consent Calendar will be published following the polling of Chief Delegates. According to APTA Standing Rules, prior to the July 13 meeting of the House a motion may be removed from the consent calendar by the House Officers or at the request of 5 chief delegates. Following the opening of the House meeting on July 13, 2025, 1/3 of the assembly, voting in the affirmative, is required to remove an item from consent.

The House Officers wish to thank delegates for their preparation thus far and for their timely submission of motions. Collaboration is key for the House to function at its highest capacity and make impactful decisions that will continue to move the profession forward. Key areas that play an important role in the quality and efficacy of our collaboration include communication, coordination, transparency, accountability, and trust. Embracing these key elements of collaboration will greatly improve our ability to resolve conflict and reach mutual understanding to make decisions that are in the best interests of the profession and the members we represent. Do not hesitate to contact us with questions, concerns, or suggestions for expediting the business of the House.

Motion to 2025 House of Delegates

Main Motion

Proposed by: Board of Directors
Motion Contact: Kyle Covington, PT, DPT, PhD, Member, Board of Directors
Email: kylecovington@apta.org

Required to Adopt: Majority Vote

RC 1-25 ADOPT: CODE OF ETHICS FOR THE PHYSICAL THERAPY PROFESSION

This is a motion with two conforming amendments: Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That the following be adopted:

CODE OF ETHICS FOR THE PHYSICAL THERAPY PROFESSION

PREAMBLE

The vision of the American Physical Therapy Association® is "transforming society by optimizing movement to improve the human experience." Our profession's charge, as we strive to be an inclusive moral community that is diverse and equitable, is to meet the health needs of all people. APTA® is a voluntary professional society that strives both to serve APTA members and to support the profession as a whole. Ethical conduct by physical therapists and physical therapist assistants is vital to the standing of the profession.

The Code of Ethics for the Physical Therapy Profession established by APTA is the ethical foundation to which APTA members commit and was developed to provide guidance and define the ethical expectations for the profession. The Code of Ethics establishes the ethical framework guiding the conduct of all members of the physical therapy profession (physical therapists and physical therapist assistants) throughout their careers, in all practice settings, and in all roles relating to patient and client management, consultation, education, research, and administration. The Code of Ethics also provides the public with ethical standards to which we aspire and for which we are accountable. Fundamental to the Code of Ethics is the obligation of the physical therapy professional to educate,

enable, and empower the public, to facilitate greater independence, health, wellness, and enhanced quality of life.

Physical therapists and physical therapist assistants strive for the highest standards of ethical conduct based on the core values of the profession and the ethical principles (respect for autonomy, beneficence, non-maleficence, justice, veracity, and fidelity) that are part of ethical action at all levels: individual, organizational, and societal. The Ethical commitments set forth in the Code of Ethics are important to patients, clients, the public, colleagues, and other health care providers. The Ethical Commitments detail the elements of the ethical fiduciary duty of physical therapists and physical therapist assistants to act in the best interests of their patients and clients. Regulators and others may rely on the Code of Ethics in assessing the conduct of physical therapists and physical therapist assistants.

The Standards of Conduct set forth in the Code of Ethics are used by the APTA Ethics and Judicial Committee to assess whether APTA members have engaged in unethical conduct. At all times the physical therapist maintains responsibility for all physical therapist services. The physical therapist assistant shall work in collaboration with and under the supervision of the physical therapist for select interventions when appropriate. Student physical therapists and student physical therapist assistants have the responsibility to adhere to the Code of Ethics during their entire academic program under the guidance of faculty and supervising clinical instructors.

HOW TO USE THIS CODE OF ETHICS

The Code of Ethics serves two purposes:

1. It provides aspirational Ethical Commitments that guide physical therapists and physical therapist assistants toward ethical courses of action in professional and volunteer roles related to their field, with illustrative examples.

2. It delineates enforceable Standards of Conduct in accordance with those Ethical Commitments that APTA enforces with regard to APTA members. The Standards of Conduct address the actions of physical therapists and physical therapist assistants in their roles relating to patient and client management, consultation, education, research, and administration.

The nine Ethical Commitments are: **Respect, Integrity, Accountability, Maintaining Professional Relationships, Compassion and Trust, Responsible Business and Organizational Practices, Supervision and Delegation, Professional Expertise,** and **Societal Responsibility**.

This Code of Ethics is not exhaustive; that is, the Ethical Commitments and Standards of Conduct cannot address every possible situation. In some circumstances, APTA may set higher expectations

than legal requirements applicable to physical therapist and physical therapist assistant members that are enforced by state licensing authorities. In other circumstances, the enforceable Standards of Conduct may not address behavior that, although unethical, does not relate to the core professional roles of physical therapist and physical therapist assistant members.

All physical therapist and physical therapist assistant members shall act in an ethically responsible manner, using the Ethical Commitments set forth in the Code of Ethics to guide their decisions and actions. The Code of Ethics does not instruct the individual professional on what decision to make or how to act; rather, it provides guidance for ethical decision-making. Ethical decision-making is a process by which the Ethical Commitments and Standards of Conduct need to be taken into consideration as the professional makes an ethical judgment.

In addition to seeking guidance from the Code of Ethics, PTs, PTAs, and students should also seek advice from trusted mentors or colleagues when ethical issues arise, using the Code as a guide for deliberation and action.

ETHICAL COMMITMENTS

The nine Ethical Commitments for the physical therapy profession build on the ethical principles of autonomy, beneficence, non-maleficence, justice, veracity, and fidelity, which are the pillars of ethical decision-making. PTs and PTAs should carefully consider, balance, and weigh these commitments within the context of the situation in making ethical judgments that are in the best interest of the patient or client and society. Members of the physical therapy profession shall abide by the ethical principles of:

Autonomy: Respect the rights of individuals to make decisions and determinations about their life and body to the greatest extent possible. Respecting autonomy includes the imperative to always respect another's privacy, maintain confidentiality, and obtain informed and ongoing consent in every interaction with another individual's body.

Beneficence: Take action to ensure the welfare and safety of the individuals with whom they make professional decisions, to advance the good of the individual and society.

Non-maleficence: Make decisions and take actions with the intention to prevent or minimize injury, harm, or wrongdoing.

Justice: Make objective decisions that result in the most equitable outcome possible, as justice is an expression of our mutual recognition of respect for each other's human dignity and an acknowledgement that we live together in an interdependent community.

Veracity: Be honest and truthful in all professional decisions and actions, with all internal and external parties.

Fidelity: Treat all individuals (people, groups, and populations) with respect, fairness, discretion, and integrity.

As applied to the physical therapy profession, APTA builds on these principles to identify **nine Ethical Commitments to which all APTA members shall aspire and which serve as a basis for APTA's enforceable Standards of Conduct.**

Ethical Commitments and Standards of Conduct

Commitment	**Illustrative Examples and Standards of Conduct**
Respect Physical therapists and physical therapist assistants shall respect the inherent dignity and rights of all individuals.	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall strive to acknowledge and respect an individual's known identity and culture. B. Physical therapists and physical therapist assistants shall strive to recognize their explicit and implicit personal biases. **Standards of Conduct:** 1. Physical therapists and physical therapist assistants shall not discriminate against any person on the basis of age, gender, gender identity and expression, sexual orientation, race, nationality, religion, ethnicity, social or economic status, health condition, or disability in the provision of physical therapist services, consultation, education, research, and administration. 2. Physical therapists and physical therapist assistants shall protect patients' and clients' confidential information and

	not disclose that confidential information except as authorized by the patient or client or as permitted or required by law.
Integrity Physical therapists and physical therapist assistants shall act with professional integrity and responsibility, and fulfill their respective legal and ethical obligations.	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall strive to discourage misconduct by any physical therapy personnel or other health care professionals and make appropriate reports of known illegal or unethical acts, including verbal, physical, emotional, or sexual harassment. B. Physical therapists and physical therapist assistants shall strive to demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. C. Physical therapists and physical therapist assistants shall strive to ensure that they take appropriate action to address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services, such as by speaking directly to the individual, consulting with mentors, or reporting the misconduct to a supervisor or relevant legal authority. **Standards of Conduct:** 3. The physical therapist shall retain full responsibility for all physical therapist services provided under the provisions of the physical therapist's license, including all aspects of the evaluation and management of the patient or client. 4. Physical therapists and physical therapist assistants shall obtain ongoing informed consent after providing information that is understandable, honest, and necessary to allow the patient or client or their surrogate to make informed decisions about participation in physical therapy services or research.

	5. Physical therapists and physical therapist assistants having knowledge that, in their reasonable judgment, raises a substantial question as to whether a colleague is unfit to perform their professional responsibilities with competence and safety shall report this information to the appropriate authorities. 6. Physical therapists and physical therapist assistants shall address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services. 7. Physical therapists and physical therapist assistants shall comply with applicable mandatory reporter laws for suspected cases of abuse, neglect, or exploitation involving children or vulnerable adults. 8. Physical therapy personnel involved in research shall comply with accepted standards governing protection of research participants.
Accountability Physical therapists and physical therapist assistants shall be accountable for making sound professional judgments and decisions within the scope of practice established by laws and regulations.	**Illustrative Examples:** A. Physical therapists shall strive to demonstrate independent and objective professional judgment and make decisions in the patient's or client's best interests in all settings. B. Physical therapists shall strive to make professional judgments and decisions that are informed by professional standards, evidence, provider knowledge and experience, and patient and client values. C. Physical therapist assistants shall strive to make decisions in the patient's or client's best interests, in consultation with the physical therapist. D. Physical therapists and physical therapist assistants shall strive to be accountable for the accuracy and truthfulness of information they disseminate, including in the use of emerging technologies, such as social media and artificial intelligence.

	Standards of Conduct: 9. Physical therapists and physical therapist assistants shall not exceed their professional, jurisdictional, and personal scopes of practice and shall communicate with, collaborate with, or refer to a peer or other health care professionals when necessary. 10. Physical therapists and physical therapist assistants shall practice without impairment from substance misuse and without impairment from cognitive deficiency or mental illness that, even with appropriate reasonable accommodation, adversely affects their practice. 11. Physical therapists and physical therapist assistants shall comply with applicable local, state, and federal laws and regulations, including any duty to report when concerned about the safety of other individuals.
Maintaining Professional Relationships Physical therapists and physical therapist assistants shall respect the boundaries of professional, therapeutic, organizational, and personal relationships to promote a safe environment.	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall avoid initiating or entering into sexual relationships with individuals over whom they have significant influence on patients' and clients' care decisions and should refer patients and clients to other providers if an existing close personal or sexual relationship with such a person might influence or impinge on the integrity of the relationship between the provider and patient or client. B. Physical therapists and physical therapist assistants shall strive to collaborate with patients and clients to empower them in making decisions about their health care. C. Physical therapists and physical therapist assistants shall strive to create an inclusive and civil work environment that strives to promote each colleague's sense of belonging. D. Physical therapists and physical therapist assistants shall strive to, as appropriate, encourage colleagues with physical,

	psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel. **Standards of Conduct:** 12. Physical therapists and physical therapist assistants shall not abusively exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patient and clients, students, supervisees, research participants, and employees). 13. Physical therapists and physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students. 14. Physical therapists and physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually. 15. Physical therapists shall provide reasonable notice and information about alternative sources for obtaining care if the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.
Compassion and Trust Physical therapists and physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall strive to demonstrate care and compassion in the provision of physical therapist services**.** B. Physical therapists and physical therapist assistants shall strive to be responsible and accountable for the use of respectful, accurate, and truthful written, verbal, and nonverbal communication in all forms, including social media. C. Physical therapists and physical therapist assistants shall strive to recognize the public trust placed in them as health care professionals and maintain professional responsibility

	when information is disseminated using current and emerging technologies, including but not limited to social media and artificial intelligence. **Standards of Conduct:** 16. Physical therapists and physical therapist assistants shall provide the information necessary to allow patients and clients, or their surrogates, to make informed decisions about physical therapist services or participation in clinical research, including ensuring that information regarding the authorship of clinical documentation, patient education materials, publications, and presentations is truthful, accurate, and relevant. 17. Physical therapists and physical therapist assistants shall address barriers to communication and comprehension with recipients of services, caregivers, students, and research participants.
Responsible Business and Organizational Practices Physical therapists and physical therapist assistants shall promote accountable and truthful organizational behaviors and business practices.	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall strive to provide relevant and truthful information to current and prospective patients and clients about the services to be provided. B. Physical therapists and physical therapist assistants shall strive to promote environments that support independent and accountable professional judgment as well as ethical and accountable decision making. C. Physical therapists and physical therapist assistants shall strive to seek compensation that supports the provision of legal, safe, and effective physical therapist services. **Standards of Conduct:** 18. Physical therapists and physical therapist assistants shall provide information about their services that is truthful and

	accurate and shall not make misleading representations in any forms of communication, including billing. 19. Physical therapists and physical therapist assistants shall ensure that documentation for physical therapist services accurately reflects the provider, nature, and extent of the services provided. 20. Physical therapists and physical therapist assistants shall disclose any conflicts of interest and not permit any conflicts of interest to interfere with professional judgements and decisions. 21. Physical therapists and physical therapist assistants shall not, at any time, accept gifts or other considerations that influence or give an appearance of influencing their professional judgment and decision-making. 22. Physical therapists and physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients or to the public. 23. Physical therapists shall ensure that patients and clients are informed of their financial obligations prior to incurring charges so that shared decision-making can be incorporated into the treatment plan. 24. Physical therapists and physical therapist assistants shall not knowingly enter into or continue any employment or other arrangements that prevent them from fulfilling professional and ethical obligations to patients and clients.

Supervision and Delegation Physical therapists and physical therapist assistants shall provide appropriate and timely direction to and communication with anyone over whom they have legal supervisory responsibility.	**Illustrative Example:** A. Physical therapists and physical therapist assistants shall strive to take responsibility to mentor learners in order to help the learners develop knowledge, skills, behaviors, and attitudes that will enable them to provide safe and effective care while embodying professionalism. **Standards of Conduct:** 25. Physical therapists shall ensure that all duties delegated to other physical therapy personnel are congruent with the credentials, qualifications, competencies, and legal scope of practice or scope of work of the individual. 26. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when the patient's or client's status requires modification to the established plan of care. 27. Physical therapists shall exercise primary responsibility for the supervision of physical therapist assistants and support personnel. 28. Physical therapist assistants shall support and respect the supervisory role of the physical therapist to ensure quality of care and promote patient and client safety. 29. Physical therapist assistants shall take responsibility to communicate in a timely manner to the supervising physical therapist any areas in which they do not have the necessary level of knowledge and skill to practice safely and effectively.
Professional Expertise Physical therapists and physical therapist assistants shall enhance their expertise and	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall strive to develop and maintain competence and exercise appropriate care in using current and emerging

competency through career-long acquisition and refinement of knowledge, skills, abilities, and professional behaviors.	technologies, including but not limited to social media and artificial intelligence. B. Physical therapists and physical therapist assistants shall strive to engage in professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology. C. Physical therapists and physical therapist assistants shall strive to evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice, as appropriate to their professional roles. D. Physical therapists and physical therapist assistants shall strive to cultivate and support practice environments that support professional development, career-long learning, and excellence. E. Physical therapists and physical therapist assistants shall strive to reflect on and take action needed to maintain their own physical, emotional, and mental health, and seek outside assistance when needed. **Standards of Conduct:** 30. Physical therapists shall recognize and practice within the limits of their skills and competence and refer a patient or client to another health care professional when it is in the best interests of the patient or client. 31. Physical therapists and physical therapist assistants shall practice consistent with accepted current standards of care.
Societal Responsibility Physical therapists and physical therapist assistants shall	**Illustrative Examples:** A. Physical therapists and physical therapist assistants shall strive to provide resources to assist those who they believe are in harm's way.

participate in efforts to meet the health needs of people locally, nationally, and globally.	B. Physical therapists and physical therapist assistants shall strive to recognize and address the multiple determinants of health that impact an individual's ability to optimize their own health, and shall strive to provide appropriate suggestions to patient and clients of available community resources. C. Physical therapists and physical therapist assistants shall strive to advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people. D. Physical therapists and physical therapist assistants shall strive to recognize and respect the unique roles of other health professions and engage in interprofessional collaboration to meet the individual needs of people as well as improve access to appropriate services. E. Physical therapists and physical therapist assistants shall strive to provide pro bono physical therapist services or support organizations that meet the needs of people who are economically disadvantaged, uninsured, or underinsured. F. Physical therapists and physical therapist assistants shall strive to be responsible stewards of health care services and advocate for just utilization of those services, including taking action to reduce barriers to access. G. Physical therapists and physical therapist assistants shall strive to educate the public about the scope of practice and benefits of physical therapy as part of interprofessional collaborative practice, to protect and advance the health and well-being of individuals, communities, and populations. H. Physical therapists and physical therapist assistants shall strive to be good stewards of limited resources and take action to avoid unnecessary waste of those resources.

133

PART B

That the Code of Ethics for the Physical Therapist (HOD S06-20-28-25) be rescinded.

~~CODE OF ETHICS FOR THE PHYSICAL THERAPIST~~

~~Preamble~~

~~The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:~~

1. ~~Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.~~
2. ~~Provide standards of behavior and performance that form the basis of professional accountability to the public.~~
3. ~~Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.~~
4. ~~Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.~~
5. ~~Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.~~

~~No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.~~

~~This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.~~

~~**Principles**~~

~~**Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.**~~ ~~(Core Values: Compassion and Caring, Integrity)~~

~~1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.~~

~~1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.~~

~~**Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.**~~

~~(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)~~

~~2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.~~

~~2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.~~

~~2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.~~

~~2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.~~

~~2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.~~

~~**Principle #3: Physical therapists shall be accountable for making sound professional judgments.**~~

~~(Core Values: Collaboration, Duty, Excellence, Integrity)~~

~~3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.~~

~~3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.~~

~~3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.~~

~~3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.~~

~~3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.~~

~~**Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.**~~

~~(Core Value: Integrity)~~

~~4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.~~

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.

4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.

4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Accountability, Duty, Social Responsibility)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

~~**Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.**~~

~~(Core Values: Integrity, Accountability)~~

~~7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.~~

~~7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.~~

~~7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.~~

~~7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.~~

~~7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.~~

~~7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.~~

~~**Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.**~~

~~(Core Value: Social Responsibility)~~

~~8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.~~

~~8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.~~

~~8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.~~

~~8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.~~

PART C

That the Standards of Ethical Conduct for the Physical Therapist Assistant (HOD S06-20-31-26) be rescinded.

~~STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT~~

~~**Preamble**~~

~~The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical~~

~~therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.~~

~~No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.~~

~~**Standards**~~

~~**Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.**~~

~~(Core Values: Compassion and Caring, Integrity)~~

~~1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.~~

~~1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.~~

~~**Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.**~~

~~(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)~~

~~2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.~~

~~2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.~~

~~2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.~~

~~2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.~~

~~**Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.**~~

~~(Core Values: Collaboration, Duty, Excellence, Integrity)~~

~~3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.~~

~~3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.~~

~~3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.~~

~~3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.~~

~~3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.~~

~~**Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.**~~

~~(Core Value: Integrity)~~

~~4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.~~

~~4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).~~

~~4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.~~

~~4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.~~

~~4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.~~

~~4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.~~

~~**Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.**~~

~~(Core Values: Accountability, Duty, Social Responsibility)~~

~~5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.~~

~~5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.~~

~~5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.~~

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

(Core Value: Excellence)

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

~~8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.~~

~~8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.~~

Support Statement

Motion Concept:

The APTA Code of Ethics for the Physical Therapist and the Standards of Ethical Conduct for the Physical Therapist Assistant went through a comprehensive review between 2007 and 2009. In March 2007, the Board of Directors appointed the Task Force to Revise the Core Ethics Documents. In 2009, the House of Delegates subsequently adopted the Board's motions to revise the ethics documents as proposed by the task force.

What is this motion seeking to achieve?

And updated comprehensive Code of Ethics that combines PTs and PTAs into one code.

How does this motion contribute to achieving the Vision?

The Updated Code reflects the contemporary and emerging needs of a society that places their trust in the phyiscal therapy profession.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

The Code of Ethics impacts all aspects of the strategic plan as it is an overarching document that governs ethical conduct in all aspects of the work we do.

How is this motion's subject national in scope and importance?

The Code applies to all members Nationally.

What federal or state laws and regulations also address this topic?

Some state laws or regulatory agencies reference the APTA Code.

What previous or current initiatives and positions of the Association address this topic?

- Code of Ethics for the Physical Therapist (HOD S06-20-28-25)
- Standards of Ethical Conduct for the Physical Therapist Assistant (HOD S06-20-31-26

What interested parties will be impacted by this motion?

All members

Last Updated: 05.19.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: APTA Oregon and the Student Council
Primary Motion Contact: Michael Pagliarulo, PT, EdD, Delegate, Oregon
Email: pags@ithaca.edu

Required for Adoption: 2/3 Vote

RC 2-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO PROVIDE VOTING RIGHTS FOR STUDENT ENGAGEMENT GROUP DELEGATES

That Bylaws of the American Physical Therapy Association, be amended to provide voting rights for Student Engagement Group delegates.

This is a motion with six conforming amendments: Parts A–F. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 6. Voting Delegates, be amended by substitution, so that it would read:

Section 6: Voting Delegates

B. Qualifications of Voting Delegates

(1) Chapter and section/academy delegates: Only physical therapist members in good standing and, subject to component bylaws, one physical therapist assistant member in good standing per delegation may serve as component delegates.

(2) Physical Therapist Assistant Engagement Group delegates: Only physical therapist assistant members who are association members in good standing may serve as delegates.

(3) Student Engagement Group delegates: Only student physical therapist and student physical therapist assistant members who are in good standing may serve as delegates. Student Engagement Group delegates who have converted to physical therapist or physical therapist assistant members may serve as Student Engagement Group delegates until the end of the calendar year in which they graduate.

(~~3~~4) A delegate of a member group may not serve concurrently as a delegate of another member group.

C. Number of Voting Delegates

(1) The number of voting delegates in the House shall be the sum of the chapter delegates, section/academy delegates, ~~and~~ Physical Therapist Assistant Engagement Group delegates, and Student Engagement Group delegates as determined in accordance with the standing rules.

(2) No chapter shall have fewer than two voting delegates, and each section/academy, ~~and~~ the Physical Therapist Assistant Engagement group, and Student Engagement Group delegates shall be allotted two voting delegates.

PART B

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 7: Nonvoting Delegates, be amended by substitution, so that it would read:

Section 7: Nonvoting Delegates

A. Nonvoting Body

Nonvoting delegates of the House shall be the ~~Student Engagement Group delegates,~~ institutional member group delegates, Ethics and Judicial Committee delegates, Bylaws and House Documents Committee delegates, special committees of the House, and the members of the Board.

B. Qualifications of Nonvoting Delegates

~~(1) Student Engagement Group delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who are in good standing may serve as delegates. Student Engagement Group members who have converted to Physical Therapist or Physical Therapist Assistant members may serve as Student Engagement Group delegates through adjournment of the House immediately following graduation.~~

(~~2~~1)A nonvoting delegate may not serve concurrently as a voting or nonvoting delegate of another member group.

C. Number of Nonvoting Delegates

~~(1) Student Engagement Group delegates: Two delegates selected by the Student Engagement Group.~~

(~~2~~1) Institutional member group delegates: Two delegates, who shall be selected by each institutional member group.

(~~3~~2) Ethics and Judicial Committee delegate: Two delegates, who shall be selected by the committee.

(~~4~~3) Bylaws and House Documents Committee delegate: Two delegates, who shall be selected by the committee.

(~~5~~4) Special committees of the House of Delegates: Two delegates, who shall be selected by the committee.

(~~6~~5) Board of Directors: All members of the Board shall serve as delegates.

PART C

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 8: Conduct of Business, B. Quorum, be amended by inserting the words "Student Engagement Group," after the word "Group" so that it would read:

Section 8: Conduct of Business

B. Quorum

Delegates representing one-third of the total number of chapters, Physical Therapist Engagement Group, Student Engagement Group, and sections/academies and numbering one-third of the total number of votes that could be cast if all voting delegates were present shall constitute a quorum.

PART D

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 8: Conduct of Business, C. Elections, (2) be amended by substitution, so that it would read:

Section 8: Conduct of Business

C. Elections

(2) Except for appointed positions, on petition of at least five eligible petitioners, a qualified consenting member shall be placed in nomination for a position as an officer or as a member of the Board or Nominating Committee. Eligible petitioners include components, ~~and~~ the PTA Engagement Group, and the Student Engagement Group delegations. Such a petition must be filed with the House officers no later than 45 days after the slate of candidates prepared by the Nominating Committee has been distributed to members. A candidate nominated by petition shall be afforded similar opportunities for publication of candidacy to the membership as those afforded a candidate nominated by the Nominating Committee but shall be identified as nominated by petition.

PART E

That Standing Rules of The American Physical Therapy Association, Standing Rule 4. Determination of the Size of the House, be amended by inserting a new D., so that it would read:

4. DETERMINATION OF THE SIZE OF THE HOUSE

The size of the House is:

A. The number of chapter voting delegates.

(1) Add the number of physical therapist and the number of physical therapist assistant members of the association who are assigned to chapters at the end of the month of the year preceding the House in which they will serve.
(2) Divide the total found in Step 1 by 400. The resulting number shall be the apportionment number.
(3) Divide the total number of physical therapist and physical therapist assistant members for each chapter by the apportionment number.
(4) Chapters shall be allowed one delegate for each whole number and one additional delegate for any remainder equaling or exceeding 50% of the apportionment number.
(5) Any chapter that would be entitled to fewer than two delegates according to the above shall be allowed two delegates.

B. The number of section/academy voting delegates, which is twice the number of sections/academies.
C. The number of PTA Engagement Group Delegates, which is two.
D. The number of Student Engagement Group Delegates, which is two.
~~D~~E. The number of nonvoting delegates as listed in the bylaws.

Support Statement

Motion Concept:

This motion is an amendment to the Bylaws and Standing Rules of the American Physical Therapy Association to provide voting rights to the 2 Student Council delegates. This requires a conforming amendment to amend language in several places of the bylaws as well as the Standing Rules. In most cases, it simply deletes language that includes student delegates when describing the rights of non-voting delegates and inserts it into similar descriptions of voting delegates. It adds a new line in the list of voting delegates in Standing Rule 4 to include the student delegates in the calculation to determine the size of the House of Delegates. These amendments do not otherwise change the rights or number of Student Council delegates.

What is this motion seeking to achieve?

The expected direct outcome of this motion is to grant voting rights to 2 Student Council delegates in the House of Delegates. This aligns with 2 voting delegates for each section/academy and the PTA Council, and the minimum of 2 voting delegates per chapter. It equates the voting rights for the only Councils with delegates in the House of Delegates, namely the PTA and Student Councils.

There are also long-term outcomes. Voting makes students accountable for APTA's direction and decisions by promoting a sense of shared responsibility. Although the quantitative impact of 0.45% voting strength may appear to have minimal effect, particularly for 31% of APTA membership, the qualitative impact is immeasurable. It encourages students, who will become new professionals, to retain membership and stay informed and engaged in shaping the future of our Association and profession as the next generation of leaders, which is pivotal to our sustainability.

How does this motion contribute to achieving the Vision?

This motion contributes to achieving the Vision by empowering students to take ownership of initiatives that optimize movement and improve lives, promoting a continuous evolution of the profession. This continuous engagement strengthens its capacity to uphold the Vision now and in the future, building loyalty and commitment and strengthening APTA's sustainability through member retention and active involvement.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion directly addresses the priorities in the Strategic Plan in the following ways:

Mission: Including students in our decision-making community aligns with our Mission, "Building a community that advances the profession of physical therapy to improve the health of society." Student Physical Therapist and Student Physical Therapist Assistants are the only membership categories in the APTA qualified to serve as a delegate that do not have the right to vote. This is a significant detriment for 31,000 student members, which is 31% of membership in the APTA.[1] This may also relate to a pivotal finding in the recent APTA Strategic Planning Survey regarding satisfaction with the APTA: "Respondents older than 55 are most satisfied and those who graduated in the last 5 years are least satisfied."[2] The lack of voting rights as students to engage in decisions that impact our profession may contribute to the sense of dissatisfaction with our Association in the early years post graduation.

Member Value: This motion increases member value by ensuring APTA delivers unmatched opportunities to belong, engage, and contribute. Adding a vote to their voice demonstrates value to their contributions, and moves their input into decision-making.

Sustainable Profession: As described in the Goals and Outcomes related to this component of the Strategic Plan, it is imperative to reduce the cost of education and resultant burden of student debt and increase payment for services. Students and new professionals are directly impacted by these financial issues. Student engagement in these decisions invites new perspectives to achieve the listed Goals and Outcomes. It inspires continued engagement as students transition their membership to new professionals in component leadership positions.

How is this motion's subject national in scope and importance?

The Student Council is a national level organization composed of a student representative from each chapter and section/academy. Chapter representatives provide nationwide input on issues that impact our profession. Although the voice of the Council is currently through 2 non-voting delegates, a vote adds a level of responsibility that ensures engagement on a national level to make informed decisions on all voting matters that confront the House of Delegates.

What previous or current initiatives and positions of the association address this topic?
Historically, since 1998, when the House of Delegates rescinded voting rights for physical therapist assistants in that body, it has been opposed to expanding voting rights beyond chapter delegates. More recently, the House has taken evolutionary actions to expand voting rights and be more inclusive:

- 2020: Bylaws amendment to provide voting rights for 2 delegates from each section/academy was adopted with a 76% affirmative vote (RC 6-20).[3]
- 2021: Bylaws amendment to provide voting rights for 2 PTA Caucus delegates (now PTA Council delegates) was adopted with a 74% affirmative vote (RC 1-21, Amendment A).[4]

It is also worthy to note that in 2021, a bylaws amendment to provide voting rights to 2 Student Assembly delegates was moved and defeated. Although there was a substantial number of votes in the affirmative, it did not achieve the threshold of 67% for a bylaws amendment. In contrast to that motion, which was moved by the Student Assembly exclusively, for the current motion, the APTA Oregon delegation is the primary motion--maker and the Student Council is a co-maker. This demonstrates that a chapter, the largest voting contingent in the House, is leading this action in 2025.

What interested parties will be impacted by this motion?
The direct impact is on more than 31,000 student members representing 31% of APTA membership. They are the future of our profession. They engage in deliberation of issues that confront our profession with visionary perspectives, and have the ability to do their diligence to make informed decisions via a vote.

The extended impact is on component leadership. Data provided by APTA staff demonstrate how student leaders in the House of Delegates follow that experience with long-term engagement as components leaders: *Within the last 10 years,of the students who had served as Core Ambassadors or Student Assembly Board of Directors, 68 individuals served in a component leadership role, 21 individuals have served as component presidents, and 9 individuals have served as delegates, 7 of whom have been chief delegates.* These demonstrate how students become the future of our profession.

Additional Background Information.
Students who have sought and been elected to the position of Student Council Delegate are extraordinary leaders who have excelled in learning and applying cutting edge knowledge and skills in their academic and clinical achievements. These traits apply to making informed decisions via a vote in the House of Delegates. Experienced delegates do the same when confronted with issues of limited experience or background. In many cases, they learn and reflect from students who offer current knowledge and probing questions. Further, the current interest in “intellectual humility” in

our profession recognizes that, regardless of our experiences, we are all lifelong learners and continue to seek new knowledge to make informed decisions.

The new structure and operation of the Student Council also contributes to their readiness to assume the responsibilities of a voting delegate. Two year terms provide continuity, development, sustainability, and mentorship. The result is that the Chief Delegate tends to be a 3rd-year student while the Student Council Delegate is a 2nd year. Depending on the academic program calendar, a student Chief Delegate may have graduated, tested, and passed their NPTE before the in-person House of Delegates in their final year and still will be representing the student membership.

Evidence of student engagement, and readiness to make informed decisions on contemporary issues was demonstrated in the 2024 session of the House of Delegates. Regarding artificial intelligence and its impact on our profession, the Student Council was a co-maker on 2 motions (RCs 11-24 and 12-24), and was the exclusive maker on a 3rd (RC 13-24).[5] They were also a co-maker on a motion on Trauma Informed Care (RC 7-24), which eventually was on the Consent Calendar demonstrating unanimous support.[5] It is important to note that the genesis of RC 7-24 came from students in a discussion on topics to bring to the House in the physical therapist education program at Pacific University, which demonstrates how students contribute to the motto of our profession "Move Forward".

During discussions of the motion concept with key individuals, the question arose whether students would support 2 Student Council delegates to have the right to vote. To answer that question, a poll was conducted of students in 897 accredited and developing PT and PTA academic programs. Responses were received from 843 students in 88 PT and 35 PTA programs, and revealed that 96% of the respondents selected “Yes”, they believe that 2 Student Council Delegates should have the right to vote in the APTA House of Delegates. Further description of the poll and results are available in a link posted on the House Community.

It is important to note that several other significant related health care and academic organizations accord students the right to vote, and in many cases it’s more than 2 students. Examples include the American Occupational Therapy Association, American Medical Association, American Academy of Physician Assistants, American Osteopathic Association, American Pharmacist Association, American Optometric Association, Association of Diabetes Care and Education Specialists, American Society of Radiologic Technologists, Ithaca College Board of Trustees, Utah Board of Higher Education, and the Board of Regents of the University of Washington. It is timely and appropriate to add the American Physical Therapy Association to this list by adopting this motion.

References:

1. APTA 2024 Annual Report.
2. APTA Strategic Planning 2024 Survey Results.
3. 2020 House of Delegates Minutes.

4. 2021 Packet I Main Motions to the House of Delegates.
5. Motions for the 2024 House of Delegates.

Last Updated: 06/01/2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: Board of Directors
Primary Motion Contact: Skye Donovan, PT, PhD, Board of Directors
Email: skyedonovan@apta.org

Required for Adoption: 2/3 Vote

RC 3-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION AMENDED TO GREATER ALIGN WITH THE ILLINOIS GENERAL NOT FOR PROFIT CORPORATION ACT

That Bylaws of the American Physical Therapy Association be amended to greater align with the Illinois General Not for Profit Corporation Act.

This is a motion with seven conforming amendments: Parts A–G. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Bylaws of the American Physical Therapy Association, Article I. Name, be amended by substitution.

ARTICLE I. NAME AND LOCATION

The name of ~~this association shall be~~ the Corporation is the American Physical Therapy Association® ("Association" or "APTA®"), a nonprofit corporation incorporated in the state of Illinois. The principal office of the association is located in Alexandria, Virginia.

PART B

That Bylaws of the American Physical Therapy Association, Article II. Object, be amended by substitution.

ARTICLE II. ~~OBJECT~~ PURPOSES AND RESTRICTIONS

A. Purposes. The ~~object of this~~ purposes of the association ~~shall be~~ include these: to represent and promote the profession of physical therapy; to meet the needs and interests of its members in order to address the physical therapy needs of members of society; and to develop and advance the art and science of physical therapy, including practice, education, and research.

B. Restrictions. All policies and activities of the association shall be consistent with applicable federal, state, local, or international antitrust, competition, trade regulation, and applicable tax-exempt requirements; including the requirements that the association not be organized for profit and that no part of its net earnings inure to the benefit of any private individual.

PART C

That Bylaws of the American Physical Therapy Association, Article III. Members, be amended by substitution.

ARTICLE III. INDIVIDUAL MEMBERS

Section 1: Categories and Qualifications of Individual Members

* * *

Section 2: Rights of Individual Members

A. All individual members shall have the right to attend the House. Any individual member of a member group may attend the group's business meetings and speak.

B. All individual members shall receive the official journal of the association.

* * *

Section 4: Chapter Assignment

All individual members, other than those employed by the association or who reside for at least one year where no chapter exists, shall be assigned to a chapter having territorial jurisdiction of the area where the member practices, resides, or attends school, or to an immediately adjacent chapter in which the member demonstrates the possibility of more active participation. Members who reside outside the United States, are active uniformed services personnel, or are spouses or partners of active uniformed services personnel may choose a chapter.

Section 5: Dues

The Board shall establish dues and may create different dues categories for individual members.

Section 6: Good Standing

An individual member is in "good standing" if the member:

A. Complies with ~~the Binding Ethical Documents of the Association~~ the Code of Ethics ~~applicable to the individual's membership category~~.

B. Makes timely payments of association and chapter dues.

C. Is not under current suspension or revocation of a license as a physical therapist or of a license or certificate as a physical therapist assistant.

Section 7: Disciplinary Action

Any individual member who is not in good standing may be expelled from membership or otherwise disciplined. Complaints that a member has violated relevant provisions of the ~~Binding Ethical Documents~~ Code of Ethics shall be processed in accordance with association policy adopted by the Board.

Section 8: Reinstatement

A. The Board may reinstate any former individual member in accordance with association policy adopted by the Board.

* * *

PART D

That Bylaws of the American Physical Therapy Association, Article IV. Member Groups, be amended by substitution.

ARTICLE IV. MEMBER GROUPS

Section 1: Components

* * *

C. Structure

(1) Components shall have bylaws that do not conflict with these bylaws ~~and must be approved~~ as determined by the Board at its sole discretion.

(2) Components shall be incorporated and have corporate articles that ~~must be~~ are approved by the Board at its sole discretion.

(3) Component policies and positions shall not conflict with association policies~~,~~ positions, and ~~Binding Ethical Documents~~ the Code of Ethics.

* * *

D. Obligations

Each component shall:

(1) Further the ~~object~~ purposes of the association as set forth in these bylaws and in association policies, positions, and ~~Binding Ethical Documents~~ the Code of Ethics in the component's state or territorial jurisdiction or specific area of physical therapy.

* * *

(8) Be represented in each ~~session~~ meeting of the House unless a waiver is approved by the Board.

* * *

E. Trusteeship

The Board in its discretion may conduct the affairs and assume custody of the records, funds, and management of any component that the Board determines has failed to comply with its obligations to members or to the association. Such action shall be subject to ratification by the House at its next ~~session~~ meeting.

F. Dissolution

(1) A component may dissolve pursuant to the provisions of its bylaws or corporate articles.

(2) If the Board determines that a component that has failed to satisfy its obligations or to observe the limitations on components as set forth in these bylaws, the Board shall bring a motion to the next ~~session~~ meeting of the House to dissolve the component.

* * *

Section 2: Institutional Groups

* * *

E. Trusteeship

The Board in its discretion may conduct the affairs and assume custody of the records, funds, and management of an institutional group that the Board determines has failed to comply with its obligations. Such action shall be subject to ratification by the House at its next ~~session~~ meeting.

F. Dissolution

(1) An institutional group may dissolve pursuant to the provisions of its bylaws or corporate articles.

(2) If the Board determines that an institutional group has failed to satisfy its obligations or to observe the limitations on institutional groups as set forth in these bylaws, the Board shall bring a motion to the next ~~session~~ meeting of the House to dissolve the institutional group.

* * *

Section 4: Limitations

All member groups are subject to the following limitations:

A. Association policies~~,~~, positions, ~~and Binding Ethical Documents~~ and the Code of Ethics.

* * *

PART E

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, be amended by substitution.

ARTICLE V. HOUSE OF DELEGATES

Section 1: Authority

In its role as the representative body of the membership, the House shall:

A. Speak and act on behalf of the membership for the profession.

B. Establish association policies and positions for the profession.

C. Adopt ~~Binding Ethical Documents~~ the Code of Ethics to govern the conduct of physical therapists and physical therapist assistants.

D. Recommend ~~or instruct~~ the Board to act, subject to these bylaws and the Board's fiduciary responsibility to manage the affairs of the association.

* * *

Section 2: Annual ~~Session~~ Meeting

The ~~annual session of the~~ association shall ~~consist of one or more meetings of the House~~ have an Annual Meeting of the House, which shall be held at a time and place specified by the Board.

Section 3: Special ~~Sessions~~ Meetings

In addition to the Annual Meeting of the House, special ~~sessions~~ meetings of the House may be called ~~between annual sessions~~ by a two-thirds vote of the Board and shall be called in response to a written request from components representing a majority of the delegate votes ~~in~~ from the ~~previous session~~ most recent ~~a~~Annual ~~m~~Meeting of the House.

Section 4: Notice of ~~Sessions~~ Meetings

A. Annual ~~Session~~ Meeting

The time and place of the ~~a~~Annual ~~session~~ Meeting of the House shall be announced at least ~~six weeks~~ 60 days before the ~~session~~ meeting is to convene. This notice may be made by U.S. mail or any electronic communications permitted by law.

B. Special ~~Sessions~~ Meetings

(1) At least 30 days before a ~~s~~special ~~session~~ meeting, official notice of the ~~session~~ meeting shall be sent to members of the association. This notice may be made by U.S. mail or any electronic communications permitted by law.

(2) The time, place, and purpose of any ~~s~~special ~~session~~ meeting of the House shall be stated in the notice.

Section 5: Composition

* * *

C. Consultants

Consultants shall advise and offer information to the House but shall have no voting rights. Consultants shall be available to delegates throughout the year and may reply to inquiries in the House ~~sessions~~ meetings as directed by the Speaker of the House. Consultants shall include the members of the Reference Committee, the members of the Nominating Committee, the chair or designee of the Diversity, Equity, and Inclusion Committee, the Chief Executive Officer, and association staff designated by the Chief Executive Officer in consultation with the Board.

* * *

PART F

That Bylaws of the American Physical Therapy Association, Article VI. Board of Directors, be amended by substitution.

ARTICLE VI. BOARD OF DIRECTORS

Section 1: Authority

* * *

C. The Board carries out all association policies, positions, ~~and Binding Ethical Documents~~ and the Code of Ethics and motions adopted by the House that recommend ~~or instruct~~ the Board to act. When the House recommends ~~or instructs~~ the Board to act, the Board shall communicate its

progress to the House at least annually. If the Board determines that any specific action is inadvisable, the Board shall report the reasons for its determination to the House.

D. The Board establishes association policies and positions, including policies and positions for the profession, when necessary. Any association policy or position for the profession adopted by the Board shall be brought to the House at the next ~~a~~Annual ~~Session~~ Meeting for consideration.

E. The Board in its role to foster the growth and development of the association shall, among other things:

* * *

(7) Adopt association policy, in consultation with the Ethics and Judicial Committee, for processing charges that a member has violated relevant provisions of the ~~Binding Ethical Documents~~ Code of Ethics.

* * *

Section 2: Composition

A. Board of Directors

The six officers of the association together with 10 directors, one of whom shall be the public member, shall constitute the Board.

B. Executive Committee

The Executive Committee shall consist of the President, Vice President, Secretary, Treasurer, and one of the 10 directors other than the public member. This fifth member shall be elected to the Executive Committee annually by members of the Board who are not members of the Executive Committee.

B. Indemnification

Directors and officers of the association are indemnified against claims or lawsuits to the full extent permitted under the law.

* * *

PART G

That Standing Rules of the American Physical Therapy Association, 12. Definition of Association Documents Referenced in the Bylaws, be amended by striking out C. Binding Ethical Documents, so that it would read:

12. DEFINITION OF ASSOCIATION DOCUMENTS REFERENCED IN THE BYLAWS

A. Policy: A course of action or principle of action. Policies of the association direct subsequent actions on similar matters of the association, its components, and its members.

B. Position: A firmly held association stance or point of view. Positions of the association direct subsequent decisions on similar matter of the association, its components, and its members.

~~C. Binding Ethical Documents: Statements that obligate and outline expectations for behavior. The two binding ethical documents of the Association are the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.~~

Support Statement

Motion Concept:
These proposed amendments are intended to clarify and remove contradictions in existing APTA bylaw language and greater align the Bylaws with the APTA Articles of Incorporation and the Illinois General Not for Profit Corporation Act. This language has been drafted and reviewed by internal and external APTA counsel.

What is this motion seeking to achieve?
Alignment with the Illinois General Not for Profit Corporation Act.

How does this motion contribute to achieving the Vision?
APTA's governing structure and processes are the building block on which all association initiatives are achieved and although these edits may not directly contribute to achievement of the Vision, they are necessary to align with the Illinois General Not for Profit Corporation Act and provide clarification to our governing documents.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
These changes support the APTA Strategic Plan by providing clarity of our governing structure and processes that allow the association to achieve its goals and objectives.

How is this motion's subject national in scope and importance?
Alignment with the Not for Profit Corporation Act of the state in which APTA is incorporated creates clarity for the national association.

What previous or current initiatives and positions of the Association address this topic?
APTA Bylaws were amended by revision in 2021 with more detailed information available on the House Community via the 2021 House archives.

What interested parties will be impacted by this motion?
The impact of these changes will be minimal to members and serve only to align APTA with the Illinois Statute.

Additional background information.
The proposed Bylaws changes are brought forward to the House based on legal review to bring the APTA Bylaws in proper alignment with Illinois General Not for Profit Corporation Act in which APTA, which was incorporated in Illinois, must comply with law.

Last Updated: 06/01/2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: Board of Directors
Primary Motion Contact: Heather Jennings, PT, DPT, Board of Directors
Email: heatherjennings@apta.org

Required for Adoption: 2/3 Vote

RC 4-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION RELATED TO ASSOCIATION COMMITTEES

That Bylaws of the American Physical Therapy Association be amended related to APTA committees.

This is a motion with five conforming amendments: Parts A–F. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, be amended by adding Section 9: Committees of the House of Delegates.

ARTICLE V. HOUSE OF DELEGATES

* * *

Section 9: Committees of the House of Delegates

A. Nominating Committee

(1) The Nominating Committee, elected by the House, shall consist of five physical therapist members in good standing.

(2) Members shall serve three-year terms, or until their successors are elected, and shall assume office at the beginning of the calendar year following the year when they were elected. The terms of two members shall expire each year, except that every third year the term of only one member shall expire. No member shall be elected to successive complete terms.

(3) Members of the committee may not serve concurrently as delegates to the House or be slated for national office during their term.

(4) The chair shall be elected by the committee annually.

(5) Vacancies on this committee shall be filled by appointment by the Nominating Committee until the next meeting of the House, when an election shall be held to fill the unexpired term.

(6) This committee shall:

a. Foster activities that maintain and promote a pool of qualified nominees.

b. Prepare a slate of at least two qualified candidates, if possible, for each position from those consenting to serve if elected for officers, directors, and members of the Nominating Committee to meet the responsibilities of their positions. The slate of candidates shall be distributed to the members as soon as available, but no later than three months before the Annual Meeting of the House.

B. Reference Committee

(1) The Reference Committee shall assist the House in meeting its responsibilities as prescribed in the standing rules.

(2) This committee shall consist of at least three members, all of whom shall be physical therapist members appointed by the House officers. The Speaker of the House of Delegates shall serve as an ex-officio member.

(3) Members shall serve three-year terms with at least one member being appointed each year.

(4) Members of the committee may not serve concurrently as delegates to the House.

C. Bylaws and House Documents Committee

(1) The Bylaws and House Documents Committee shall review and propose revisions to these bylaws, standing rules, and association policies and positions for the profession adopted by the House as prescribed in the standing rules.

(2) This committee shall consist of at least three members, all of whom shall be physical therapist members appointed by the House officers. The Secretary shall serve as an ex officio member.

(3) Members shall serve three-year terms with at least one member being appointed each year.

(4) Members of the committee may not serve concurrently as voting delegates to the House.

D. Special Committees

(1) The House may create such special committees to further the work of the House as it deems necessary, subject to the Board's fiduciary role.

(2) Members of the committee may not serve concurrently as voting delegates to the House.

PART B

That Bylaws of the American Physical Therapy Association, Article VI. Board of Directors, Section 2: Composition, be amended by striking out B. Executive Committee.

ARTICLE VI. BOARD OF DIRECTORS

* * *

Section 2: Composition

* * *

~~B. Executive Committee~~

~~The Executive Committee shall exercise the power of the Board between meetings and shall meet at least twice a year. Three members shall constitute a quorum. The President may call a special meeting of the Executive Committee and must call a special meeting on request of three members of the Committee. Notice of all meetings shall be given to all members of the Executive Committee not later than five days before the date fixed for the meeting. This notice may be by U.S. mail or by electronic communications as permitted by law.~~

PART C

That Bylaws of the American Physical Therapy Association, Article VI. Board of Directors, Section 6: Conduct of Business, B. Executive Committee, be amended by substitution.

ARTICLE VI. BOARD OF DIRECTORS

* * *

Section 6: Conduct of Business

* * *

B. ~~Executive Committee~~ Committees of the Board of Directors

1. Executive Committee. The Executive Committee shall consist of the President, Vice President, Secretary, Treasurer, and one of the 10 directors other than the public member. This fifth member shall be elected to the Executive Committee annually by members of the Board who are not members of the Executive Committee. The Executive Committee shall exercise the power of the Board between meetings and shall meet at least twice a year. Three members shall constitute a quorum. The President may call a special meeting of the Executive Committee and must call a special meeting on request of three members of the Committee. Notice of all meetings shall be given to all members of the Executive Committee not later than five days before the date fixed for the meeting. This notice may be by U.S. mail or by electronic communications as permitted by law.
2. Other Committees. The Board of Directors appoints other committees as necessary. Committees composed only of officers and/or directors may be delegated Board authority. All other committees appointed by the Board are advisory committees with their authority limited to making recommendations to the Board.

PART D

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 5: Composition, C. Consultants, be amended by striking out the words "the chair or designee of the Diversity, Equity, and Inclusion Committee," after the words "Nominating Committee," so that it would read:

Section 5: Composition

* * *

C. Consultants

Consultants shall advise and offer information to the House but shall have no voting rights. Consultants shall be available to delegates throughout the year and may reply to inquiries in the House sessions as directed by the Speaker of the House. Consultants shall include the members of the Reference Committee, the members of the Nominating Committee, ~~the chair or designee of the Diversity, Equity, and Inclusion Committee,~~ the Chief Executive Officer, and association staff designated by the Chief Executive Officer in consultation with the Board.

PART E

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 7: Nonvoting Delegates, A. Nonvoting Body, and C. Number of Voting Delegates, be amended by substitution.

ARTICLE V. HOUSE OF DELEGATES

* * *

Section 7: Nonvoting Delegates

A. Nonvoting Body

Nonvoting delegates of the House shall be the Student Engagement Group delegates, institutional member group delegates, ~~Ethics and Judicial Committee delegates,~~ bylaws and House Documents Committee delegates, special committees of the House, and the members of the Board.

* * *

C. Number of Nonvoting Delegates

* * *

~~(3) Ethics and Judicial Committee delegate: Two delegates, who shall be selected by the committee.~~

PART F

That Bylaws of the American Physical Therapy Association, be amended by striking out Article VII. Committees of the Association.

~~ARTICLE VII. COMMITTEES OF THE ASSOCIATION~~

~~Section 1: Committees of the Board of Directors~~

~~In addition to other committees that may be created by the Board, the Board shall appoint the following:~~

~~A. Finance Committee~~

~~The Finance Committee shall consist of the Treasurer, who shall serve as chair, and at least five members, all of whom shall be Physical Therapist or Physical Therapist Assistant members.~~

~~Members other than the Treasurer shall serve a term of three years. At least one member shall be appointed annually. This committee shall:~~

~~(1) Advise the Board on matters pertaining to the Association's financial needs, growth, and stability based on periodic review of income, expenditure, and investments.~~

~~(2) Present an annual budget to the Board for adoption.~~

~~B. Audit Committee~~

~~The Audit Committee shall consist of at least three members, all of whom shall be Physical Therapist or Physical Therapist Assistant members. Members shall serve a term of three years. At least one member shall be appointed annually. This committee shall:~~

~~(1) Be the point of contact and meet at least annually with the Treasurer and Association's independent auditors to discuss the annual audit.~~

~~(2) Advise the Board of irregularities or material findings that arise from the independent audit or other sources.~~

~~C. Ethics and Judicial Committee~~

~~The Ethics and Judicial Committee shall consist of at least five members, all of whom shall be Physical Therapist members. Members shall serve a term of five years. At least one member shall be appointed annually. No member shall be appointed to successive complete terms. The committee shall collaborate with and be a resource to members and member groups, and to the Board regarding ethical and judicial matters, and to the House regarding ethical matters.~~

~~(1) With respect to ethical matters the committee shall:~~

~~a. Interpret the Binding Ethical Documents.~~

~~b. Propose revisions of Binding Ethical Documents.~~

~~c. Make revisions, as necessary, to the documents that interpret the Binding Ethical Documents and disseminate these documents for the management of judicial affairs.~~

~~d. Review and comment on matters pertaining to ethics in existing and proposed Association policies and positions adopted by the House and Board and other initiatives or activities of the Association.~~

~~e. Publish opinions and other materials that address current and emerging ethical situations.~~

~~f. Promote activities for the dissemination of information and educational materials related to Binding Ethical Documents and interpretive documents.~~

~~g. Collaborate with and be a resource to component ethics committees or liaisons.~~

~~(2) With respect to judicial matters the committee shall:~~

~~a. Consult with the Board on development of Association policy adopted by the Board related to disciplinary action as a result of ethical complaints.~~

~~b. Process reported violations of relevant provisions of Binding Ethical Documents in accordance with Association policy adopted by the Board.~~

~~c. Make final decisions in disciplinary proceedings against a member, subject to appeal to the Board by the member.~~

~~d. Publish sanctions against members who are determined to have engaged in unethical conduct.~~

~~D. Diversity, Equity, and Inclusion Committee~~

~~The Diversity, Equity, and Inclusion Committee shall consist of at least five Association members. Members shall serve a term of three years. At least one member shall be appointed annually. This committee shall provide strategic advice, recommendations, and counsel to the Board regarding diversity, equity, and inclusion.~~

~~Section 2: Committees of the House of Delegates~~

~~A. Nominating Committee~~

~~(1) The Nominating Committee, elected by the House, shall consist of five Physical Therapist members in good standing.~~

~~(2) Members shall serve three-year terms starting at the beginning of the calendar year following the close of the annual session of the House at which they were elected, or until their successors are elected. The terms of two members shall expire each year, except that every third year the term of only one member shall expire. No member shall be elected to successive complete terms.~~

~~(3) Members of the committee may not serve concurrently as delegates to the House or be slated for national office during their term.~~

~~(4) The chair shall be elected by the committee annually.~~

~~(5) Vacancies on this committee shall be filled by appointment by the Nominating Committee until the next session of the House, when an election shall be held to fill the unexpired term.~~

~~(6) This committee shall:~~

~~a. Foster activities that maintain and promote a pool of qualified nominees.~~

~~b. Prepare a slate of at least two qualified candidates, if possible, for each position from those consenting to serve if elected for officers, directors, and members of the Nominating Committee to meet the responsibilities of their positions. The slate of candidates shall be distributed to the members as soon as available, but no later than three months before the annual session.~~

~~B. Reference Committee~~

~~(1) The Reference Committee shall assist the House in meeting its responsibilities as prescribed in the standing rules.~~

~~(2) This committee shall consist of at least three members, all of whom shall be Physical Therapist members appointed by the House Officers. The Speaker of the House of Delegates shall serve as an ex-officio member.~~

~~(3) Members shall serve three-year terms with at least one member being appointed each year.~~

~~(4) Members of the committee may not serve concurrently as delegates to the House.~~

~~C. Bylaws and House Documents Committee~~

~~(1) The Bylaws and House Documents Committee shall review and propose revisions to these bylaws, standing rules, and Association policies and positions for the profession adopted by the House as prescribed in the standing rules.~~

~~(2) This committee shall consist of at least three members, all of whom shall be Physical Therapist members appointed by the House Officers. The Secretary shall serve as an ex officio member.~~

~~(3) Members shall serve three-year terms with at least one member being appointed each year.~~

~~D. Special Committees~~

~~(1) The House may create such special committees to further the work of the House as it deems necessary, subject to the Board's fiduciary role.~~

~~(2) Members of the committee, with the exception of the nonvoting delegate, may serve concurrently as voting delegates.~~

Support Statement

Motion Concept:

This motion concept amends the APTA Bylaws by shifting Board committee descriptions into operational policy: APTA Board of Directors- Appointed Groups.

What is this motion seeking to achieve?

- Allow APTA greater flexibility to adjust committee structures and responsibilities, which is especially important to allow APTA Board to respond quickly to evolving needs or priorities.
- Streamline the bylaws for simplicity. Transparency would be maintained through updates to the APTA Board of Directors- Appointed Groups policy.
- Enhance governance structure towards best practices in nonprofit governance which emphasize the distinction between bylaws (which define core functions and governance) and operational policies (which define day-to day procedures). This helps avoid potential inconsistency between what is outlined in the bylaws and what is needed for operational efficiency.
- Move committee details to operational documents provide clarity around governance roles, separating the high-level decision-making processes (governance) from the implementation details (operations), which can lead to more effective oversight and smoother operations.
- Align with modern governance practices and give the Board the tools to manage the organization more effectively and responsively.
- Move descriptions of Committees of the House of Delegates to the section of the bylaws which describes the House of Delegates, but the details remain in the bylaws, and align rules for service as a voting delegate of Bylaws and House Documents Committee members and Special Committee members with all other House committees.

How does this motion contribute to achieving the Vision?

APTA's governing structure and processes are the building block on which all association initiatives are achieved. These edits contribute to achievement of the Vision by allowing greater flexibility for the structure and function of Board appointed groups whose member volunteers achieve important work related to the physical therapy profession.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion supports member value by providing role clarity for APTA members considering volunteering to serve on a Board-appointed group.

How is this motion's subject national in scope and importance?
If adopted, this amendment would align with modern governance practices giving the APTA national Board the tools to manage the organization more effectively and responsively.

What previous or current initiatives and positions of the Association address this topic?
This amendment is related to the Next Level Governance initiative which seeks to achieve clarity in APTA governance for the future by simplifying descriptions and requirements of committees of the Board and providing greater consistency in their governance and administration. Combined with a transparent board policy that outlines roles, makeup, and administration of committees, this change allows greater consistency of our committees while also allowing the organization to be nimbler in its approach to support the work of the Board and House and evolve the organization's strategic efforts.

What interested parties will be impacted by this motion?
This amendment would minimally affect current and future committee members.

Additional background information.

- This motion was sparked by ongoing conversations among the Board to determine what are the committees needed to support and drive success of the next strategic plan launching in 2026 and the associations evolving needs with the fast pace of change in today's world.
- This language allows APTA the greatest flexibility to make adjustments to committee structures and responsibilities. This is especially important to allow APTA Board to respond quickly to evolving needs or priorities. Transparency would be maintained through updates to the APTA Board of Directors-Appointed Groups policy which will be available to delegates for review following the May 2025 Board of Directors Meeting.
- This motion also serves to streamline the bylaws for simplicity. It enhances governance structure towards best practices in nonprofit governance which emphasize the distinction between bylaws (which define core functions and governance) and operational policies (which define day-to day procedures). This helps avoid potential inconsistency between what is outlined in the bylaws and what is needed for operational efficiency. Moving committee details to operational documents provide clarity around governance roles, separating the high-level decision-making processes (governance) from the implementation details (operations), which can lead to more effective oversight and smoother operations.
- This change would align with modern governance practices and give the Board the tools to manage the organization more effectively and responsively.

Last Updated: 06/01/2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: Oregon Chapter and the PTA Council
Primary Motion Contact: Leigh Reece, PT, DPT, Chief Delegate, Oregon
Email: reec1958@pacificu.edu

Required for Adoption: 2/3 Vote

RC 5-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO GRANT PHYSICAL THERAPIST ASSISTANT MEMBERS THE RIGHT TO SERVE AS A DIRECTOR TO THE ASSOCIATION

That Bylaws of the American Physical Therapy Association be amended to grant physical therapist assistant members the right to serve as a director to the association.

This is a motion with two conforming amendments: Parts A and B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Bylaws of the American Physical Therapy Association, Article III. Members, Section 2. Rights of Members, be amended by inserting the words "serve as a director of the association as permitted in these bylaws;" after the words, "… except as defined in these bylaws;" so that it would read:

ARTICLE III. MEMBERS

* * *

Section 2: Rights of Members

* * *

C. Except as provided in these bylaws, the following membership categories have the following rights:

* * *

(2) Physical therapist assistant: subject to component bylaws, to make motions and vote at component meetings; serve on a component's board of directors except as defined in these bylaws; serve as a director of the association as permitted in these bylaws; serve as a delegate

from the Physical Therapist Assistant Engagement Group to the House; serve as a component delegate to the House; serve on the Nominating Committee of a component; and serve on committees as permitted in these bylaws.

PART B

That Bylaws of the American Physical Therapy Association, Article VI. Board of Directors, Section 2: Composition, Section 3: Qualifications, and Section 5: Tenure, be amended by substitution.

ARTICLE VI: BOARD OF DIRECTORS

* * *

Section 2: Composition

A. Board of Directors
The six officers of the association together with 10 directors, one of whom shall be a physical therapist assistant and one of whom shall be the public member, shall constitute the Board.

B. Executive Committee
The Executive Committee shall consist of the President, Vice President, Secretary, Treasurer, and one of the 10 directors, other than a physical therapist assistant or the public member. This fifth member shall be elected to the Executive Committee annually by members of the Board who are not members of the Executive Committee.

Section 3: Qualifications

A. Physical therapist and physical therapist assistant members in good standing are eligible to serve. Only physical therapist members may serve as officers of the association.

* * *

Section 5: Tenure

A. The members of the Board shall be divided into four classes. Each of the first three classes will include one-third or approximately one-third of the members who are neither officers nor the public member, plus two officers. The Secretary and the Vice Speaker of the House of Delegates shall belong to the first class, which shall be elected in years that are multiples of three. The Treasurer ~~and~~, the Speaker of the House of Delegates, and one director who is a physical therapist assistant shall belong to the second class, which shall be elected the year after the first class. The President and the Vice President shall belong to the third class, which shall be elected the year after the second class. The fourth class shall consist of the public member, who shall be appointed by the Board.

Support Statement

Motion Concept:

The concept of this bylaw amendment is to seat one PTA on the APTA Board of Directors.

What is this motion seeking to achieve?

The expected outcome of this motion is that one physical therapist assistant (PTA) will be elected to serve as a director on the APTA Board of Directors (Board). This PTA will fill one of the current 10 director positions of the Board. No PTA will be permitted to serve on the executive committee or as Speaker of the House or Vice Speaker of the House.

How does this motion contribute to achieving the APTA Vision?

The Vision calls on us to transform society by optimizing movement. To do our best work toward achieving the Vision, we must work together across the profession and include all voices. This bylaw amendment would ensure PTA engagement at the highest level of our association's governance, and support a Board that can work at its highest efficiency. Including the PTA perspective on the Board will ensure that the work will move forward without time needed to seek that perspective in other ways, therefore, allowing the Board to be more nimble in its processes.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

The motion supports the priority of Member Value within the APTA Strategic Plan 2022-2025. By expanding opportunities to "belong, engage, and contribute"[1], it promotes additional and sustained membership, and provides expanded representation and leadership opportunities for PTA members. Including a PTA on the Board demonstrates the value of PTAs within the association, leading to greater engagement of PTAs across the association, chapters, academies, sections, and education.

How is this motion's subject national in scope and importance?

This bylaw amendment supports both the Mission and the Vision for the Physical Therapy profession by including a PTA at the national level of APTA governance. The APTA Mission specifically calls on us to build community to advance the profession. This bylaw amendment aims to increase engagement of PTAs at a national level by creating the opportunity to serve on the APTA Board of Directors. By seating a PTA the Board is able to hear and consider a perspective that has been historicaly missing.

What previous or current initiatives and positions of the Association address this topic?

The APTA has seen multiple changes fostering more inclusion of PTAs. The following work of the House of Delegates shows the efforts of the last ten years.

2014: House charged the BOD to create a plan for increasing the value of APTA membership for the PTA (RC 11-14), then present the plan to the 2015 House of Delegates. The plan was to include at least the following:

- Designated positions on the APTA Board of Directors for PTA members
- Eligibility of PTA members to serve on the APTA Board of Directors

2015: As a result of RC 11-14, the Board presented three motions to the House to increase PTA member value. They included one motion giving components the option to give a full vote to PTAs

(RC 3-15), one motion giving chapters the option to allow a PTA to serve as chapter delegate (RC 4-15), and one motion giving PTAs the opportunity to serve on APTA Board (RC 7-15). Of these three motions the only one to pass was RC 3-15, option for components to give PTAs a full vote at the component level.

2021: House adopted bylaw changes to allow the PTA Engagement Group to have 2 voting delegates (RC 1-21).

2023: House adopted bylaw changes give components the option of seating a PTA to serve as a component delegate (RC 25-23)

These recent changes to the APTA bylaws demonstrate the evolution of the PTA and of APTA. Of the three motions presented by the Board in 2015, the only concept that has yet to be passed is a PTA serving on the APTA Board of Directors. This motion will be the next step in this evolution.

What interested parties will be impacted by this motion?

Parties impacted by this motion will be all members, chapters, and sections/academies of the association by increasing national leadership opportunities for PTA members. Chapters, sections, and academies will be part of the larger process of promoting leaders to the national level, identifying PTAs within their membership who have shown specific leadership skills that will be beneficial to the APTA Board.

Additional background information.

Physical Therapist Assistants serve in many leadership positions across all components. These positions include, but are not limited to, committee chair, SIG chair, nominating committee and chair, and Board of Director positions such as director, secretary, treasurer, including positions on the executive committee.

The current data of PTAs in leadership positions shows 26 components allow PTAs to serve on the nominating committee/chair, 41 components allow a PTA to serve on the Board of Directors, 26 of which have PTA designated positions, with 34 of those components allowing a PTA to serve on the executive committee, as APTA bylaws allow a PTA to serve any Board position that does not succeed to president. (Article IV, Sec 4.B)

As a member of their component Board, PTAs work with their Board peers to foster growth and development of the component. This includes 1) directing all business and financial affairs for the component, 2) ensure the maintenance of records for the component, 3) provide an annual report of the financial status of the component to the members, 4) appoint and employ an executive manager, 5) fill vacancies on the Board and committees, 6) be responsible for the creation, appointment, purposes, and activities of such committees and other work groups, 7) adopt component policy, 8)

enter into relationships on behalf of the component with related organizations. These are the same responsibilities of all APTA Board members.

Additionally, 30 states allow a PTA to serve on their licensing Board, currently including seven as chair/vice chair, and PTAs are allowed to serve on the CAPTE board. PTAs also serve in other areas of leadership as owners and managers of physical therapy services, including employing and overseeing PTs. This work requires them to manage staffing, personnel, productivity, budgets, and business growth, all of which are skills beneficial to any prospective member of the Board of Directors.

There is precedent for assistant members serving on the Board of Directors of a professional association. The bylaws of the American Occupational Therapy Association (AOTA)[2] include one designated position for an Occupational Therapist Assistant (OTA) on their Board of Directors, and beyond ensuring one member be an Occupational Therapist, do not otherwise limit the number of positions an OTA can hold. Currently, two OTAs serve on the AOTA Board of Directors.[3]

References:

1. American Physical Therapy Association. (2022, January 1). APTA Strategic Plan. Retrieved March 9, 2025, from https://www.apta.org/apta-and-you/leadership-and-governance/vision-mission-and-strategic-plan/strategic-plan
2. American Occupational Therapy Association. (2024). The Official Bylaws of The American Occupational Therapy Association, Inc. Retrieved October 24, 2024, from https://www.aota.org/about/leadership-governance/-/media/c4535d11b67944c3bfa55eae42541314.ashx
3. American Occupational Therapy Association. (2025). Meet AOTA's Board of Directors. Retrieved March 9, 2025, from https://www.aota.org/about/leadership-governance/board-of-directors

Last Updated: 06/01/2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: Board of Directors
Primary Motion Contact: Heather Jennings, PT, DPT, Board of Directors
Email: heatherjennings@apta.org

Required for Adoption: 2/3 Vote

RC 6-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION RELATED TO APTA BOARD OF DIRECTORS TENURE

That Bylaws of the American Physical Therapy Association be amended related to APTA Board of Directors tenure.

This is a motion with two conforming amendments: Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Bylaws of the American Physical Therapy Association, Article VI. Board of Directors, Section 5: Tenure, be amended by substitution.

ARTICLE VI. BOARD OF DIRECTORS

* * *

Section 5: Tenure

A. The members of the Board shall be divided into four classes. Each of the first ~~three~~ four classes will include ~~one-third or approximately one-third of the~~ between two and three members who are neither officers nor the public member, plus one or two officers. The Secretary and the Vice Speaker of the House of Delegates shall belong to the first class, ~~which shall be elected in years that are multiples of three~~. The Treasurer ~~and the Speaker of the House of Delegates~~ shall belong to the second class, ~~which~~ and shall be elected the year after the first class. The President and the Vice President shall belong to the third class, ~~which~~ and shall be elected the year after the second class. The Speaker of the House of Delegates shall belong to the fourth class, ~~which shall consist of the~~ and shall be elected the year after the third class. The public member~~, who~~ shall be appointed by the Board.
B. Members of the Board other than the public member shall assume office at the beginning of the calendar year, following the ~~close of the annual session of the House at which~~ year when

they were elected. The public member shall assume office at a time determined by the Board.

C. The term of office of each member of the Board, with the exception of the public member, shall be ~~three~~ four years or until their successors assume office. The term of the public member shall range from one to three years as determined by the Board.

D. No member shall serve more than ~~three complete consecutive~~ one complete term~~s~~ on the Board in the same office consecutively. ~~or~~ No member shall serve more than two complete consecutive terms in ~~the same~~ any office on the Board, with the exception of the President, who may serve no more than three consecutive terms on the Board.

E. A complete term for a member of the Board shall be defined as ~~three~~ four years, and for the public member as determined by the Board. If a member vacates a current office to assume another office on the Board, the time served in the vacated office shall count as a full term for the purpose of term limits.

F. If a position on the Board becomes vacant, the vacancy shall be filled in the manner prescribed in these bylaws or the standing rules.

G. The process to remove a Board member from office prior to the expiration of their term shall be done in accordance with the state in which the association is incorporated.

Proviso: New term lengths and limits will apply to Board members elected starting with the 2025 elections. Any individual elected in 2025 or later may serve no more than one complete term per office and no more than two complete terms in any Board office. However, the President may serve up to three consecutive terms. This applies regardless of any prior Board service before 2025. There are a few exceptions:

1. Individuals elected to their first term of office before 2025 will be eligible for reelection in 2025, 2026, and 2027, under the new bylaws, to serve a new four-year term.
2. Individuals serving a second term of office before 2025 will not be eligible to serve a third consecutive term in the same office.
3. The Speaker will be elected to a two-year term in the 2026 elections, which will not count as a complete term. The Speaker will then be elected in 2028 for a full four-year term."

PART B

That Standing Rules of the American Physical Therapy Association, Standing Rule 6: Vacancies: Officers and Directors, A and B, be amended by substitution.

6. VACANCIES: OFFICERS AND DIRECTORS

A. If a vacancy occurs within the first year of a ~~three~~ four-year term, or the Board member-elect cannot assume office, the vacancy may be filled by the Board until the next session of the House. The Nominating Committee shall select a candidate(s) for election at the next annual session of the House; the elected person shall serve for the remaining ~~two~~ three years of the term.

B. If a vacancy occurs after the first year of a ~~three~~ four-year term, the vacancy shall be filled by appointment by the Board.

Support Statement

Motion Concept:

This motion concept proposes amendments to the APTA Bylaws that would change terms and tenure for members serving on the Board of Directors.

What is this motion seeking to achieve?

- Greater ability for board members to focus on executing strategic initiatives without the pressure of being re-elected after three years. This can lead to a more stable and focused approach to long-term goals and the ability to see initiatives through to completion.
- Allow board members to gain deeper institutional knowledge and a strong understanding of the organization's operations, challenges, and opportunities within a single term.
- Greater opportunity for board members to grow into their leadership roles, as they will have time to understand the intricacies of governance, organizational culture, and the profession.
- Build consistent pacing of Board transition allowing for smoother transitions between boards and greater continuity in decision-making.
- A single term offers clear expectations for both the Board members and organizations. This will allow for better succession planning and leadership transitions.
- Bring more voices and perspectives to the Board by shifting from many Directors serving 6 years total to 4 years total.
- Improve the candidate experience and potentially make consenting to national office more appealing to a wider scope of members by removing the barrier of running against incumbent candidates.
- Reduce potential for conflict of interest of Board members serving while also in candidacy phase.

How does this motion contribute to achieving the APTA Vision?

- APTA's governing structure and processes are the building block on which all association initiatives are achieved. A change to the Board's terms and tenure contributes to achievement of the vision by offering more opportunities for APTA members to have a voice within their association through service in the House and in a national office position.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

- If adopted, this amendment would increase member value and diversity by making Board service more appealing to a broader scope of members.

How is this motion's subject national in scope and importance?

- This amendment proposes changes to service on APTA's Board of Directors, a national office that would impact members across the country.

What previous or current initiatives and positions of the Association address this topic?

- This amendment is proposed to enhance election integrity, impact, and inclusion and eliminate barriers by optimizing term lengths and tenure for Board service.
- Board terms and tenure are addressed within the APTA Bylaws, Article VI. Board of Directors.
- The issue of Board terms and tenure has been deliberated in the House previously, most recently via RC 1-15, which can be found on the House Community within the 2015 House archives.

What interested parties will be impacted by this motion?

- Changing the term and tenure of the Board will impact current Board members and those considering office by allowing greater flexibility for service.

Additional background information.

The proposed language helps individual Board members contribute effectively as well as optimizes the turnover, sustainability, and succession planning for the Board.

This will allow board members to gain deeper institutional knowledge and a stronger understanding of the organization's operations, challenges, and opportunities within a single term. This includes a greater opportunity for board members to grow into their leadership roles, as they will have time to understand the intricacies of governance, organizational culture, and the profession.

It provides greater ability for board members to focus on executing strategic initiatives without the pressure of being re-elected after three years. This can lead to a more stable and focused approach to long-term goals and the ability to see initiatives through to completion. Single term limits per office facilitate a more consistent pacing of Board transition allowing for smoother transitions between boards and greater continuity in decision-making and efficiency of outcomes.

A single term offers clear expectations for both the Board members and organizations. This will allow for better succession planning and leadership transitions for both director and officer positions. APTA Board completes an annual assessment of performance in which they benchmark themselves alongside other associations. Succession planning has been identified consistently as an opportunity area.

Finally, the proposed language will bring more voices and perspectives to the Board by shifting from many Directors serving 6 years total to 4 years total. This may also make consenting to national office more appealing to a wider scope of members by reducing the barrier or running against incumbent candidates. It may improve the candidate experience by increasing the % successful election as a non-incumbent candidate.

Last Updated: 06/01/2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: Board of Directors
Primary Motion Contact: Kim Nixon-Cave, PT, PhD, FAPTA, Board of Directors
Email: kimnixoncave@apta.org

Required for Adoption: 2/3 Vote

RC 7-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, ARTICLE V. HOUSE OF DELEGATES, SECTION 8: CONDUCT OF BUSINESS, C. ELECTIONS

That Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 8: Conduct of Business, C. Elections be amended by substitution.

* * *

C. Elections

(1) Election of officers, directors, and members of the Nominating Committee shall be by ballot or use of electronic equipment. Officers shall be elected by a majority of the votes cast when a quorum is present or participating. Directors and members of the Nominating Committee shall be elected by a plurality of the votes cast when a quorum is present or participating, with the exception of the public member appointed by the Board. If the vote fails to determine the election, reballoting shall be conducted under procedures determined by the ~~House Officers~~ Board of Directors.

(2) Except for appointed positions, on a group petition of at least five eligible petitioners, a qualified consenting member shall be placed in nomination for a position as an officer or as a member of the Board or Nominating Committee. Eligible group petitioners include components and the PTA Engagement Group delegation. Such petition must be filed with the ~~House Officers~~ Elections Committee no later than ~~45~~ 20 days after the slate of candidates prepared by the Nominating Committee has been distributed to members. A candidate nominated by group petition shall be afforded similar opportunities for publication of candidacy to the membership as those afforded a candidate nominated by the Nominating Committee but shall be identified as nominated by petition.

(3) ~~Nominations from the floor shall be in order when nominations are presented to the House~~ On petition by an individual member in good standing, a qualified consenting member shall be placed in nomination for a position as an officer or as a member of the Board or Nominating Committee. Individual petitions shall be conducted under procedures as determined by the Board of Directors.

Support Statement

Motion Concept:

This motion concept proposes amendments to the APTA Bylaws that would provide flexibility to permit the House of Delegates to conduct asynchronous elections for National Nominating Committee and Board of Directors positions.

What is this motion seeking to achieve?

- Improve access for Delegates who may be unavailable on a single election day (due to work, travel, or other commitments) by allowing individuals to vote when it is convenient for them within a set period.
- Eliminate the challenge of coordinating across time zones, ensuring that everyone has an equal opportunity to vote.
- Lower operational costs by reducing the need for physical-venues, volunteers, and other resources typically needed for a one-dayin person or virtual synchronous election.
- Reduce time commitment required of delegates for virtual synchronous voting.
- Align with trends as digital engagement becomes more commonplace in various aspects of life, including many of our components operating asynchronous electronic elections.
- Allow for a mechanism for individuals to be nominated in a process that would take the place of the historic provision for "nominations from the floor".

How does this motion contribute to achieving the Vision?

APTA's governing structure and processes are the building blocks on which all association initiatives are achieved. A change to the elections process contributes to achievement of the vision by offering more opportunities for APTA members to have a voice within their association through service in the House and on our national Board.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

If adopted, this amendment would increase member value opportunity within the House by making the elections process more accessible to delegates who might not otherwise be able to participate.

How is this motion's subject national in scope and importance?

This amendment proposes changes to APTA's national election process, which will impact delegates from across the country.

What previous or current initiatives and positions of the Association address this topic?

- This topic is addressed in the next level governance initiative that seeks to address election integrity, impact, and inclusion by supporting flexibility in our bylaws that would open a pathway for asynchronous national elections.
- Elections are addressed within the APTA Bylaws, Article V. House of Delegates, and related rules within APTA Standing Rules.

- A version of this concept was forwarded to the 2024 House for consideration and was not adopted. The language proposed this year is clearer and provides a new procedure comparable to the current processes allowing for nominations from the floor.

What interested parties will be impacted by this motion?
If adopted, delegates will be impacted by this motion by allowing them to vote at their convenience eliminating the need for an additional House meeting.

Additional background information.
This motion will improve access for Delegates who may be unavailable on a single election day (due to work, travel, or other commitments) by allowing individuals to vote when it is convenient for them within a set period. Furthermore, it eliminates the challenge of coordinating across time zones, ensuring that everyone has an equal opportunity to vote. If passed, the motion would reduce time commitment required of delegates for virtual synchronous voting sessions. This concept aligns with trends as digital engagement becomes more commonplace in various aspects of life, including many of our components operating asynchronous electronic elections. Finally, this will lower operational costs by reducing the need for physical-venues, volunteers, and other resources typically needed for a one-day election.

A version of this concept was brought forward by the 2024 Board of Directors. The language presented in 2025 clarifies that a process will be maintained for individual nominations as currently exists with "nominations by the floor." The proposed language maintains the same threshold that an individual member, without a second, can submit a candidate. That candidate would be included in the electronic ballot distributed to the delegates for election.

The language also includes a change in the timeframe to submit nomination by group petition from 45 days to 20 days. While this does accelerate the timeline in which a group of petitioners submits a name for nomination by group petition, it serves to position the candidate for success and improve the ability of APTA staff to operationalize the multiple phases of the election process. The candidate by group petition will be afforded more equitable consideration by the delegates by posting their candidate materials in a similar timeframe as candidates slated by the Nominating Committee. Furthermore, it provides the voting delegates with a larger window of time to review the candidate materials of candidates slated by the Nominating Committee and by group petition by allowing the petitioned candidates earlier distribution of their materials. It also allows staff operational time for the window of time for petitions from individual members.

Last Updated: 06/01/2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Bylaws Amendment

Proposed by: Board of Directors
Primary Motion Contact: Skye Donovan, PT, PhD, Board of Directors
Email: skyedonovan@apta.org

Required for Adoption: 2/3 Vote

RC 8-25 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, ARTICLE X. AMENDMENTS

That Bylaws of the American Physical Therapy Association, Article X. Amendments, first sentence, be amended by substitution.

ARTICLE X. AMENDMENTS

~~Unless the year ends in 0 or 5, any bylaws amendment~~ Amendments to these bylaws must receive a ~~two-thirds~~ majority vote of the House without debate to be considered. The bylaws may be amended by the House by a two-thirds vote, provided that the amendments:

A. ~~Has~~ Have been submitted in accordance with the Reference Committee process by a date set by the Speaker of the House of Delegates, which shall be at least ~~four months~~ 90 days before the ~~first~~ Annual ~~m~~Meeting of the House.
B. ~~Has~~ Have been distributed to members at least ~~two months~~ 60 days before the ~~first~~ Annual ~~m~~Meeting ~~of the Annual Session~~ of the House. Distribution may be by U.S. mail or any electronic communication permitted by law.

Support Statement

Motion Concept:
This motion concept amends the bylaws by removing the requirement that bylaw amendments can only be considered in years that end in 0 or 5 unless there is a 2/3 vote in the affirmative to hear them.

What is this motion seeking to achieve?
Greater flexibility to allow bylaws amendments to be forwarded to the House in any year provided they have met the requirements for main motions outlined in the standing rules, have a majority vote to be heard, and a 2/3 vote to be adopted.

How does this motion contribute to achieving the Vision?
APTA's governing structure and processes are the building block on which all association initiatives are achieved. Although these edits may not directly contribute to achievement of the Vision, they are necessary to provide the nimbleness needed to achieve next level governance that provides the foundation to achieve important work related to the physical therapy profession.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion supports member value by ensuring APTA is positioned through its structure and processes to deliver opportunities to belong, engage, and contribute.

How is this motion's subject national in scope and importance?
This motion is national in scope as it addresses members' ability to bring forward amendments to the governing document that shapes the structure of their association.

What previous or current initiatives and positions of the Association address this topic?
This article was last revised during the Bylaws revision of 2021 when the date set by the Speaker was amended to four months before the first meeting of the House.

What interested parties will be impacted by this motion?
Delegates and members wishing to bring bylaws amendments to the House of Delegates would be impacted.

Additional background information.
This motion also serves to modernize the APTA Bylaws and position the Association for success in being nimble and adaptive to the changing landscapes of Associations as we progress in our second century. The proposed language balances prioritizing long term concepts for the profession and generative discussions with greater flexibility to update the bylaws to maintain consistency with modern governance practices allowing the organization to be more responsive to internal member and external professional landscape.

Last Updated: 06/01/2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Alabama, Texas, Connecticut
Motion Contact: Andrea Bowens, PT, DPT, PhD, Chief Delegate, Alabama
Email: anbowens@uab.edu

Required for Adoption: Majority Vote

RC 9-25 AMEND: THE ROLE OF THE PHYSICAL THERAPIST AND THE AMERICAN PHYSICAL THERAPY ASSOCIATION IN BEHAVIORAL AND MENTAL HEALTH

That The Role of the Physical Therapist and the American Physical Therapy Association in Behavioral and Mental Health (HOD P06-20-40-10) be amended by substitution.

THE ROLE OF THE PHYSICAL THERAPIST AND THE AMERICAN PHYSICAL THERAPY ASSOCIATION IN BEHAVIORAL AND MENTAL HEALTH

~~The American Physical Therapy Assocation supports interprofessional collaboration and individual levels to promote research, education, policy, and practice in behavioral and mental health to enhance the overall health and well-being of society consistent with APTA's vision.~~
~~Physical, behavioral, and mental health are inseparably interconnected within overall health and well-being. It is within the professional scope of physical therapist practice to screen for and address behavioral and mental health conditions in patients, clients, and populations. This includes appropriate consultation, referral or comanagement with licensed health services providers in the prevention and management of behavioral and mental health conditions.~~
The American Physical Therapy Association supports interprofessional collaboration as the standard of care in the management of behavioral and mental health conditions. Collaboration at the organizational and individual levels aims to advance research, education, policy, payment, and practice related to behavioral and mental health.

Physical therapist services include the prevention and management of behavioral and mental health conditions, addressing the interconnected physical, psychological, and social health domains to ensure whole-person care.

Support Statement

Motion Concept:

Physical therapists recognize that mental and physical health are interconnected, and addressing one without the other limits our ability to provide holistic, person-centered care.1 Although our profession has made strides in adopting a biopsychosocial framework, uncertainty persists regarding our role in managing mental and behavioral health conditions.6 These uncertainties can diminish confidence, hinder patient engagement, and create barriers to effective interprofessional collaboration.7 To advance equitable, high-quality care, we must reaffirm and clarify the professional scope of physical therapists in behavioral and mental health. Recognizing and supporting our capacity to address the physical, psychological, and social domains of health is not only within our scope—it is essential to meeting the needs of today's patients and healthcare systems.

This concept does not seek to replace other health service providers when psychological interventions are indicated. Rather, the revised language aims to emphasize the important role of physical therapists and physical therapist assistants in providing direct care for persons experiencing movement dysfunction and/or pain alongside trauma, psychological distress, or other associated mental and behavioral health conditions.

In their opined article in Physical Therapy & Rehabilitation Journal in 2023, McGrath et al. stated, "Although physical therapists should not seek to replace mental health professionals as experts in targeted psychological intervention and should refer for co-management when indicated, every physical therapist has a role to play in supporting their clients' mental health, regardless of whether their clients' experiences of psychological distress meet the specific diagnostic criteria set out in classification manuals such as the Diagnostic and Statistical Manual of Mental Disorders (DSM)."

What is this motion seeking to achieve?

Physical therapists frequently encounter patients with mental and behavioral health concerns that impact movement, pain, functioning, disability, health and well-being, yet gaps in scope clarity, reimbursement pathways, and educational competencies limit their ability to effectively address these needs. We seek to clarify the professional scope of physical therapist practice so that physical therapists understand their direct role in managing the physical, psychological, and social domains of health for someone with a mental or behavioral health condition. This type of clarity is missing from the current position. Specifically, the term "address" has been revised to "manage" to more accurately reflect the scope of physical therapist services and align with the language in the Guide to Physical Therapist Practice. Management strategies supported by available evidence may include:

- Identifying movement-related and psychosocial impairments that influence mental health and quality of life.
- Addressing lifestyle-related health behavior change and health and wellness
- Implementing psychologically informed health care to address impairments that contribute to pain, functioning, disability, and health.

- Educating individuals, caregivers, and communities about the interconnectedness of movement, exercise, physical activity, and mental health.
- Incorporating evidence-based complementary and integrative interventions that support resilience and well-being.
- Monitoring and supporting mental well-being as part of optimizing physical therapy outcomes.

The motion maintains the emphasis on referral, consultation, and co-management to ensure individuals receive comprehensive, interdisciplinary care when needed, consistent with the Guide to Physical Therapist Practice. The revised language aims to inform APTA's development of future practice guidelines, continuing education content, advocacy tools, and messaging to members and stakeholders. Further, we want APTA to expand advocacy efforts for federal and private research funding to 1) advance our understanding of the role of physical therapy in mental and behavioral health and 2) demonstrate clinical- and cost-effectiveness and health outcomes of physical therapist services for mental and behavioral health conditions. We hope the revised language empowers individuals and APTA to advocate for payment models that recognize and reimburse physical therapist services for behavioral and mental health management.

How does this motion contribute to achieving the Vision?

The APTA vision calls for physical therapists and physical therapist assistants to embrace a broad, person-centered approach to care that addresses physical function and other factors that influence health and well-being. The proposed language affirms the profession's responsibility to address the interconnected physical, psychological, and social health domains by explicitly stating that physical therapist services include preventing and managing behavioral and mental health conditions. Emphasizing interprofessional collaboration as the expected standard of care in behavioral and mental health management reflects APTA's commitment to transforming society by advancing health through interdisciplinary partnerships.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion supports all four areas of the APTA Strategic Plan for 2020-2025. The APTA can enhance member value by promoting evidence-based practice, fostering interprofessional collaboration, and developing additional practice guidelines and educational resources for managing patients/clients with mental and behavioral health conditions. Examples include expanding member education and resources like the 2023 APTA Practice Advisory on screening patients with anxiety and the 2021 APTA podcast on mental and behavioral health in physical therapy. By positioning physical therapist services as an integral part of an interdisciplinary care team, the APTA contributes to the long-term sustainability of the profession while improving the quality of care for populations, communities, and individuals. Lastly, individual and organizational efforts to advance research, policy, payment, and practice will expand the demand and access to physical therapy, ultimately improving the human experience.

How is this motion's subject national in scope and importance?

The National Alliance on Mental Illness reports that nearly one in five U.S. adults experience some sort of mental illness.17 Moreover, mental health disorders and chronic pain are widespread, with a reported 43.2% of U.S. adults living with chronic pain having a mental health need.18 Recognizing physical therapist services as part of an interdisciplinary team of mental and behavioral health providers expands the healthcare workforce's capacity to meet growing demand for mental health services and reduce costs through effective non-pharmacological interventions. As physical therapists increase patients' access to primary care services, they will feel empowered to practice at the top of their professional scope in providing whole-person care.

What federal or state laws and regulations also address this topic?

Several federal and state policies intersect with the motion's objectives:

- CMS Behavioral Health Strategy: Focuses on integrating behavioral and physical health care but currently lacks explicit inclusion of physical therapy services.
- Innovation in Behavioral Health (IBH) Model: A CMS initiative aiming to integrate care for Medicaid and Medicare beneficiaries with behavioral health conditions, yet physical therapist services are not designated providers in this model.
- Several state physical therapist practice acts specifically mention the management of mental health conditions as within the physical therapist's scope including AK, AL, CT, CA, DC, FL, IL, MI, MN, MS, MO, SC, VA. Most physical therapist practice acts mention 'disability,' leaving it up to interpretation as to whether this includes physical disability as well as mental disability.

What previous or current initiatives and positions of the Association address this topic?

This motion concept is aiming to amend by substitution the Role of the Physical Therapist and APTA in Behavioral and Mental Health (HOD P06-20-40-1). The APTA has existing positions related to the role of the physical therapist and the organization in working with persons with behavioral and mental health conditions, including Physical Therapist Services in Primary Care (HOD P07-24-05-07), Complementary and Integrative Interventions (HOD P06-18-17-14), Role of Physical Therapy In Health Management For People With Chronic Disability (HOD P06-13-27-26), Association's Role in Advocacy for Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability (HOD P06-19-26-11), and Health and Social Issues (HOD P06-19-46-2).

Other initiatives across the APTA and its entities include:

- The recent CAPTE update includes mental health in its standards and required elements
- APTA Practice Advisory: Screening Patients for Anxiety, updated in June 2023
- Physical Therapy in Mental Health Catalyst Group, Academy of Leadership and Innovation
- Cognitive and Mental Health Special Interest Group, Geriatric Section, APTA
- Brain Injury Special Interest Group, Academy of Neurology, APTA
- Pain Special Interest Group, Academy of Orthopaedics, APTA

What interested parties will be impacted by this motion?

The adoption of this amended language can impact various stakeholders:

- Patients will benefit from integrated, person-centered care that addresses the interconnected physical, psychological, and social aspects of health. This comprehensive approach can improve function, enhance well-being, and lead to improved outcomes and quality of life.
- Physical Therapists and Physical Therapist Assistants will be empowered to practice fully within their professional scope, including the prevention and management of behavioral and mental health conditions. Opportunities for PTs and PTAs to integrate appropriate strategies into their practice can enhance professional growth, job satisfaction, and interprofessional collaboration.
- Healthcare Systems may experience improved efficiency and reduced costs through integrated care models that include physical therapist services.
- Payer and Policy Stakeholders may recognize the value of supporting physical therapist services as a cost-effective part of behavioral and mental health care that includes prevention, early identification and intervention, and interdisciplinary management.

Additional background information.

NA

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Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Leadership and Innovation
Motion Contact: Ami E. R. Faria PT, DPT, Section Delegate, Leadership and Innovation
Email: drfariapt@gmail.com

Required for Adoption: Majority Vote

RC 10-25 AMEND: GUIDING PRINCIPLES TO ACHIEVE THE VISION

That Guiding Principles to Achieve the Vision (HOD P06-19-46-54) be amended by substitution.

GUIDING PRINCIPLES TO ACHIEVE THE VISION

Movement is a key to optimal living and quality of life across the lifespan that enables every person to participate in and contribute to society. Detriments to health, such as those resulting from a lack of movement, emphasize the need for the physical therapy profession to engage with consumers to overcome barriers and reduce preventable health care costs.

While transforming society by optimizing movement to improve the human experience is APTA's vision for the physical therapy profession, this vision is meant to inspire others throughout society to, together, create systems that optimize movement and function across the lifespan. The following Guiding Principles of Identity, Quality, Collaboration, Value, Innovation, Person-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The Guiding Principles are described as follows:

Identity. Physical therapists and physical therapist assistants promote the movement system as the foundation for optimizing movement to improve the health of society. The movement system is the integration of body systems that generate and maintain movement at all levels of bodily function and is the core of the domains of physical therapist practice, education, and research. Human movement is a complex behavior within a specific context and is influenced by social, environmental, and personal factors. The human movement system is essential to understanding the structure, function, and potential of the human body. Doctors of physical therapy are

qualified and responsible to address all aspects of patient-client management and improve an individual's movement system across the lifespan.

Quality. Physical therapists and physical therapist assistants will commit to establishing and adopting best practice standards across the domains of practice, education, and research, as the individuals in these domains strive to be prepared and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in all aspects of patient-client management; generate, validate, and disseminate evidence, outcomes, and quality indicators; strive to prevent adverse events related to patient-client care; and demonstrate continuing competence. Educators will seek to propagate the highest standards of teaching and learning and support collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional and intraprofessional research teams.

Collaboration. Physical therapists and physical therapist assistants will demonstrate the value of collaboration with other professionals, consumers, community organizations, and governing entities to solve the health-related challenges that society faces. Physical therapists and physical therapist assistants collaborate to ensure that services are coordinated, of value, and person-centered, recognizing practice limits and referring to and participating with other professionals/providers through the episode of care and/or management plan. Education models will value and foster intraprofessional and interprofessional approaches to best meet consumer and population needs and embody team values. Research models will integrate an interprofessional approach to ensure quality evidence that translates to person-centered, interprofessional practice.

Value. Value in health care is the measured improvement in a person's health outcomes for the cost of achieving that improvement[1] To ensure the best value, quality physical therapist services provided will be effective, safe, person-centered, timely, equitable, integrated, and efficient.[2] Outcomes will be both meaningful to patients and clients, and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrate value.

Innovation. Physical therapists and physical therapist assistants will offer innovative and proactive solutions to enhance health services delivery and demonstrate the value of physical therapy to society. Innovation in clinical practice will occur in many settings and dimensions, including the adoption of technology to enhance diverse health care delivery models in all aspects of patient-client management. Innovation in education will enhance interprofessional and intraprofessional learning by anticipating adult learning needs and fostering innovative educational models and remote delivery methods that enhance education quality. In research, innovation will accelerate evidence, augmented intelligence, and the application of new

knowledge into action that may lead to optimizing movement and function through discovery. This translation of evidence through technology will more expediently put these discoveries and current information into the hands and minds of clinicians and educators.

Person-centricity. Physical therapists and physical therapist assistants will deliver person-centered care that includes focusing on patient and client values and goals, embracing cultural humility as a necessary skill to ensure best practice in the delivery of physical therapist services.

Access/Equity. Serving as an entry point to the health care system, physical therapists and physical therapist assistants shall improve access and equity to the health care system for the patient and client across the lifespan by minimizing the impact of the social drivers of health that are responsible for creating health inequities and disparities.

Advocacy. Physical therapists and physical therapist assistants will advocate for patients and clients both as individuals and as a population in practice, education, and research settings. Advocacy empowers patients and clients, physical therapists, and physical therapist assistants to manage and promote societal change; to adopt best practice standards and approaches; and to ensure that systems are designed to be person-centered, improving access, enhancing equity, and reducing disparities.

1. Teisberg, Elizabeth PhD; Wallace, Scott JD, MBA; O'Hara, Sarah MPH. Defining and Implementing Value-Based Health Care: A Strategic Framework. Academic Medicine 95(5):p 682-685, May 2020.
2. https://www.who.int/health-topics/quality-of-care

~~Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.~~

~~While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.~~

~~The principles are described as follows:~~
~~*Identity.* The physical therapy profession promotes the movement system as the foundation for optimizing movement to improve the health of society. The movement system is the integration of body systems that generate and maintain movement at all levels of bodily function. Human~~

movement is a complex behavior within a specific context, and is influenced by social, environmental, and personal factors. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

Collaboration. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

Value. Value has been defined as "the health outcomes achieved per dollar spent".[1] To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.[2] Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education,

~~research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expediently put these discoveries and other new information into the hands and minds of clinicians and educators.~~

~~*Consumer-centricity*. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.~~

~~*Access/Equity*. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.~~

~~*Advocacy*. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.~~

~~1. Porter ME, Teisberg EO. Redefining health care: creating value-based competition on results. Boston: Harvard Business School Press, 2006.~~
~~2. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: Institute of Medicine of the National Academies, 2001.~~

Support Statement

Motion Concept:

The concept is to revise an important document to update its language, both in relevance and modernization.

What is this motion seeking to achieve?
If revised, this document will be updated to improve clarity and update language in both relevance and timeliness.

How does this motion contribute to achieving the Vision?
Our motion provides clarity to the "how" behind achieving the vision as it is a revision to the Guiding Principles to Achieve the Vision.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion addresses all aspects of the Strategic Plan as it encompases three of four aspects: Member Value, Quality of Care, Demand and Access.

How is this motion's subject national in scope and importance?
As the Guiding Principles to Achieve the Vision address the Identity, Quality, Collaboration, Value, Innovation, Person-centricity, Access/Equity, and Advocacy for the profession, this motion is national in scope and importance given its scope of influence.

What federal or state laws and regulations also address this topic?
None

What previous or current initiatives and positions of the Association address this topic?
GUIDING PRINCIPLES TO ACHIEVE THE VISION HOD P06-19-46-54
VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION HOD P06-13-18-22

What interested parties will be impacted by this motion?
This motion affects all physical therapists, physical therapist assistants and students of physical therapy in that it provides the foundational values and beliefs which shape the behavior, decisions and goals of our organization and profession. (see additional background info for our drafted support statement)

Additional background information.
The Vision Statement for the Physical Therapy Profession was revised in 2013 by the House of Delegates, (HOD P06-13-18-22) [Initial HOD P06-00-24-35] [Position] and it reads: Transforming society by optimizing movement to improve the human experience. At the same time, the House adopted the Guiding Principles to Achieve the Vision HOD P06-19-46-54 [Initial HOD P06-13-19-23] [Position]. These important foundational values or beliefs shape the behavior, decisions and goals of our organization and profession. They are used in several important ways: setting strategic direction, shaping organizational and professional culture, influencing policy and advocacy and building member engagement and public trust. Revisions to the Guiding Principles to Achieve the Vision have been minimal since the initial position was created in 2013.

Given the importance of this document, it is time to update the language to ensure that it stays current, inclusive and reflective of evolving societal and professional norms. Revising the Guiding Principles to Achieve the Vision demonstrates the Association's and House of Delegates' commitment to society and the evolving landscape of local, national and global health and healthcare. In these revisions, changes such as digital health, innovation, interprofessional and intraprofessional collaboration and an emphasis on evidence-based, person-centered care acknowledge changes since the initial adoption and latest revision of the Guiding Principles.

Last Updated: 06.01.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Arizona
Motion Contact: Seth Peterson, PT, DPT, Delegate Arizona
Email: srpeterson01@atsu.edu

Required for Adoption: Majority Vote

RC 11-25 ADOPT: FACULTY ENGAGEMENT IN CLINICAL PRACTICE

That the following be adopted:

FACULTY ENGAGEMENT IN CLINICAL PRACTICE

The American Physical Therapy Association encourages institutional policies, contractual arrangements, and cultures that enable core faculty in physical therapy educational programs to engage in clinical practice.

Support Statement

Motion Concept:
It is well-accepted that having clinical faculty who remain actively engaged in practice has the potential to bring additional insight into the classroom and model expertise for students. In the 46th McMillan Address, Lynn Synder Mackler called for more researchers, mentors, and teachers to be involved in the clinic,[1] an idea that was reflected in the American Council of Academic Physical Therapy's Excellence Framework for Physical Therapist Education, which called for leadership to "...allocate resources to enable faculty growth in...clinical practice."[2]

Over the past year, we have been made aware of instances in both physical therapist (PT) and physical therapist assistant (PTA) programs where faculty were directly or indirectly discouraged from participating in clinical practice. This was often because of institutional leadership not allocating resources or time for that engagement.

The percentage of faculty time spent on clinical practice has remained under 4% for over a decade, the lowest of all categories evaluated by the Commission on Accreditation in Physical Therapy

Education (CAPTE).[3] Data obtained from the APTA show that emeritus status applications have ballooned by a factor of ten during that same time period, potentially signaling a movement away from the clinic. Website registration data was also furnished by APTA staff, which revealed approximately half of those who were employed by academic institutions, when asked how many hours per week they see patients, selected either "0" or left the field blank.

The physical therapy profession makes its own decisions. However, it may be informative to contrast PT/PTA faculty participation in clinical practice with that of other professions. A 2015 report[4] found medical school faculty spent 54.5% of their time with patients, and clinical pharmacy faculty reported spending 30.8% of their time seeing patients.[5] These numbers far exceed the 1.9-4% number reported in physical therapy faculty.[3] Higher levels of clinical practice are also present in nurse practitioner faculty, with a National Survey on National Nurse Practitioner Faculties published in 2012 showing 76% of respondents were practicing.[6] In recent years, CAPTE has attempted to increase scholarly output by requiring 50% of faculty possess a terminal doctorate degree. This number dwarfs the < 20% of medical school faculty that had a terminal doctorate in 2015.4 Taken with the fact that no other certifying body in healthcare has instituted such a policy, it seems logical to consider that the increased emphasis on scholarly output has come with a cost. With this motion, APTA would simply affirm support for arrangements that allow for PT/PTA faculty to remain engaged with patients.

What is this motion seeking to achieve?

This position would provide support for cultures and arrangements that allow PT/PTAfaculty to participate in clinical practice. Although this cannot be enforced, we believe this aspirational statement would encourage institutions to re-evaluate resource allocation decisions that may serve as barriers to their faculty seeing patients.

How does this motion contribute to achieving the Vision?

APTA's vision for the physical therapy profession is "Transforming society by optimizing movement to improve the human experience." In other words, it is the human experience—that of patients and society at large—that is the profession's north star.

One way to maintain this commitment to the human experience is to interact regularly with patients. By doing so, clinical faculty can build on their contemporary experience and use that experience in the classroom to enrich the learning environment of their students. The clinics themselves can also be beneficiaries of the participation of local faculty, who can serve as role models for local clinicians while maintaining strong connections with local businesses and potential clinical sites. In "Not Eureka," Lynn Snyder-Mackler highlighted the potential benefits of clinical participation on the relevance of our work and generation of new knowledge.[1] As the profession evolves, as it has in recent years with more permissive legislation around imaging referral, practicing in the clinic allows for real-world experience to keep pace with that evolution, which helps prepare the PTs and PTAs of tomorrow.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

"Provider health and well-being":

Being active in the clinic has the potential to strengthen the faculty member's identity as a PT. In preparation for this motion, a full-time faculty member reported the following about their experience participating in the clinic:

"As faculty members, we often tell our students that physical therapy is a lifelong learning process. But how can I authentically teach that principle if I'm not actively engaged in the process myself? One of the most rewarding aspects of my career has been the opportunity to work with patients of all ages and abilities. Seeing someone progress from acute injury to functional independence is not just fulfilling—it continually shapes my identity as a physical therapist. Every patient encounter is an opportunity to refine my skills, challenge my assumptions, and stay curious."

Quality of Care:

By developing institutional cultures in which clinical engagement occurs regularly, faculty can develop contemporary experience applying the very knowledge they are teaching in the classroom. These experiences can serve to strengthen the quality of teaching in certain subjects, as illustrated by the following story shared by a faculty member:

"One semester, I was explaining the principles of differential diagnosis to my students. It struck me that my most powerful examples came not from textbooks or journal articles but from patients I had seen just weeks prior. I recalled a patient presenting with what initially seemed like patellofemoral pain during running. As I inquired about the onset of this condition, the patient related that the symptoms really took a turn for the worse during the summer when it was hot. As I examined the patient, I noticed a significant Trendelenburg with gait on the involved side. My neurological examination revealed hyperreflexia, and a positive Babinski and the presence of clonus. I referred the patient for further workup and the ultimate diagnosis was multiple sclerosis. Sharing that journey with my students brought the material to life in a way no lecture alone could. Had I not been actively practicing, that case study would never have been part of my teaching. My clinical engagement isn't just about staying relevant—it's about offering students real-world insights that help them build their own diagnostic skills."

How is this motion's subject national in scope and importance?

There are 300+ PT/PTA programs across the United States, about 3,000 full-time faculty members, and many thousands of students. This position statement would impact all of those stakeholders. Additionally, we believe that more consistent faculty engagement in the clinic would serve to strengthen clinical-academic partnerships.

What federal or state laws and regulations also address this topic?

There are no state laws or regulations relating to this issue. As the accrediting body for physical therapy, there is a perception that CAPTE considers clinical practice as one component of its judgement of "contemporary expertise" of faculty. However, In "STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS," the matter in

which contemporary expertise is determined has no mention of clinical practice.7 The same is true for the standards used with PTA programs.8 It is possible that "consultation and service" would include clinical practice, but this is not necessarily so. It is also important to point out that, even in those instances, CAPTE does not mandate any such participation. One potential result is that programs could exist in which no faculty member is actively engaged in clinical practice.

What previous or current initiatives and positions of the Association address this topic?
We are not aware of any APTA positions that relate to this issue. As previously mentioned, CAPTE standards do not necessitate that faculty participate in clinical practice, nor does it state that faculty members be permitted to participate in clinical practice.

What interested parties will be impacted by this motion?
As a position statement, this motion would simply serve to encourage all institutions to adopt policies that allow clinical faculty to engage in practice. For the institutions with high levels of faculty engagement in practice, this motion will simply reaffirm their commitment. For those institutions that do not, the hope is that this position will urge them to revisit their policies and cultures in an attempt to identify potential barriers to that engagement.

There is little debate that faculty who regularly teach clinical skills would benefit from maintaining a "foot in the clinic." As practice evolves, as it has recently with more permissive imaging laws across the country, faculty who have retired from clinical practice may not have first-person experience or stories to draw on that could enrich their teaching. As an extension, students could also benefit from clinical faculty who have more relevant clinical experience.

There is another, perhaps overlooked, benefit of academic faculty being involved in this clinic: how it influences local clinics and culture. Having a local professor present in a clinic has the ability to strengthen relationships with those clinics and model behavior such as evidence-based practice and advanced differential diagnosis to local clinicians. In the future, this mutual respect and engagement may help foster clinical-academic partnerships that could benefit all parties, including students.

Additional background information.
NA

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4. Pollart SM, Novielli KD, Brubaker L, et al. Time well spent: the association between time and effort allocation and intent to leave among clinical faculty. Acad Med. 2015;90(3):365-371. doi:10.1097/ACM.0000000000000458
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7. Commission on Accreditation in Physical Therapy Education.STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS. Adopted October 31, 2023. (Accessed April 15, 2025).
8. Commission on Accreditation in Physical Therapy Education. STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS. Adopted October 31, 2023. (Accessed April 15, 2025).

Last Updated: 06.01.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Arizona
Primary Motion Contact: Jamie Kuettel, PT, DPT, Chief Delegate, Arizona
Email: jkuettel@atsu.edu

Required for Adoption: Majority Vote

RC 12-25 AMEND: TELEHEALTH

That Telehealth (HOD P06-19-15-09) be amended by inserting a new third bullet so that it would read:

TELEHEALTH

Telehealth is a well-defined and established method of health services delivery. Physical therapists provide services using telehealth as part of their scope of practice, incorporating elements of patient and client management as needed to enhance patient and client interactions. The American Physical Therapy Association supports:

- Inclusion of physical therapist services in telehealth policy and regulation on the national and state levels to help society address the growing cost of health services, the disparity in accessibility of health services, and the potential impact of health workforce shortages.
- Advancement of physical therapy telehealth practice, education, and research to enhance the quality and accessibility of physical therapist services.
- Incorporation of education for physical therapists and physical therapist assistants to acquire relevant knowledge, skills, and competencies in telehealth service delivery.
- Expansion of broadband access to provide all members of society the opportunity to receive services delivered via electronic means.

Support Statement

Motion Concept:
Telehealth has become a crucial mode of healthcare delivery, particularly in physical therapy, with the COVID-19 pandemic accelerating its integration into clinical practice. The APTA recognized telehealth as an established method before the pandemic, but despite its growing role, many

physical therapists still lack confidence and training in telehealth technologies, remote assessments, and patient relationships. Research highlights a gap in formal telehealth training, underscoring the need for updated education policies. With telehealth's continued prevalence, especially post-pandemic, it is essential that Doctor of Physical Therapy (DPT) programs integrate telehealth education to prepare future clinicians. The APTA's 2024 strategic survey confirms strong support for expanding telehealth and equipping clinicians with the necessary competencies. Formalizing telehealth training in DPT curricula will enhance patient care, address accessibility barriers, and ensure that graduates are equipped to meet evolving healthcare needs.

What is this motion seeking to achieve?

If our amendment is accepted, APTA will support the integration of telehealth training into physical therapy education throughout the U.S.. Education on telehealth, not in the form of a CEU, will help ensure that the physical therapy profession stays relevant with the modernization of healthcare and help provide extraordinary care to keep up with the demands of patients' ever-changing needs. In order for physical therapy to be successful, clinicians need to be available to all patients. Telehealth is an excellent way to expand the profession's reach and close barriers to care that many patients face due to lack of transportation or location settings. To keep providing high-quality care, physical therapy schools must implement telehealth competency into their curriculum.

How does this motion contribute to achieving the Vision?

The APTA Vision Statement articulates a future where physical therapy is recognized as a vital component of healthcare, with physical therapists serving as leaders in transforming society's health and wellness. This motion aligns with that Vision by preparing future physical therapists to be leaders in innovative, accessible, and patient-centered care. By integrating telehealth training into DPT curricula, the motion supports the Vision's goal of expanding access to physical therapy services, especially for patients facing barriers to in-person care. It ensures that new physical therapists are equipped with the necessary skills to meet the evolving healthcare needs of diverse populations, thereby contributing to the transformation of health care through physical therapy.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion supports APTA priorities as reflected in the current APTA Strategic Plan by advancing the Association's goals to enhance access to physical therapy, improve patient outcomes, and prepare the workforce to meet evolving healthcare needs. The integration of telehealth training into DPT curricula addresses the priority of expanding access to care, particularly for patients facing barriers like transportation or geographic isolation. It also aligns with APTA's emphasis on promoting innovation and leveraging technology to improve healthcare delivery. Furthermore, by equipping future physical therapists with the competencies needed for effective telehealth practice, this motion contributes to the priority of fostering a highly skilled and adaptable workforce, ensuring that clinicians are prepared to provide high-quality, patient-centered care in a rapidly changing healthcare environment.

How is this motion's subject national in scope and importance?

The motion's subject is national in scope and importance because telehealth expands access to physical therapy for individuals who face barriers to in-person care, such as those in rural or underserved areas. The COVID-19 pandemic highlighted the critical role of telehealth in maintaining continuity of care, forcing many clinicians to adapt to remote service delivery. However, despite the growing demand for telehealth, many physical therapists still feel unprepared and lack the necessary resources and training to effectively deliver remote services. Research has shown that physical therapy programs across the United States lack digital practice education standards, which hinders clinicians' ability to confidently conduct telehealth sessions. This national issue underscores the need for formal integration of telehealth education into physical therapy curricula to ensure that future therapists are equipped to meet the needs of a changing healthcare landscape.

What federal or state laws and regulations also address this topic?

Telemedicine and Telehealth Services Coverage: The Centers for Medicare and Medicaid Services (CMS) has expanded telehealth coverage under Medicare during the COVID-19 pandemic, allowing physical therapy services to be delivered via telehealth. However, these expanded provisions are set to expire unless extended by legislative action, such as through the Expanded Telehealth Access Act (H.R. 3875/S. 2880).

- Telehealth Parity Laws: Many states have passed telehealth parity laws, which require private insurance companies to reimburse providers for telehealth services at the same rate as in-person services. These laws vary by state but are essential for ensuring that telehealth remains financially viable for clinicians and accessible for patients.
- State Physical Therapy Licensure Compact (PTLC): The PTLC facilitates the ability of physical therapists to practice across state lines through telehealth by recognizing licensure across participating states. This is important for enabling therapists to deliver telehealth services to patients in different states without requiring separate licenses in each state.
- Telehealth Practice Guidelines by APTA: The American Physical Therapy Association (APTA) has issued guidelines and best practices for telehealth in physical therapy. While not a law, these guidelines influence how physical therapists practice and ensure that standards for digital care are maintained.
- HITECH Act: The Health Information Technology for Economic and Clinical Health (HITECH) Act encourages the adoption of electronic health records (EHRs) and telehealth technologies by providing incentives for healthcare providers who demonstrate meaningful use of EHR systems, impacting telehealth services indirectly.

What previous or current initiatives and positions of the Association address this topic?

TELEHEALTH HOD P06-19-15-09 [Initial: HOD P06-14-07-07] [Position]

The video available to 2025 delegates reviews and summarizes the data collected to inform APTA's 2026-2029 strategic plan

What interested parties will be impacted by this motion?

Physical Therapists, Physical Therapist Assistants, Patients, Academic Institutions, Healthcare Providers, and Facilities, Policy Makers and Insurance Providers, APTA, Educators

Additional background information

Telehealth Adoption Trends: The adoption of telehealth has been rapidly increasing over the past few years, largely driven by the COVID-19 pandemic, which forced many healthcare providers to quickly transition to remote services. This shift has accelerated the acceptance of telehealth as a legitimate and effective mode of care delivery. However, as in-person services resume, there is a need to ensure telehealth remains integrated into standard practice.

Physical Therapy's Unique Telehealth Challenges: Physical therapy is a hands-on profession, and remote delivery presents unique challenges, such as performing physical assessments and guiding patients through exercises without direct contact. These challenges highlight the need for specialized training in telehealth-specific assessment techniques, as well as strategies to maintain effective therapeutic relationships through virtual platforms.

Telehealth's Potential to Address Healthcare Disparities: One of the most significant benefits of telehealth is its ability to bridge gaps in healthcare access, particularly for individuals in rural or underserved areas who may not have easy access to physical therapy clinics. By ensuring that telehealth is effectively integrated into DPT education, physical therapy students will be better prepared to serve these populations.

Legislative and Regulatory Developments: Federal and state governments have been actively evaluating telehealth reimbursement and regulations. While temporary measures, such as those introduced during the pandemic, have expanded access to telehealth services, there is an ongoing need for permanent policies that ensure sustainable funding and reimbursement for telehealth services in physical therapy.

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Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Arizona
Motion Contact: Seth Peterson, PT, DPT, Delegate, Arizona
Email: srpeterson01@atsu.edu

Required for Adoption: Majority Vote

RC 13-25 ADOPT: GUIDING PRINCIPLES AND STRATEGIES TO REDUCE EDUCATION COSTS AND EXPAND THE PHYSICAL THERAPIST WORKFORCE

That the following be adopted:

GUIDING PRINCIPLES AND STRATEGIES TO REDUCE EDUCATION COSTS AND EXPAND THE PHYSICAL THERAPIST WORKFORCE

The physical therapy profession faces two interconnected critical challenges: the high cost of education and a growing workforce shortage. Rising education costs deter prospective students, burden new graduates, and create downstream challenges for employers, while resultant workforce shortages threaten the ability to meet increasing patient demand.[1-9]

The following principles and strategies outline a comprehensive strategy to address these challenges through collaboration, innovation, and policy reform.

1. The American Physical Therapy Association
    1.1 Prioritize workforce planning relative to contemporary workforce challenges[6] and consistent with APTA policies and positions on workforce planning.[10]

    1.2 Facilitate partnerships among academic institutions, employers, and policymakers to align workforce needs with graduates who are competent, trustworthy, and ready to meet current and future demands of clinical practice.

    1.3 Collaborate with educational stakeholders to expedite the development of Competency-Based and Core Entrustable Professional Activities educational frameworks.

1.4. Expand tools to guide prospective students in making informed decisions about program affordability and career prospects by comparing tuition, student debt repayment, and prospective income.

2. The Professional Education Program

2.1. Accelerate the shift toward Competency-Based Education and the incorporation of Entrustable Professional Activities into physical therapy curricula to emphasize skill mastery, evidence-based performance outcomes, and real-world clinical readiness for independent practice.[11-13]

2.2. Restructure program curriculum that surpasses CAPTE's minimum standards for program length, as seen in other health professions[14-18] and in physical therapy,[19] combined with advancement in educational technologies, to demonstrate that rigorous academic standards can be upheld without extending program duration.

2.3 Work to achieve greater influence over their financial resources as a means of increasing accessibility and viability of a career in physical therapy and as a means of reducing the cost of education to students and society.[13,20]

2.4. Promote partnerships in which employers sponsor student seats in exchange for post-graduation employment commitments, ensuring a consistent flow of qualified clinicians.

2.5. Support innovative educational models that integrate technology, personalized learning pathways, and active, hands-on approaches to foster critical thinking, collaboration, and adaptability, and to better prepare students to meet evolving professional demands.

3. The Clinical Education Site

3.1 Follow APTA guidelines, policies, and positions to promote excellence in clinical education.[21]

3.2 Implement Core Entrustable Professional Activities as a means of assessing clinical competence of students in clinical education.[11,12]

3.3 Support and prioritize selection of students for clinical education from programs with more competitive tuition costs to participate in influencing long-term success of their students.[2]

3.4 Explore partnership relationships with professional education programs and other clinical education sites to promote and influence reduced tuition costs.

4. The APTA Chapter

4.1 Work with the state licensing board, state legislature, or other governmental agencies to ensure that key metrics in workforce data are collected and available to inform the chapter's position relative to professional education program development, expansion, or contraction to meet workforce needs.

4.2 Work with the state licensure board, the state legislature, or other government bodies to review and amend as needed practice act statutes or rules to allow for an increase in the ratio of students to clinical instructors.[22]

Support Statement

Motion Concept:

For the House of Delegates to adopt a position with principles and strategies for APTA, Academia, Clinical Education Sites, Chapters, and others to potentially reduce the time and tuition cost of professional education. To a large extent, many of these recommendations have already been proposed by the Education Leadership Partnership.[13,20] This new position suggests other effective methods to address workforce shortages other than just creating more physical therapist and physical therapist assistant programs. The motion is not a charge or directive to the Board or others mentioned in the motion body, but it does recognize the requirement that if we are truly going to address two or more critical issues facing the profession now, not 10-15 years from now, i.e., high student debt load and unmet workforce demand, we must act together not just as "interested," but as engaged partners. The House has the opportunity to weigh in on these issues this year. It is timely given APTA's strategic planning timelines, and it is crucial given membership's decreasing confidence in APTA's advocacy and the real and present problems of high student debt load, workforce shortages, and reimbursement problems across the industry.

What is this motion seeking to achieve?

The proposition of this motion is this: can a more committed, faster, and widespread move toward Competency-Based and Core Entrustable Professional Activities (EPAs) educational frameworks in professional and clinical education produce the efficiencies needed and enough of an incentive to reduce the length of DPT programs close to CAPTE minimum standards for program length, while demonstrating that rigorous academic standards can be upheld without extending program duration?

With such changes, the marketplace can potentially drive tuition costs lower, leaving more available funds for early career professionals to pursue post-graduate training, potentially producing and retaining more clinicians in an era of continued poor retention rates post-Covid pandemic.[9]

How does this motion contribute to achieving the Vision?

"Transforming society…." We need to transform our self, our profession, before we can hope to effectively be a transforming force in transforming society through the movement system. Let's examine a few quotes from the Guiding Principles to Achieve the Vision:

Quality: "Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia."

Numerous studies, research, papers, task forces, the ELP, etc., and notable leadership talks and presentations have issued calls for action and innovation. Academia at times seems intransigent underneath administrators who must support the financial expectations of their programs within their universities, and are prevented from even thinking about more efficient programs and decreased tuition to address the dual issues of debt load and workforce shortages. This motion calls out for courage and innovation. But the same call to action has already come numerous times from within academia itself (see multiple references within this motion).

Collaboration: "In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care."

CBE and Core EPA based education and training specifically focuses on standardizing education and clinical training, which is what almost all other health professions are now moving toward. How many of us know the standardized Core Entrustable Professional Activities (EPAs) used by our physician colleagues so that they are able to deliver services at an expected high and safe quality? We have long sought for widespread clinical guidelines and bemoaned clinical variance in physical therapy. If we truly wish to address these problems, CBE and EPA education and training seem to be an obvious remedy.

Value: "Value has been defined as "the health outcomes achieved per dollar spent". To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable."

We are aware of only one study that examined effective outcomes in physical therapy, and the only education and training with proven superiority in patient outcomes is with postprofessional training. The cost of education and the high debt load of early career professionals is not only precluding widespread engagement in such training, but is driving some out of the profession altogether at an early age. We acknowledge the critical issue that poor reimbursement plays in all of this, but APTA must not tackle only one issue and ignore the others.

Innovation: "Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods."

This motion directly applies to this guiding statement to achieve our Vision – innovation in "fostering new educational models."

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Let's be futuristic and focus here on current planning for the upcoming 2026-2029 Strategic Plan. The Board, using their consulting firm Mckinley Advisors, conducted a widespread survey of over 5,000 respondent stakeholders to gather opinions and recommendations for the next strategic plan.[1] Underscoring the data, there was a general decline in membership satisfaction as seen through top issues identified in this survey: payment and reimbursement, demand and access to services, and cost of education and economic literacy. The dissatisfaction, most can deduce, is the lagging progress on these issues and the real-world impact they have on physical therapists and their patients. It is hard for us to imagine a new APTA 2026-2029 Strategic Plan that does not include all of these issues as main planks. This motion addresses two of these three issues – demand and access to services and high cost of education. Perfecting and adopting this motion provides House of Delegates emphasis (adding to APTA's survey respondents) that membership as represented through their delegates wants these issues addressed in strategic planning, and provides specific guidance for strategic initiatives. The Hawaii and PPS motion on payment and reimbursement focuses on the other key issue.

How is this motion's subject national in scope and importance?
There are 335 PT programs with 38,879 PT Students, 415 PTA programs with 10,171 PTA students, 99,692 total APTA membership across all categories that includes over 30,000 students (from the APTA 2023 Annual Report), and approximately 312,000 licensed physical therapists in every state of the US. It is hard to think of another motion this year that is more national in scope and with potential widespread implications for positively affecting students, practitioners, and society.

What federal or state laws and regulations also address this topic?
All state practice acts and regulations have statutory and rule language that includes physical therapist "direction and supervision" of all personnel in patient care within a practice or service. This includes student supervision. One of the member groups this motion addresses is Chapter involvement with their practice acts and rules. The motion suggests work that may be needed to address overly restrictive limits in supervision language. For example, it may be necessary to modify language requiring one-to-one supervision of students or counting students within the total number of personnel that a physical therapist is allowed to supervise. Working with licensing agencies, review agencies, and legislatures will be necessary.

What previous or current initiatives and positions of the Association address this topic?
The list is long but includes at least the following:

- RC 12-14: Promoting Excellence in Physical Therapy Professional Education that was referred to the Board that year.
- Work of the Board's Excellence in Physical Therapist Education Task Force that reported in November 2015
- Work of the Board's Best Practices for Physical Therapist Clinical Education Task Force that was reported in January 2017.

- The formation of the Education Leadership Partnership (ELP) established in 2016 between APTA, ACAPT, and APTA Academy of Education, resulting in publication of A Vision for Excellence in Physical Therapy Education in August 2021.
- A notable milestone was the 2017 House of Delegates discussion around the Board report that came back from RC 12-14 and was not well received partially due to the recommendation to mandate residency training before full unrestricted licensure could be achieved, plus the high cost of education generally prohibiting many from going on through another year or more of residency training.
- Another historical call to action was President Sharon Dunn's 2019 notable Presidential Address,16 in which (as a Dean at LSU and APTA president) she did not sugar coat her call to action about the negative impact of the high cost of professional education in physical therapy.
- Finally among more that could be listed, there is the recent study published in the March issue of PTJ, titled Current and Projected Future Supply and Demand for Physical Therapists From 2022 to 2037: A New Approach Using Microsimulation, Physical Therapy, and published on behalf of APTA.

What interested parties will be impacted by this motion?

APTA's Board of Directors, staff, professional and clinical educators and their universities, chapters, students and their families, clinicians, our patients, and society in general.

Additional background information.

In developing this motion concept and before developing actual motion language, we became aware that in our "backyard" Northern Arizona University on its two campuses and its hybrid program has been the first physical therapy program to have successfully revised their curriculum and implemented a Competency-Based and Core Entrustable Professional Activities (EPA) educational framework for their entire program. Their revision reduced their program length from 3 years to 2 years. This means two full semesters were eliminated, during which time students are now able to enter the workforce, and not pay tuition. Students are encouraged to consider furthering their professional training after being awarded the DPT degree through post-graduate training.[19]

One concern raised is that this motion may be premature and that we don't yet know the impact of CBE/EPA model education and training in physical therapy education with only NAU's program having made a complete transition and yet to graduate its first cohort. One report we have included in our references relates that in nursing, students from schools that have made the shift are achieving "higher NCLEX pass rates, reduced clinical placement challenges, and greater employer satisfaction."[18] Also, the stated goal of now 33 medical schools in the Consortium of Accelerated Medical Pathway Programs (CAMPP) is "reducing the nationwide physician shortage and alleviating student debt,"[16] the same goals as this motion envisions for physical therapy.

Many have asked whether it would be a more efficient way for Physical Therapist Assistant to become physical therapists. We believe CBE has the potential to make this transition more seamless, since the simplest definition of CBE is "show me what you know, when you know it," which will come from mastering EPAs.

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Arizona
Motion Contact: Seth Peterson, PT, DPT, Delegate, Arizona
Email: srpeterson01@atsu.edu
Required for Adoption:

RC 14-25 ADOPT: APTA SUPPORTS PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT ENGAGEMENT IN COLLECTIVE BARGAINING

That the following be adopted:

APTA SUPPORTS PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT ENGAGEMENT IN COLLECTIVE BARGAINING

That the American Physical Therapy Association supports the right of physical therapists and physical therapist assistants to engage in collective bargaining.

Support Statement

Motion Concept:
According to APTA workforce data published in July 2023, outpatient services are the largest practice setting for PTs in the profession at 39%.(1) The next highest practice setting is hospital-based services at 31%.(1) Only 4% of physical therapists are reported as self-employed, meaning that most clinicians are working as employees.(1) If this trend follows that of medicine, this number will continue to grow. As employees working in larger and larger consolidated entities (for profit and private equity ownership), clinicians are realizing that they have little to no voice over many aspects of patient care and their work environment.

Collective bargaining can be an effective tool for protecting patient care safety standards, improving work conditions, ensuring fair pay and job security, and providing a process for grievances. With increasingly demanding productivity standards, burnout, high vacancy rates, and changing political landscape, now is the time for the APTA HOD to reaffirm its support for the right of physical therapists and physical therapist assistants to engage in collective bargaining.

What is this motion seeking to achieve?

This motion would reaffirm that APTA unequivocally supports the right of PTs and PTAs to engage in collective bargaining. We hope that having a position statement on this issue would inform APTA's future support of any challenges that may be directed against collective bargaining in the future.

How does this motion contribute to achieving the Vision?

APTA's Vision Statement focuses on key principles such as quality, equity and advocacy. When negative changes like increasing productivity standards, burnout and elevated vacancy rates begin to surface, this limits our professional patient/client engagement. In June of 2024, the American Medical Association released a statement in support of the right of physicians to engage in collective bargaining and to work for expansion of the numbers of physicians eligible for that right under federal law.(2) As health care providers, physical therapists and physical therapist assistants should have the same backing as physicians from their Association to support collective bargaining rights.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

APTA's Strategic Plan focuses on 3 main areas: sustainable profession, quality of care, demand and access. Support for collective bargaining helps to support all 3 areas, especially during this period of time where evidence suggests dissatisfaction within the profession's workforce.

In a study of rehab productivity goals, 73.9% of respondents said their employers set productivity goals for them.(3) Of that group, 85.1% indicated that the goal was based on billable units per hour.(3) However, 54.5% said they had no input into the goal-setting process.(3) Furthermore, the APTA has already expressed concern about productivity standards, including in HOD P09-21-23-13, which passed the House in 2021. This position states that the APTA supports productivity standards that balance the patient experience and outcome, respect clinical judgment, adhere to the APTA Code of Ethics, consider the economics of care delivery models, and improve the work experience of the providers. By engaging in actions like collective bargaining, therapists can demand a seat at the table and ensure that their voices are heard on productivity standards and goals.

Burnout continues to be a significant issue for physical therapists. More than 15,000 physical therapists left the profession between 2021 and 2022.(4) This equates to 11% of the physical therapy workforce – representing the largest percentage of the workforce lost when compared to physicians, nurse practitioners, physician assistants, and licensed clinical social workers.(4) In an increasingly business-oriented health care environment, health care providers must consider a multitude of factors other than their patients' best interests when deciding on treatment.(5) The financial considerations of hospitals, of health care systems, of insurers, of patients, and increased fear of litigation can all come into play. Therapists spend more time than ever on EHR documentation and bureaucratic administrative work, which can lead to fragmented care.

Navigating an ethical path among all of these competing interests can be emotionally and morally exhausting. Under these conditions, therapist collective bargaining agreements present a plausible

opportunity to improve working conditions in a way that benefits both therapist and patient to help sustain our profession, quality of care and accessibility.

How is this motion's subject national in scope and importance?

Across the nation, physical therapists are becoming more vocal on social media regarding collective bargaining. In 2019, Facebook groups like the American Therapy Alliance, with 31K+ followers, were created to connect therapists with unions and legal council, organize group communication with legislators, lead efforts to set acceptable standards within the healthcare community and empower all therapists with the knowledge and ability to practice ethically.(6) One recent union example is the United Michigan Medicine Allied Professionals (UMMAP), which represents over 3,700 employees across the University of Michigan Health System, including therapists. Another collective bargaining agreement recently created was between Kaiser Foundation Health Plan of Washington and SEIU Healthcare physical and occupational therapists. These agreements help protect patient care safety standards, improve work conditions, ensure fair pay and job security, and provide a process for grievances.

What federal or state laws and regulations also address this topic?

Federal law protects collective bargaining rights of workers in the private sector, however labor law for public employees is determined by each state. A new law in Utah that goes into effect July 2025 prohibits unions from negotiating wages and other terms for teachers, firefighters, police officers and all other public employees.(7) North and South Carolina have banned collective bargaining for the public sector. In Texas and Georgia, only police and firefighters have the right to bargain. Currently, there is an anti-unionization effort going on at the federal level.(8) On March 27th, 2025 an executive order from the White House moved to eliminate collective bargaining rights for around 67% of the entire federal workforce.8 Departments that support health care professionals like State and Veterans Affairs and Health and Human Services are just some of the numerous federal agencies and subdivisions that will be affected.

What previous or current initiatives and positions of the Association address this topic?

In 2018, the APTA's Special Committee to the House of Delegates eliminated a collective bargaining position (HOD P06-85-27-53) that was rarely being consulted. The 1975 position primarily consisted of directives from the APTA to physical therapists regarding the manner of engagement in collective bargaining. However, an unintended consequence of this position's removal is the absence of anything conveying APTA's unequivocal support of the right of PTs and PTAs to engage in collective bargaining.

What interested parties will be impacted by this motion?

In the United States, some three-quarters of private-sector workers and two-thirds of public employees have the right to collectively bargain. Joining together in collective bargaining enables employees from all walks of life to negotiate for higher wages and benefits and improve conditions

in the workplace. When physical therapists and physical therapist assistants speak up together, they can accomplish more for their profession than on their own.

Additional background information.

NA

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Arizona
Motion Contact: Kayla Black, PT, DPT, EdD, Delegate, Arizona
Email: kdblack@hpu.edu

Required for Adoption: Majority Vote

RC 15-25 AMEND: DIAGNOSIS BY PHYSICAL THERAPISTS

That Diagnosis By Physical Therapists (HOD P06-12-10-09), fifth paragraph, be amended by inserting the words "laboratory tests," after the word "imaging," so that it would read:

Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

DIAGNOSIS BY PHYSICAL THERAPISTS

* * *

When indicated, physical therapists order appropriate tests, including but not limited to imaging, laboratory tests, and other studies, that are performed and interpreted by other health professionals and when appropriate physical therapists.

* * *

Support Statement

Motion Concept:
This motion edits the APTA's Diagnosis by Physical Therapists position statement, which describes the process by which a physical therapist makes a diagnosis for patients or clients. This position statement was initially established in 1984 and last amended in 2008. In the fifth paragraph, the position statement states that "...physical therapists order appropriate tests, including but not limited to imaging, and other studies, that are performed and interpreted by other health professionals and when appropriate physical therapists." Interprestaions of "other studies" varies, however, since "laboratory tests" are not explicitly stated, this motion adds "laboratory tests" following imaging in this position statement.

A laboratory test is a procedure used to analyze blood, urine, bodily fluids, or tissue samples to support a diagnosis, monitor existing conditions, or evaluate the effectiveness of a treatment. These tests measure organ function, electrolyte imbalance, infection, inflammation, metabolic health, and other factors to provide critical information that helps shape clinical decisions. While many physical therapists do not currently order laboratory tests, they interpret the results within their scope of practice to guide evaluation, plan of care, treatment intensity, and risk management.

What is this motion seeking to achieve?

The expected outcome of the motion is to explicitly describe that ordering laboratory tests is within the scope of practice for physical therapists as part of establishing a physical therapy diagnosis. There are no current standards of practice that describe this as being part of the professional scope of practice for physical therapists; thus, it is difficult to pass legislation or influence regulations to allow physical therapists to order laboratory tests.

How does this motion contribute to achieving the Vision?

The APTA's vision statement is a call to action to transform the healthcare industry. Clearly defining that ordering laboratory tests as being in the scope of practice of physical therapists would improve the patient experience and restore confidence in the healthcare system for the communities we serve. The current healthcare system is inefficient, leading to delays or a lack of diagnosis due to wait times to see primary care and specialty providers. Physical therapists are well-positioned to see a broader picture of a patient’s health due to the high frequency of visits and time spent with patients compared to other healthcare providers during an episode of care. Outside of the United States, advanced practice physiotherapists are authorized to order laboratory tests.[3]

Empowering physical therapists to order laboratory tests can reduce unnecessary delays in care and streamline interdisciplinary communication. This action would elevate our roles within an integrated healthcare system by increasing our involvement in patient care in both primary care and acute care settings, positioning us well for improved management of falls, chronic diseases, and overall health and wellness. Finally, this change would support health equity by offering more direct access to services to our underserved communities.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

The proposed motion supports the APTA Strategic Plan 2022-2025 in terms of quality of care, demand, and access to care. To elevate the quality of care and improve health outcomes for patients, physical therapists may help decrease barriers to timely access to laboratory tests when a patient's clinical presentation warrants such tests. As direct access providers, physical therapists who order laboratory tests have the potential to decrease wait times by providing patients/clients with effective and efficient care and facilitating referrals to the appropriate healthcare provider.

How is this motion's subject national in scope and importance?

This subject is national in scope because the national shortage and maldistribution of primary care providers is expected to increase across the country through 2030.[1] With all 50 states having direct access, physical therapists are in a unique position to share responsibilities within primary health care teams to deliver timely and effective care to patients.[2] The APTA Position Statement Diagnosis by Physical Therapists (HOD P06-12-10-09) states that physical therapists can order imaging and other tests when indicated, however, ordering laboratory tests is not explicitly described.

An increasing number of states allow physical therapists to become certified as Medical Examiners under the Federal Motor Carrier Safety Administration for Department of Transportation Physical Exams. With this certification, the Medical Examiner routinely orders urinalyses. Additionally, many states allow consumers to directly order laboratory tests, and many state practice acts are silent on this topic. Physical therapists in the U.S. Army and Navy can order laboratory tests with entry-level privileges while the U.S. Air Force and Public Health Service require additional training.[4]

What federal or state laws and regulations also address this topic?

There are currently no state laws and regulations that address this topic. The Centers for Medicare and Medicaid allow some nonphysician providers to order laboratory tests, and the ability to order laboratory tests varies from state to state for nonphysician providers. Physical therapists in the U.S. Uniformed Services and APPs in the U.K., Australia, Canada, and other countries have shown that physical therapists can safely and effectively order laboratory studies.[3,4]

What previous or current initiatives and positions of the Association address this topic?

A Board of Directors Task Force explored the expansion of prescriptive authority in response to RC 17-22, a charge for the Feasibility of Expanding Prescriptive Authority within physical therapists' Scope of Practice. In the 2025 Report to the House of Delegates, the Special Report on the Feasibility of Expanding Prescriptive Authority Within Physical Therapist Scope of Practice investigated the feasibility of ordering laboratory tests. The task force found that ordering clinical laboratory studies within the physical therapists' scope of practice is feasible from a safety, efficiency, and efficacy standpoint. These findings were in alignment with studies conducted in the U.S. Armed Services and internationally.[4]

What interested parties will be impacted by this motion?

This motion has the potential to impact several parties. Thus far, ordering laboratory tests has not been included in the professional scope of practice of physical therapy in the United States, except for the U.S. Armed Services. This motion is the first step required to support the development of future federal and state laws and regulations to allow physical therapists this type of prescriptive authority.

There may need to be updates to the Commission on Accreditation of Physical Therapy Education Standards as part of differential diagnosis, which is currently a requirement of entry-level Doctor of Physical Therapy Programs. The Federation of State Boards of Physical Therapy would need to make

this update to the Model Practice Act. Currently, the Model Practice Act references imaging in the description of testing as a "means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures". Advocacy for changes in Center for Medicare and Medicaid regulations could be modeled after the language used by the Commission on Dietetic Registration, which allows registered dietitians to order nutrition-related laboratory tests.[4]

Finally, the approach taken by individual states will vary depending on the current statute, as some states explicitly exclude this from the scope of practice for physical therapy, and others have a laboratory board that governs who is authorized to order laboratory tests.

Additional background information.

NA

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3. World Physiotherapy. Policy statement: Advanced physiotherapy practice. 2023. Accessed 4/29/25.
4. American Physical Therapy Association. Reports to the 2025 House of Delegates. 2025. Accessed 4/1/2025.
5. Federation of State Boards of Physical Therapy. The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change, 7th Edition. 2022. Accessed 4/29/2025.

Last Updated: 06.01.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Board of Directors
Motion Contact: Kim Nixon-Cave, PT, PhD, FAPTA, Board of Directors
Email: kimnixoncave@apta.org

Required for Adoption: Majority Vote

RC 16-25 AMEND: CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

That Consumer Protection Through Licensure of Physical Therapists and Physical Therapist Assistants (HOD P06-19-51-57), Principal II., A. Designation "PT," "PTA," "SPT," and "SPTA" be amended by substitution.

PRINCIPLE II. STATE REGULATORY DESIGNATIONS FOR THE PHYSICAL THERAPY PROFESSION

A. Designation "PT," "PTA," "SPT," and "SPTA"

APTA supports the use of "PT" as the regulatory designation of a physical therapist. APTA also supports the use of the regulatory designation of "DPT" in any state where a uniform designation of "DPT" is approved in the practice act and/or by a licensing authority for all licensed physical therapists in that state. In addition, APTA supports, where authorized by the practice act and/or regulatory authority of the jurisdiction, the use of "DPT" as the regulatory designation when a doctoral-level degree (for example: DPT, PhD, DSc) has been obtained. In these cases, the additional use of "PT" is not required, and No. 1 and No. 2 in the preferred order of letter designations (below) are subsumed in the single designation "DPT" for physical therapists. Other letter designations, such as "RPT," and "LPT," should not be substituted for the regulatory designation of "PT." "PTA" is the preferred regulatory designation of a physical therapist assistant.

APTA supports the recognition of the regulatory designation of a physical therapist or a physical therapist assistant as taking precedence over other credentials or letter designations. To promote consistent communication within and external to the profession in the presentation of credentials and letter designations, the association shall recognize the following preferred order:

1. PT or DPT, PTA (the regulatory designation)
2. Highest earned physical therapy-related degree

3. Other regulatory designations
4. Other earned academic degree(s)

~~All other designations, such as American Board of Physical Therapy Specialties certifications, credentials external to APTA, and other certifications or professional honors, should not use acronyms or abbreviations but should, if used, be written out. In the case of stationary, business cards, signage, advertising, or signature lines, such descriptions should be placed below the line containing the name and letter designations specified in 1 through 4 above. The option shall exist for either writing out Catherine Worthingham Fellow of the American Physical Therapy Association or abbreviating it as FAPTA.~~

~~The following examples will serve as style guides:~~

~~Tamica Dallas, PT, DPT~~
~~Board-Certified Cardiovascular and Pulmonary Clinical Specialist~~

~~James Kuta, PT, DPT, PhD~~
~~Catherine Worthingham Fellow of the American Physical Therapy Association~~

~~Danyelle Newkirk, DPT (where sole use of DPT without PT is permitted by regulatory authority)~~
~~Certified Hand Therapist~~

~~Seth Coney, PT, DSc~~
~~Board-Certified Orthopaedic Clinical Specialist~~
~~Fellow of the American Academy of Orthopaedic Manual Physical Therapists~~

~~Denna Dilullo, PT, ATC/L, MS~~
~~Board-Certified Sports Clinical Specialist~~
~~Certified Strength and Conditioning Specialist~~

5. American Board of Physical Therapy Specialties certification credentials in alphabetical order. Designations, such as American Board of Physical Therapy Specialties certifications, credentials external to APTA, and other certifications or professional honors, should be written out when appropriate for the audience or character limits permit. In the case of stationery, business cards, signage, advertising, or signature lines, such descriptions should be placed below the line containing the name and letter designations specified in 1 through 4 above. The option shall exist for either writing out Catherine Worthingham Fellow of the American Physical Therapy Association or abbreviating it as FAPTA. The same option shall exist for ABPTS certifications.

   The following examples will serve as style guides:

Tamica Dallas, PT, DPT
Board-Certified Cardiovascular and Pulmonary Clinical Specialist
OR
Tamica Dallas, PT, DPT, CCS

James Kuta, PT, DPT, PhD
Catherine Worthingham Fellow of the American Physical Therapy Association
OR
James Kuta, PT, DPT, PhD, FAPTA

Danyelle Newkirk, DPT (where sole use of DPT without PT is permitted by regulatory authority) Certified Hand Therapist
OR
Danyelle Newkirk, DPT

Seth Coney, PT, DSc
Board-Certified Orthopaedic Clinical Specialist
Fellow of the American Academy of Orthopaedic Manual Physical Therapists
OR
Seth Coney, PT, DSc, OCS

Denna Dilullo, PT, ATC/L, MS
Board-Certified Sports Clinical Specialist
Certified Strength and Conditioning Specialist
OR
Denna Dilullo, PT, ATC/L, MS, SCS

APTA supports the designations "SPT" and "SPTA" for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation. Following graduation and prior to licensure or certification, graduates should be designated in accordance with state law. If state law does not stipulate a specific designation, graduates should be designated in a way that clearly identifies that they are not licensed physical therapists or licensed or certified physical therapist assistants.

Support Statement

Motion Concept:

This amendment would allow approximately 34,000 currently recognized board-certified specialists to use ABPTS approved letter designations that had been in use for more than 30 years. Use of these letter designations were a point of pride for many physical therapists, who now believe that the value

of their board certification has been diminished by what may be perceived as an onerous process to only allow for the spelling out their ABPTS credential(s). APTA can continue encouraging specialists to spell out their credentials when beneficial to consumers, payors, and other healthcare professionals while permitting the use of letter designations when appropriate or necessary to convey their APTA-ABPTS approved certification.

What is this motion seeking to achieve?
The use of abbreviations for ABPTS specialties.

How does this motion contribute to achieving the Vision?
It imacts the way specialist therapists demonstrate their credentials to society.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Advanced specialized training impacts the provision of quality care.

How is this motion's subject national in scope and importance?
This impacts all credentialed specialists nationwide and across all speciality practice areas.

What federal or state laws and regulations also address this topic?
NA

What previous or current initiatives and positions of the Association address this topic?
CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS HOD P06-19-51-57 [Amended: HOD P06-16-08-07; Initial: HOD P06-14-08-18]

What interested parties will be impacted by this motion?
Certified Specialists

Additional background information.
NA

References:
NA

Last Updated: 06.01.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Board of Directors
Primary Motion Contact: Kelley Kubota, PT, MS, Board of Directors
Email: kelleykubota@apta.org

Required for Adoption: Majority Vote

RC 17-25 APPROVE PRIMARY CARE PHYSICAL THERAPY AS AN AREA OF SPECIALIZATION

This is a motion with two conforming amendments: Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Primary Care Physical Therapy be approved as an area of specialization through the American Board of Physical Therapy Specialties.

PART B

That APTA Clinical Specialization Policy (HOD P07-23-07-09), Specialties, be amended by adding "Primary Care Physical Therapy 2025" so that it would read:

APTA CLINICAL SPECIALIZATION POLICY

* * *

Specialties:

Cardiovascular and Pulmonary Physical Therapy	1981
Orthopaedic Physical Therapy	1981
Pediatric Physical Therapy	1981
Sports Physical Therapy	1981
Clinical Electrophysiologic Physical Therapy	1982
Neurologic Physical Therapy	1982
Geriatric Physical Therapy	1989
Women's Health Physical Therapy	2006
Oncologic Physical Therapy	2016
Wound Management Physical Therapy	2019
Primary Care Physical Therapy	2025

Support Statement

Motion Concept:
Adding Primary Care as a recognized ABPTS specialty

What is this motion seeking to achieve?
Per APTA Clinical Specialization Policy (HOD P07-23-07-09), the APTA House of Delegates approves all new specialties and subspecialties in physical therapist practice. The petition submitted by APTA Federal meets all the criteria and requirements for recognition as a specialized area of physical therapist practice as stated in the American Board of Physical Therapy Specialties' Petitioner's Guide for Specialty Recognition. Therefore, ABPTS recommends that primary care be established as a specialty area for certification.

How does this motion contribute to achieving the Vision?
It advances our impact on society by recognizing our role in primary care provision.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Quality Care and Demand and Access

How is this motion's subject national in scope and importance?
It provides the ability for all PTs nationwide to seek speciality certification in primary care.

What federal or state laws and regulations also address this topic?
None noted

What previous or current initiatives and positions of the Association address this topic?
APTA Clinical Specialization Policy (HOD P07-23-07-09)

What interested parties will be impacted by this motion?
Therapists seeking recognition for speciality skills in primary care.

Additional background information.
In February 2025, ABPTS granted preliminary approval to the petition submitted by APTA Federal for recognition of primary care as a specialty area for certification. ABPTS then issued a call for written comment in support of or in opposition to the petition to provide an opportunity for the physical therapy profession, other health care professions, and members of the public to communicate their opinions about the petition to ABPTS. A 30-day call for comment period was available to interested parties between February 18, 2025 and March 19, 2025. The responses received were overwhelmingly in support of the petition.

Additionally, a public hearing was held on March 10, 2025, to allow oral or written testimony

either in support or in opposition to the petition. The testimony provided during the hearing was overwhelmingly in favor of the petition and recognition of primary care as a specialty area. Following the open hearing, ABPTS evaluated information gathered in response to the call for comment and the public hearing, and voted unanimously to recommend approval of primary care as a specialty area for certification on March 21, 2025.

References:

NA

Last Updated: 06.01.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Board of Directors
Motion Contact: Kelley Kubota, PT, DPT, MS, Board of Directors
Email: kelleykubota@apta.org

Required for Adoption: Majority Vote

RC 18-25 APPROVE NAME CHANGE OF WOMEN'S HEALTH PHYSICAL THERAPY SPECIALTY

This is a motion with two conforming amendments: Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That the designation of specialization for Women's Health Physical Therapy be changed to Pelvic and Women's Health Physical Therapy through the American Board of Physical Therapy Specialties.

PART B

That APTA Clinical Specialization Policy (HOD P07-23-07-09), Specialties, be amended by inserting the words "Pelvic and" so that it would read:

APTA CLINICAL SPECIALIZATION POLICY

* * *

Specialties:

Cardiovascular and Pulmonary Physical Therapy	1981
Orthopaedic Physical Therapy	1981
Pediatric Physical Therapy	1981
Sports Physical Therapy	1981
Clinical Electrophysiologic Physical Therapy	1982
Neurologic Physical Therapy	1982
Geriatric Physical Therapy	1989
Pelvic and Women's Health Physical Therapy	2006
Oncologic Physical Therapy	2016
Wound Management Physical Therapy	2019

Support Statement

Motion Concept:
Per APTA Clinical Specialization Policy (HOD P07-23-07-09), the APTA House of Delegates approves all new specialty areas. To clarify, this motion does not suggest creating a new specialty, but a change of name which more accurately reflects the current clinical practice of this specialty. Based on information provided by ABPTS, this name change aligns with current clinical practice, broadens inclusivity, and maintains respect for the specialty's foundational focus on women's health. The proposed name also reflects the full scope of practice, including care for female and male pelvic health conditions, and pediatric pelvic health disorders. With the upcoming 2025 revision of the Description of Specialty Practice (DSP) to encompass these broader practice areas, the name change would ensure consistency between the certification title and the specialty's comprehensive scope.

The Academy of Pelvic Health and ABPTS are both supportive of this change.

What is this motion seeking to achieve?
Name change of Women's Health

How does this motion contribute to achieving the Vision?
It broadens the title of this speciality area better aligning it with the care provided to society by these specialists .

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Quality Care

How is this motion's subject national in scope and importance?
It impacts all current and future Women's and Pelvic health specialists.

What federal or state laws and regulations also address this topic?
NA

What previous or current initiatives and positions of the Association address this topic?
APTA Clinical Specialization Policy (HOD P07-23-07-09)

What interested parties will be impacted by this motion?
All current and future Women's and Pelvic health specialists.

Last Updated: 06.01.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Board of Directors
Motion Contact: Kyle Covington, PT, DPT, PhD, Member, Board of Directors
Email: kylecovington@apta.org

Required for Adoption: 2/3 Vote

ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION: JAMES PAUL LEAHY, CAE

Whereas, James Paul Leahy, as a certified association executive, has made significant and uniquely impactful contributions to the field of physical therapy, including his tenure as executive director of APTA Connecticut, APTA Massachusetts, APTA Rhode Island, APTA Vermont, APTA New Hampshire, APTA Minnesota, and APTA Colorado;

Whereas, he spearheaded numerous campaigns that resulted in critical legislative victories for the profession, including state funding initiatives and policy reforms that expanded access to physical therapist services;

Whereas, his leadership extended beyond management, including designing and implementing successful advocacy strategies, fundraising programs, and grassroots initiatives that strengthened the visibility and impact of professional associations;

Whereas, he has exemplified a lifelong commitment to public service through his work in health care advocacy, environmental protection, and consumer protection, aligning with the core values of the American Physical Therapy Association;

Whereas, his outstanding service has been recognized through numerous honors, including his inductions into the Connecticut Soccer Hall of Fame and Brandeis University of Athletics Hall of Fame, highlighting his contributions to the community through soccer and athletics;

Whereas, he has over 30 years of commitment, provided mentorship to countless physical therapists and physical therapist assistants throughout his tenure as an executive director for multiple chapters, which has contributed to the forward movement of the profession at the local and national levels;

Whereas, his effectiveness in his guidance has fostered the growth of many individuals who seek more prominent roles that contribute to the advancement of the profession;

Whereas, his exemplary association management, beginning with APTA Connecticut and APTA Massachusetts and expanding to include APTA chapters in Rhode Island, New Hampshire, Vermont, Minnesota, and Colorado, has demonstrated strategic growth and impactful leadership; and,

Whereas, his innovative collaboration with the Minnesota Academy of Physician Associates has created a new pathway for education, communication, and legislative efforts for APTA Minnesota, furthering the advancement of both professions.

Resolved, that James Paul Leahy be elected as an Honorary Member of the American Physical Therapy Association.

Support Statement

Motion Concept:
This motion forwards the nomination for James Paul Leahy to the House of Delegates for election as an Honorary Membership in the APTA.

What is this motion seeking to achieve?
If elected, James Paul Leahy will be an Honorary Member of APTA.

How does this motion contribute to achieving the Vision?
Honorary membership supports the Vision by recognizing outstanding service to the Association or notable contributions of individuals who would not otherwise be eligible for membership in the Association.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Honorary membership supports APTA's Strategic Plan by recognizing outstanding service to the Association or notable contributions of individuals who would not otherwise be eligible for membership in the Association.

How is this motion's subject national in scope and importance?
Honorary membership in APTA is a national recognition, the purpose of which is stipulated in the Bylaws of the APTA.

What federal or state laws and regulations also address this topic?
NA

What previous or current initiatives and positions of the Association address this topic?
The purpose of this honor is stipulated in the Bylaws of the American Physical Therapy Association. Criteria for selection, eligibility, and process are outlined in association policy APTA Honors and Awards (BOD Y02-24-04-06)

What interested parties will be impacted by this motion?
Honorary membership recognizes the impact of individuals other than members in any other membership category, who have rendered outstanding service to the Association or have made notable contributions to the health of humanity.

Additional background information.
It is with great enthusiasm that APTA Connecticut nominates James Paul Leahy, CAE for Honorary Membership within APTA. Throughout his remarkable career, Mr. Leahy has demonstrated unparalleled dedication to advancing the profession of physical therapy, elevating public awareness of its significance, and supporting its growth and legislative success on both state and national levels.

Last Updated: 06.01.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Board of Directors
Primary Motion Contact: Kyle Covington, PT, DPT, PhD, Member, Board of Directors
Email: kylecovington@apta.org

Required for Adoption: Majority Vote

RC 20-25 AMEND: STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, 3. FORMATION AND RECOGNITION OF AN INSTITUTIONAL GROUP

That Standing Rules of the American Physical Therapy Association, 3. Formation and Recognition of an Institutional Group, be amended by substitition.

3. FORMATION AND RECOGNITION OF AN INSTITUTIONAL GROUP

A. To be recognized as a new institutional group, the interested group shall submit documentation to the Board that includes a petition received before Jan. 1 of the year in which it is to be considered. The petition shall include:
   (1) A detailed statement of purpose and rationale showing that the proposed institutional group:
      a. Meets all institutional group criteria in the association bylaws.
      b. Represents a group of institutions that share a common practice setting or area of interest in physical therapist practice, education, or research.
      c. Furthers the interests of the association and the physical therapy profession.
      d. Is uniquely different from any other institutional group recognized by the association.
   (2) The proposed name of the institutional group, which shall include reference to its purpose and rationale
   (3) Proposed articles of incorporation
   (4) Proposed bylaws
   (5) Evidence that the proposed institutional group is able to be sustainable and can meet its obligations to the association and its potential members, such as a detailed first-year budget

B. ~~If the Board determines that the proposed institutional group meets all of the requirements as outlined in this standing rule, the Board shall bring a main motion to the next available session of the House to establish the new institutional group.~~ Upon receipt of such petition, the Board shall notify the existing institutional group presidents and component executives via electronic mail. This notification shall begin a 90-day comment period for the existing institutional groups. Comments shall indicate, but may not be limited to, an existing institutional group's ability to serve the membership of the institutional group. An existing institutional group may comment in

the affirmative or in the negative, may elect to abstain from commenting by indicating such in writing, or may choose not to comment. An existing institutional group's abstention from comment or choice not to comment shall not be construed as either affirmative or negative by the Board.

C. Once the Board determines that the documents meet the requirements in the association bylaws and this standing rule, the Board shall submit the request to the next available session of the House for approval.
D. Approval requires a majority vote in the affirmative.

Support Statement

Motion Concept:
The 2025 motion sponsored by the Academies of Home Health and Geriatrics and the Board of Directors amends the Standing Rule for Formation and Recognition of a Section/Academy, which requires an affirmative response from ALL existing Sections/Academies. This motion, sponsored by the Board of Directos amends the corresponding Standing Rules for Formation and Recognition of an Institutional Group. Although currently there is one Institutional Group (The American Council of Academic Physical Therapy), the Board believes that the standing rules for these member groups should be consistent.

What is this motion seeking to achieve?
We are seeking to make the process for creating a new institutional group consistent with the proposed process for sections and academies.

How does this motion contribute to achieving the Vision?
The motion moves toward a more inclusive and transparent APTA.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
The motion moves toward a more inclusive and transparent APTA.

How is this motion's subject national in scope and importance?
As stated in the APTA Bylaws, Institutional groups represent institutions that share a common practice setting or area of interest in physical therapist practice, education, or research. The purpose of such institutional groups shall be to further the interests of the Association and the profession.

What federal or state laws and regulations also address this topic?
State corporation laws and regulations

What previous or current initiatives and positions of the Association address this topic?
Current Standing Rule 3:

A. To be recognized as a new institutional group, the interested group shall submit documentation to the Board that includes a petition received before Jan. 1 of the year in which it is to be considered. The petition shall include:
   (1) A detailed statement of purpose and rationale showing that the proposed institutional group:
      a. Meets all institutional group criteria in the Association bylaws;
      b. Represents a group of institutions that share a common practice setting or area of interest in physical therapist practice, education, or research;
      c. Furthers the interests of the Association and the physical therapy profession; and
      d. Is uniquely different from any other institutional group recognized by the Association.
   (2) The proposed name of the institutional group, which shall include reference to its purpose and rationale;
   (3) Proposed articles of incorporation;
   (4) Proposed bylaws;
   (5) Evidence that the proposed institutional group is able to be sustainable and can meet its obligations to the Association and its potential members, such as a detailed first-year budget; and
   (6) Evidence that all existing APTA institutional groups have been notified and have verified that the institutions represented by the proposed institutional group cannot be served by existing institutional groups.
B. If the Board determines that the proposed institutional group meets all of the requirements as outlined in this standing rule, the Board shall bring a main motion to the next available session of the House to establish the new institutional group.
C. Approval by the House requires a majority vote in the affirmative.

What interested parties will be impacted by this motion?

Interested parties include creators of potential institutional groups, current Institutional Groups, and potential members of institutional groups.

Last Updated: 06.01.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: California, Leadership and Innovation
Primary Motion Contact: Valerie Teglia. PT, DPT, Chief Delegate, California
Email: vtegliapt@gmail.com

Required for Adoption: Majority Vote

RC 21-25 CHARGE: ESTABLISHMENT OF A COMPREHENSIVE PLAN FOR ARTIFICIAL INTELLIGENCE AND DIGITAL HEALTH INTEGRATION IN THE PHYSICAL THERAPY PROFESSION

That the American Physical Therapy Association explore, develop, and implement a comprehensive, dynamic, and ongoing plan to engage with digital health and artificial intelligence to safeguard and advance the physical therapy profession. This plan shall drive policy advocacy, ethical guidance, and professional development to integrate emerging technologies responsibly.

Support Statement

Motion Concept:
This motion establishes an professionally guided, inclusive, and sustainable strategy and mechanism to ensure that that physical therapy remains central in AI-driven healthcare advancements, preventing external regulatory overreach or payer-driven AI mandates that limit professional discretion. Focus in this strategy should be on maintaining patient safety, data security, and protecting PT scope of practice.

What is this motion seeking to achieve?
This effort should:

1. Foster transdisciplinary and interprofessional collaboration, drawing on expertise from within the physical therapy community and external experts in ethics, health technology, policy, and law;
2. Remain adaptable and forward looking, responsive to evolving clinical, technological, regulatory, and payment developments; and
3. Reflect and reinforce APTA's commiteement to equitable, evidence-based, and patient-centered innovation across all aspects of the profession.

Suggested areas this strategy should include the following:

- Publish an annual report outlining emerging AI advancements, risks, regulatory developments, and recommendations for ethical integration in PT practice.
- Provide guidance on digital therapeutics, AI-driven rehabilitation, and machine learning applications to ensure they complement PT expertise rather than replace it (NIH, 2024).
- Strengthen PT professional autonomy in payer-driven AI reimbursement models (CMS, 2024).
- Proactively engage in AI regulation to influence national standards, preventing external entities from defining AI governance without PT representation (FTC, 2023).
- Ensure ethical adoption of AI while protecting PT scope of practice (AMA, 2023).
- Development of AI integration guidelines to ensure digital health tools, including AI-driven diagnostics, augmented reality (AR), wearable devices, and bioinformatics-powered rehabilitation, enhance clinical decision-making while safeguarding PT professional autonomy (FDA, 2021; ONC, 2022).
- Advocate for policy alignment with federal agencies (FDA, CMS, ONC, and FTC) to ensure that AI and digital health regulations protect PT practice and reimbursement models (CMS, 2024; FTC, 2023).
- Provide input on AI-driven reimbursement models to prevent payer-driven automation that could restrict PT clinical decision-making (AMA, 2023).
- Establish data security and transparency best practices, ensuring compliance with HIPAA, the 21st Century Cures Act, and emerging AI regulations (HHS, 2023).

How does this motion contribute to achieving the Vision?

Ensuring APTA is actively engaging in the progression of technology and its impact on our profession will allow us to transform society.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion addresses sustainability of the profession through protection of PT scope of practice as well as impacting payment policies. It also addresses quality of care through ensuring the ethical use of AI and digital health that is driven through PT involvement in these technology components and policies that will impact practice.

How is this motion's subject national in scope and importance?

State AI liability laws are emerging, reinforcing the need for ongoing monitoring and inclusion of PT-driven AI governance standards (FTC, 2023). AI and machine learning models are in-creasingly influencing rehabilitation, diagnostics, and payer reimbursement strategies (FDA, 2021). APTA needs to be involved in this process on the forefront, not in a reactive manner.

CMS and private insurers are introducing AI-driven prior authorization models, making it crucial that APTA be involved in defining how AI can ethically assist-rather than dictate-patient care decisions (CMS, 2024).

What federal or state laws and regulations also address this topic?

These are emerging.

What previous or current initiatives and positions of the Association address this topic?

- Ethical and Effective Integration of AI Across PT Practice, Education, and Research (HOD P07-24-10-09)
- Inappropriate Use of AI by Payers (HOD P07-24-11-10)

What interested parties will be impacted by this motion?

APTA members, PTs, PTAs will be impacted through active involvement of our professional association in addressing how technology impacts the practice of physical therapy.

Additional background information.

NA

References:

- American Medical Association (AMA). (2023). Ethical Guidelines for AI in Healthcare. Re-trieved from www.ama-assn.org.
- American Physical Therapy Association (APTA). (2023). Digital Health Task Force Report. Retrieved from www.apta.org.
- Centers for Medicare & Medicaid Services (CMS). (2024). AI and Prior Authorization: Regulatory Guidelines. Retrieved from www.cms.gov.
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Last Updated: 06.01.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: California, Leadership and Innovation
Motion Contact: Valerie Teglia, PT, DPT, Chief Delegate, California
Email: vtegliapt@gmail.com

Required for Adoption: Majority Vote

RC 22-25 ADOPT: INCLUSION OF PHYSICAL THERAPY IN NATIONAL STANDARDS FOR ARTIFICIAL INTELLIGENCE AND DIGITAL HEALTH GOVERNANCE

That the following be adopted:

INCLUSION OF PHYSICAL THERAPY IN NATIONAL STANDARDS FOR ARTIFICIAL INTELLIGENCE AND DIGITAL HEALTH GOVERNANCE

That the American Physical Therapy Association pursue opportunities to engage in national initiatives and advocacy efforts to help shape transparent, ethical, and equitable standards for data governance, patient safety, and professional accountability in the application of artificial intelligence, machine learning, and digital health technologies across health care.

Support Statement

Motion Concept:
This motion calls on APTA to advocate for national AI and digital health governance standards that ensure physical therapists are actively represented in shaping policies related to ethical use, data protection, and liability. It positions APTA to protect professional autonomy, promote patient-centered safeguards, and ensure that innovation in reimbursement and care delivery supports—not undermines—the future of the profession.

What is this motion seeking to achieve?
We want APTA to actively pursue opportunities for PTs and PTAs to engage in the national dialogue impacting policy and accountability related to use of technology in health care in general and physical therapy specifically.
Engagement should:

1. Ensure physical therapist representation in in national discussions and forums focused on technology-driven care, to elevate the profession's role in technology-driven care while protecting patient safety and data security.
2. Foster interprofessional and cross sector collaboration with all interested parties (including policymakers, technologists, ethicists, etc.) to promote inclusive and equitable policies and standards.
3. Integrating ethical, clinical, and societal dimensions of physical therapist practice into AI and digital health policy frameworks.

How does this motion contribute to achieving the Vision?

By securing PT involvement in emerging technology policy, APTA enables the profession to transform society through proactive leadership in digital health innovation.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion supports APTA's strategic priorities by:

- Preventing AI from undermining PT professional autonomy in payer-driven models.
- Ensuring patient data security and regulatory compliance.
- Strengthening the legal protection of PT professionals when AI tools influence clinical decisions.

How is this motion's subject national in scope and importance?

- AI is being rapidly integrated into healthcare, but liability and governance standards remain unclear.
- CMS and payers are implementing AI-powered prior authorization models, increasing liability risks for PTs.
- State-level AI legislation is expanding, requiring proactive engagement from APTA to influence policy direction.

What federal or state laws and regulations also address this topic?

This is emerging.

What previous or current initiatives and positions of the Association address this topic?

HOD P07-24-10-09 - Ethical and Effective Integration of AI Across PT Practice, Education, and Research; HOD P07-24-11-10 Inappropriate Use of AI by Payers

APTA's Digital Health Task Force (2022) examined AI ethics but did not define liability and data governance policies. The AMA and ANA have successfully introduced AI liability policies, setting a precedent for APTA to do the same.

What interested parties will be impacted by this motion?

APTA members, PTs, PTAs will be impacted through proactive action of our professional association seeking avenues for PTs and PTAs to influence technology policy and standards that impact the practice of physical therapy.

References:

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- Federal Trade Commission (FTC). (2023). Ethical AI Regulation in Healthcare. Retrieved from www.ftc.gov.
- U.S. Department of Health and Human Services (HHS). (2023). AI, HIPAA, and Patient Privacy Standards. Retrieved from www.hhs.gov.

Last Updated: 06.01.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Colorado
Motion Contact: R. Joe Palmer III, PT, DPT, PhD, Delegate, Colorado
Email: joe.palmer@cuanschutz.edu

Required for Adoption: Majority Vote

RC 23-25 AMEND: FINANCIAL TRANSPARENCY OF PHYSICAL THERAPY EDUCATION PROGRAMS

That Financial Transparency of Physical Therapy Education Programs (HOD P06-20-40-32) be amended by adding a new paragrah, so that it would read:

FINANCIAL TRANSPARENCY OF PHYSICAL THERAPY EDUCATION PROGRAMS

The American Physical Therapy Association supports collaboration among all physical therapy education stakeholders to achieve financial transparency, and to improve the financial literacy of applicants to and students in physical therapy education programs regarding the cost of education and impact of student loan debt.

The American Physical Therapy Association recommends that physical therapy programs with costs at or below 150% of either the average in-state salary for physical therapists or the national average salary for physical therapist assistants—as reported by the U.S. Department of Labor—should prominently disclose on the program website that they meet this benchmark, as an indication of financial value.

- For hybrid programs or institutions with multiple campuses across states, program costs should be benchmarked against the state where the majority of physical laboratory experiences take place.
- For public institutions, the 150% threshold recommendation applies specifically to in-state program cost.

Support Statement

Motion Concept:
Support Statement:

- Whereas declining reimbursement rates and education costs are the top two challenges facing members1
- Whereas membership satisfaction has dropped significantly, particularly among early- career professionals1
- Whereas the imbalance between rising education costs and earning potential is one of the recommended strategic considerations with moderate to high impact1
- Whereas 78% of respondents ranked the following: "collaborate with other physical therapy associations and stakeholders to advocate for ways to address higher education" as a top three priority"1

The authors recommend a review of the following APTA report: Impact of Student Debt on the Physical Therapy Profession - June 2020

The report states (pg 4):
"Nearly 93% of recent physical therapist graduates are carrying debt, at an average of $152,882 for all debt except mortgages. For 90% of these PTs, that amount includes considerable outstanding balances in education-related loans; the average amount is $142,489. Broken out even further, for 89% of PTs with education debt, most of that
amount (80%) is attributed to loans for their PT education, the average balance being $116,183.

Additionally:

- Access to non-loan options for paying for school are limited.
- Due to a challenging health care payment environment, this challenge is likely to get worse.
- The student loan crisis is heightened for those who attend a DPT program in a private school."2

According to Shields et al., there is 1.5 to 2.1-fold faster growth between the cost of a DPT degree as compared to the inflation of entry-level PT salaries.3 In previous work by the lead author, Shields, it was determined that $150,000 was the current maximum amount of student debt an individual can carry based on current PT salaries. In other words, debt above $150,000 results in poor return on investment for the individual.4 In 2021, Berry conducted a national study exploring PT student loan debt with 733 DPT student respondents. A primary finding was that 201 (30.1%) of these respondents had student debt between $100,000 - $149,999 and 213 (31.9%) had debt exceeding $150,000.5 In the article by Susie Deusinger and Merrill Landers titled "Storm Clouds on the Horizon: The 3 Perils of Unconstrained Academic Growth in Physical Therapist Education", the authors define peril 2 as a Negative Value Proposition for the profession of PT. They state: ""The dueling forces of oversupply in some areas and maldistribution in others, decreased reimbursement, and increasing student debt move the value proposition of physical therapy as a career option closer to unsustainable for many who may be interested."6

While 150% of the US Dept of Labor's reporting of state specific PT salaries may seem arbitrary, there is precedence for this number. Berry provides evidence that student loan repayment should not

exceed 15% of the borrower's annual income for a standard 10 year loan.5 Using this benchmark, we can apply the following formula for any given state. A few are provided as examples:
Colorado:
The mean wage reported by the US Dept of Labor is $94,000.7 150% = $141,000. Based on Berry's formula, 15% of $94,000 = $14,100 which is the cost of 150% of the mean salary ($141,000) that this motion supports divided by 10 – the recommended length of a student loan term, in years.

What is this motion seeking to achieve?
The APTA amend the existing support statement on financial transparency to include language regarding financial value for prospective applicants to consider when applying to DPT/PTA programs

How does this motion contribute to achieving the Vision?
This amendment addresses the vision indirectly by contributing to the sustainability of the physical therapy workforce. The return on investment for physical therapy education is approaching crisis levels. Application numbers nationally continue to decline each year. We will be unable to transform society by optimizing movement to improve the human experience if we do not have an adequate workforce to do so.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
In the APTA strategic plan 2024 survey results presented to the HOD in February 2025, education costs were the second highest challenge identified by the survey respondents only behind reimbursement rates. Additionally, 78% of respondents ranked the following: "collaborate with other physical therapy associations and stakeholders to advocate for ways to address higher education as a top three priority". The imbalance between rising education costs and earning potential is one of the recommended strategic considerations with moderate to high impact. This report on the 2024 survey results to the HOD also indicated that membership satisfaction had dropped significantly, particularly among early-career professionals. We believe this amendment will engender more support for the APTA by this demographic through the act of taking a strong positional stance regarding education costs.

How is this motion's subject national in scope and importance?
This amendment addresses tuition costs at the national level for both DPT and PTA education.

What federal or state laws and regulations also address this topic?
None that we are aware of.

What previous or current initiatives and positions of the Association address this topic?
Financial Transparency of Physical Therapy Education Programs
HOD P06-20-40-32 [Position]
Current Position:

The American Physical Therapy Association supports collaboration among all physical therapy education stakeholders to achieve financial transparency, and to improve the financial literacy of applicants to and students in physical therapy education programs regarding the cost of education and impact of student loan debt.

What interested parties will be impacted by this motion?

Prospective DPT/PTA applicants: Seeing an APTA endorsement for any given program that meets the recommended threshold of tution/fee costs may guide these applicants to more affordable educational options thereby reducing total student debt upon graduation.

Existing/Developing Academic Programs: Applicant numbers may be impacted both favorably for programs that demonstrate affordability and negatively by those programs whose costs exceed the recommended threshold. It is the hope of the amendment authors that those programs who are close to meeting the threshold have additional talking points to engage in conversations with institution leadership to reduce costs in order to come in line with the recommended the tuition/fees threshold.

PT/PTA Hiring Agencies: Current new graduates are often seeking higher salaries as entry-level clinicians to offset high student debt costs. Over time, with more affordable education options, these graduates will have decreased debt loads allowing them to come more in line with entry-level salaries.

New Graduate DPT/PTAs: Evidence suggests that many new graduates accept positions in areas of practice they are less interested in but have higher salaries in order to address student debt. Having reduced debt loads will allow new graduates to pursue areas of practice they are interested and passionate about. This may also indirectly positively impact early-career burnout.

Patients/Society: By addressing physical therapy education costs, a more sustainable workforce will ensue. This will result in improved access to physical therapy services and higher quality clinicians (see above for new graduate impact).

References:

1. APTA Strategic Planning 2024 Survey Results. https://apta-org.zoom.us/rec/play/BKPg_Zhe7ZL5LiA8dvYACEMx_sk1BmEX9pd4I5BOCV-G4yDs-0R0unN23s-2RU2nOcR92xyY2mvUOrOP.TanWJdQOxyGa_sAJ?accessLevel=meeting&canPlayFromShare=true&from=share_recording_detail&continueMode=true&componentName=rec-play&originRequestUrl=https%3A%2F%2Fapta-org.zoom.us%2Frec%2Fshare%2F7tlsR0f-6_VzNKg5FvBH5taGMiz2gjPapMroYH2HsC_YtfMLPxRvRwCoOFqs5ftl.xY-ygNelC_ZkrR7o
2. Impact of Student Debt on the Physical Therapy Profession: A Report From the American Physical Therapy Association. June 2020. https://www.apta.org/contentassets/ee2d1bb7f9d841c983d0f21bb076bb79/impact-of-student-debt-report.pdf

3. Shields, R.K., Suneja, M., Shields, B.E. et al. Healthcare educational debt in the United States: Unequal economic impact within interprofessional team members. BMC Med Educ 23, 666 (2023). https://doi.org/10.1186/s12909-023-04634-1
4. Shields RK, Dudley-Javoroski S. Physiotherapy education is a good financial investment, up to a certain level of student debt: an inter-professional economic analysis. J Physiother. 2018;64:183–91.
5. Berry, Justin W. PT, DPT, PhD. A national survey of student loan debt accrued by Doctor of Physical Therapy students. Journal of Physical Therapy Education 35(1):p 12-18, March 2021. | DOI: 10.1097/JTE.0000000000000169
6. Susan S Deusinger, Merrill R Landers. Storm clouds on the horizon: The 3 perils of unconstrained academic growth in Physical Therapist education, Physical Therapy, Volume 102, Issue 7, July 2022, pzac046, https://doi.org/10.1093/ptj/pzac046
7. US Department of Labor, Occupational and Wage Statistics, May 2023. 29-1123 Physical Therapists. https://www.bls.gov/oes/current/oes291123.htm
8. Financial Transparency of Physical Therapy Education Programs. HOD P06-20-40-32 [Position]. APTA House of Delegates, 2020. https://www.apta.org/apta-and-you/leadership-and-governance/policies/financial-transparency-physical-therapy-education-programs

Last Updated: 06.01.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Home Health, Board of Directors, Geriatrics
Motion Contact: Philip Goldsmith, PT, MSPT, EMT, DScPT, Chief Delegate, Home Health
Email: pgoldpt@gmail.com

Required for Adoption: Majority Vote

RC 24-25 AMEND: STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, 2. FORMATION AND RECOGNITION OF A SECTION/ACADEMY

That Standing Rules of the American Physical Therapy Association, 2. Formation and Recognition of a Section/Academy be amended by substitution.

2. FORMATION AND RECOGNITION OF A SECTION/ACADEMY

A. To be recognized as a new section/academy, the interested group shall submit documentation to the Board that includes a petition received before Jan. 1 of the year in which it is to be considered. The petition shall include:

(1) A detailed statement of purpose and rationale showing that the proposed section/academy is unique, pertains to physical therapy, and cannot have its members' interests served through an existing section/academy

(2) Evidence that the proposed section/academy has been a Member Engagement Group or otherwise incorporated or organized for at least two years

~~(2)~~ (3) Legible signatures, chapter assignments, membership numbers, and addresses of at least 200 members in good standing, representing a majority of chapters, each of whom states intent to join the proposed section/academy

~~(3)~~ (4) The proposed name of the section/academy, which shall include reference to its purpose and rationale

~~(4)~~ (5) Proposed articles of incorporation

~~(5)~~ (6) Proposed bylaws, and

~~(6)~~ (7) Evidence that the proposed section/academy can be sustainable and can meet its obligations to the association and its potential members, such as a detailed first-year budget, and a preliminary program for the APTA Combined Sections Meeting. ~~; and~~

~~(7) Evidence that all existing APTA sections/academies have been notified and have verified that the interests of individuals represented by the proposed section/academy cannot be served through existing sections/academies~~

B. Upon receipt of such petition, the Board shall notify the existing section and academy presidents and component executives via electronic mail. This notification shall begin a 90-day comment period for the existing sections and academies. Comments shall indicate, but may not be limited to, an existing section's or academy's ability to serve the membership of the proposed section/academy. An existing academy may comment in the affirmative or in the negative, may elect to abstain from commenting by indicating such in writing, or may choose not to comment. An existing section's or academy's abstention from comment or choice not to comment shall not be construed as either affirmative or negative by the Board.

~~B.~~ C. Once the Board determines that the documents meet the requirements in the association bylaws, the Board shall submit the request to the next available session of the House for approval. Approval requires a majority vote in the affirmative.

~~C.~~ D. Merging of sections/academies:

(1) Sections/academies may petition to merge when the following is provided:
   a. Evidence of approval by a two-thirds vote of the sections'/academies' members in good standing voting in a referendum on the question to merge
   b. A petition signed by at least three-fourths of the members of the governing bodies of the merging sections/academies, and
   c. A support statement accompanying the petition

(2) These materials must be received by the Board for review before Jan. 1 of the year in which the merger is considered. The petition, with the Board recommendations, shall be presented to the House for approval. Approval requires a majority vote in the affirmative.

Support Statement

Motion Concept:

The current process for creating a new Section/Academy of the American Physical Therapy Association (APTA) requires an affirmative response from ALL existing Sections/Academies; thus, lack of response from ANY existing Section/Academy blocks the process. This requirement creates unnecessary exclusivity and a systemic barrier to the creation of a new Section/Academy. Consistent with APTA's Commitment to Increasing Diversity, Equity, and Inclusion (BOD Y08-21-01-01 [Policy]), the Board of Directors and the Sections and Academies believe that the process to create a new Section/Academy should be accessible and clear. The intent of the proposed changes is to be inclusive of potential new sections and academies. While every existing Section/Academy should have the opportunity to comment, the lack of response by any Section/Academy should not block the process. The Board of Directors along with the Sections and Academies propose these changes to the Standing Rules of the American Physical Therapy Association (Adopted 1987; amended 1988,

1989, 1990, 1991, 1992, 1993, 1994, 1996, 1997, 1998, 1999, 2002, 2005, 2011, 2013, 2020, and 2021.) By revising this language, the intent is to remove the unintended/ unnecessary systemic/structural barriers inherent in the current process that requires all Academy/Sections to respond when a potential new group comes forward with a new petition.

What is this motion seeking to achieve?
We are seeking to make the process for creating a new section or academy more inclusive by eliminating the requirement that ALL existing sections and academies vote affirmatively for the new section/academy

How does this motion contribute to achieving the Vision?
Our motion moves toward a more inclusive and transparent APTA.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Our motion moves toward a more inclusive and transparent APTA.

How is this motion's subject national in scope and importance?
Sections and academies are, by their nature, national bodies. Both the existing and proposed Standing Rule 2 call for a potential section or academy to be supported by members of a majority of the chapters via the signature and petition process.

What federal or state laws and regulations also address this topic?
None that we are aware of

What previous or current initiatives and positions of the Association address this topic?
Standing Rule 2 has been present in some form since the inception of APTA sections over seventy-five years ago. The current motion is a follow-on to RC 17-24 that was postponed indefinitely by the 2024 House. This motion is the product of collaboration between the Board of Directors and the sections and academies to achieve the original goals of RC 17-24.

What interested parties will be impacted by this motion?
Interested parties include creators of potential sections or academies, current sections and academies. There may be financial impact to existing sections and academies as new sections or academies become signatories to the CSM Agreement between APTA and the sections and academies. It is also hoped that APTA membership would increase with the presence of new sections or academies as more physical therapists, PTAs, and students "find their home" within APTA through the new sections or academies. It must be noted, however, that we are not aware of any groups who are currently in the process of creating a new section or academy.

Last Updated: 06.01.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 25-25 AMEND: AUTONOMOUS PHYSICAL THERAPIST PRACTICE

That Autonomous Physical Therapist Practice (HOD P06-06-18-12) be amended by addition.

AUTONOMOUS PHYSICAL THERAPIST PRACTICE

The profession of physical therapy is a distinct and self-determined profession. It is not an "allied health" or "ancillary" profession.

As part of a self-determined profession, ~~P~~physical therapists have the responsibility to practice autonomously in all settings, practice environments, and employment relationships. Autonomous physical therapist practice is characterized by:

- Independent, self-determined professional judgment within one's scope of practice, consistent with the profession's Codes and Standards and in the patient's-client's best interest
- Responsibility and acceptance of risk for all aspects of the physical therapist patient-client management
- Ability to refer to and collaborate with health care providers and others to enhance the physical therapist patient-client management
- Recognition of circumstances that necessitate a request for consultation and initiation of such consultation when in the best interest of the patient-client
- Clinical decision-making that is independent of external financial considerations
- Physical therapist governance and control of physical therapy practice in all settings

Support Statement

Motion Concept:
The terms; "allied", "allied health", and "ancillary" do not align well with the vision of the profession and convey a second-tier profession which is subservient to organized medicine or a "service" which

is not integral to societal health and wellness. The terms have a negative impact on advancement of the profession in many arenas including:

- payment policy
- direct access
- impeding PT professional education programs from becoming “Schools” as compared to the current more common “Departments”
- health policy
- legislative and regulatory advocacy
- research funding
- education funding
- consumer identity of the profession

The physical therapy profession should not be bundled with other professions, para-professions and technicians as is the case when the terms “allied” or “allied health” are used. Physical therapy is a distinct, self-determined profession and should be recognized as such.

What is this motion seeking to achieve?

Elevating the stature of the profession which is currently viewed by many as second tier and answerable to organized medicine. Ancillary is defined as: providing necessary support to the primary activities or operation of an organization, institution, industry, or system. It implies incorrectly DPTs are not primary to healthcare and only support physicians. The motion should help change that perspective.

How does this motion contribute to achieving the Vision?

Identity: articulates the correct stature of the profession. Consumer centric/Access: Positions the profession as a direct/first contact provider.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

Sustainable profession: elevates the stature of the profession which positions the profession to be fully recognized and valued appropriately. Demand and access: Conveys that physical therapists are a direct/first contact healthcare provider.

How is this motion’s subject national in scope and importance?

The profession will be recognized for the value it has with policy makes in states and nationally. Payors will be aware of the full value of physical therapists. Consumers will appreciate clarity of the role of physical therapists.

What federal or state laws and regulations also address this topic?

There are numerous of state laws and regulations which use antiquated terminology of "allied" "allied health" and "ancillary" to describe physical therapists. There are universities which use "allied health" to describe DPT programs.

What previous or current initiatives and positions of the Association address this topic?
AUTONOMOUS PHYSICAL THERAPIST PRACTICE (HOD P06-06-18-12)
In 2011 the House of Delegates charged to Board to address this issue. The Board supported this charge and was a cosponsor. However over the ensuing 14 years APTA has done nothing to address this issue.

What interested parties will be impacted by this motion?
APTA will address this issue by advocating to removing references to "allied", "allied health" and "ancillary" as it applies to the profession. APTA will advocate for the profession's rightful stature. Numerous policy documents and institutions will need to recognized the profession as distinct and self-determined.

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 26-25 CHARGE: RECOGNITION OF PHYSICAL THERAPY AS A DISTINCT, SELF-DETERMINED PROFESSION

That the American Physical Therapy Association advocate for physical therapy to be recognized as a distinct, self-determined profession by eliminating the terms "allied," "allied health," and "ancillary" when used in association with or classifying the profession of physical therapy and replace these terms, as appropriate, with "physical therapy."

Support Statement

Motion Concept:
In 2011 the House of Delegates (HOD) adopted the first paragraph of the above motion which the Board supported and cosponsored. After adoption the Board of Directors chose to do nothing to further the intent of the HOD except for passively waiting for opportunities to fall in APTA's lap. Apparently, nothing has availed itself of APTA's interest since.

The terms: "allied", "allied health", and "ancillary" do not align well with the vision of the profession and convey a second-tier profession which is subservient to organized medicine or a "service" which is not integral to societal health and wellness. The terms have a negative impact on advancement of the profession in many arenas including:

- payment policy
- direct access
- impeding PT professional education programs from becoming "Schools" as compared to "Departments"
- health policy
- legislative and regulatory advocacy

- research funding
- education funding
- consumer identity of the profession

The physical therapy profession should not be bundled with other professions, para-professions and technicians as is the case when the terms "allied" or "allied health" are used. Physical therapy is a distinct, self-determined profession and should be recognized as such.

What is this motion seeking to achieve?

Achieve recognition that the profession of physical therapy is distinct and self-determined. The physical therapy profession is comprised of physical therapists/Doctors of Physical Therapy and physical therapist assistants. The profession determines its code of ethics and scope of practice. Physical therapy is not an "allied health" or "ancillary" profession.

Efforts should include APTA advocating for physical therapy to be recognized as a distinct, self-determined profession.

Advocacy shall include, at a minimum:

- Identifying federal government, higher education entities, health policy entities, medical journals and professional societies' statements which classify physical therapy/physical therapists as "allied", "allied health", and "ancillary" and actively working to have physical therapy and physical therapists disassociated with those terms
- On an ongoing basis scan the scientific and public policy landscape for opportunities to promote physical therapy as a distinct self-determined profession

How does this motion contribute to achieving the Vision?

Identity: positions the profession as distinct and self determined. Conveys physical therapists are integral healthcare providers. Quality: Conveys physical therapists are integral to the health of society. Advocacy: assists with providing a correct message of the place and role of physical therapists.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

Sustainable Profession: elevates the stature of the profession which conveys greater value of physical therapists. Quality of Care: conveys physical therapists as integral to the health of society. Demand and access: Assist with reducing barriers to access when the profession is correctly acknowledged.

How is this motion's subject national in scope and importance?

The terms have a negative impact on advancement of the profession in many arenas including:

- payment policy
- direct access

- impeding PT professional education programs from becoming "Schools" as compared to "Departments"
- health policy
- legislative and regulatory advocacy
- research funding
- education funding
- consumer identity of the profession

What federal or state laws and regulations also address this topic?

Numerous state laws, regulations, and policies incorrectly classify the profession.

What previous or current initiatives and positions of the Association address this topic?

In 2011 the House of Delegates (HOD) adopted the first paragraph of the above motion which the Board supported and cosponsored. After adoption the Board of Directors chose to do nothing to further the intent of the HOD except for passively waiting for opportunities to fall in APTA's lap. Apparently, nothing has availed itself of APTA's interest since.

What interested parties will be impacted by this motion?

- APTA
- Numerous states
- Numerous education institutions
- Numerous medical journals
- Numerous professional associations
- Payors

Last Updated: 06.02.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 27-25 CHARGE: CURRENT PROCEDURAL TERMINOLOGY CODES RESOURCES

That the American Physical Therapy Association publish on apta.org all CPT codes and/or procedure descriptions and supporting resources that reasonably fall within physical therapist practice.

Support Statement

Motion Concept:
In addition to the 97xxx series of CPT codes there are many other codes which are within the scope of physical therapist practice. There are codes for strapping, vestibular testing, pulmonary procedures, ultrasound imaging (MSK and abdominal/pelvic), EMG/NCV, vestibular, motion analysis, and neurologic procedures to name some.

Many/most physical therapists are unaware they can bill for procedures outside of the 97xxx series of codes and are unaware of the full range of procedures they can bill. This results in physical therapists leaving millions of dollars on the table each year. This perception also results in physical therapists not performing procedures which are medically necessary and within their scope of practice. This situation also leaves external entities with a perception of physical therapist practice as much smaller than reality.

Members have previously advocated for APTA to fulfill the intent of this motion intermittently over many years. Intermittently APTA has published resources addressing some of these codes, but it has been few and far between. Some resources are no longer available. It would be valuable to have one landing page where all CPT codes are located. If it is cost prohibitive to post copyrighted codes then a description of procedures can be used.

One aspect of addressing the long-standing payment crisis is to not leave money on the table. Additionally, if payment can be made for services currently not provided then those services should increase in volume thus providing society with needed services.

What is this motion seeking to achieve?
Physical therapists billing for and getting paid for the full scope of practice. Greater recognition of the full scope of physical therapist practice within and external of the profession.

How does this motion contribute to achieving the Vision?
The motion will increase quality by giving physical therapists the resources to provide all needed services. It will provide value by more efficiently providing services by the physical therapist without unnecessary referrals to others. It will foster innovation by providing resources for physical therapists to offer more services. It will benefit the consumer by having increased access to needed services.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion contributes to every aspect of the strategic plan. Providing a member value, improving payment which will increase sustainability, improving quality of care by physical therapists providing all needed services, increase demand for physical therapists and increase access to all services physical therapists provide.

How is this motion's subject national in scope and importance?
CPT codes are used by all outpatient and inpatient physical therapists who bill third party payors.

What federal or state laws and regulations also address this topic?
The Health Insurance Portability and Accountability Act requires to the extent possible all health care procedures to be billed with CPT codes.

What previous or current initiatives and positions of the Association address this topic?
APTA has intermittently addressed this issue. Currently activity seems to be confined to member resources around new or changed codes.

What interested parties will be impacted by this motion?
All PTs and PTAs who provide clinical services which are billable to third parties. All public and private third part payors. All state policy makers involving physical therapy.

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 28-25 CHARGE: CURRENT PROCEDURAL TERMINOLOGY EVALUATION AND MANAGEMENT CODES

That the American Physical Therapy Association advocate for the use and payment of current procedural terminology CPT evaluation and management codes by physical therapists in place of existing PT evaluation codes.

Support Statement

Motion Concept:
In the mid 1990's APTA developed physical therapy (PT) unique evaluation and reevaluation codes which were adopted by the American Medical Association (AMA) CPT. The AMA owns and copyrights the CPT. Based on memory by physical therapists who were involved in payment policy at the time there were two major reasons for pursuing PT unique codes that Medicare was still using "local codes", applied to Medicare only, and physical therapists in California were not permitted to bill the evaluation and management (E&M) codes. Prior to the adoption of the PT evaluation codes physical therapists were billing the E&M codes except for Medicare and some other payors.

The adoption of the PT evaluation codes led to universal use by physical therapists with all payors and in all jurisdictions particularly after local codes were outlawed. This provided administrative simplicity and solidified physical therapists' right and responsibility to evaluate their patients. There were unintended consequences which significantly and negatively impacted physical therapy. These consequences persist today and are outlined below:

- The current version of the PT evaluation codes has a value of much less than the mid-level E&M codes resulting in tens of millions of dollars in lost income for physical therapists each year.

- The PT specific evaluation codes carved out PT from all other provider groups which greatly reduced the profession's ability to advocate with other providers for payment reform. This was most apparent after the adoption of the latest iteration of the PT evaluation codes in 2017 which resulted in the lowest value applied to all three levels of codes.
- The PT evaluation codes do not sufficiently weight management activities such as counseling, referrals, ordering diagnostic tests, coordinating care and communication.
- Payment policy for other codes are tied to the E&M codes. One example, physical therapists cannot bill the codes for social determinates of health screening codes or the chronic pain management codes
- The PT evaluation codes do not reflect consultation services provided by physical therapists.

Some have said physical therapists do not provide the necessary components of the E&M codes. A careful reading of the criteria does not support such an interpretation. Additionally other nonphysician providers bill the E&M codes such as chiropractors, naturopaths, and midwives.
The PT evaluation codes may have had some merit when first adopted in the 1990s however the adverse impact of stopping the profession from using the E&M codes has and continues to have millions and millions of dollars and practice ramifications. The most recent iteration of the PT evaluation codes in 2017 was a policy failure as payment is the same for all codes. There is no reasonable policy rationale to keep the PT evaluation codes.
This motion will require APTA to devote major resources and potentially legal action. The cost of doing nothing is far greater.

What is this motion seeking to achieve?
Have the profession use evaluation codes which more accurately describe physical therapist practice which will result in a major increase in payment. It will open up opportunities to be paid for more services. It will increase the stature of the profession.

How does this motion contribute to achieving the Vision?
The motion will increase quality by giving physical therapists more resources to provide needed services. It will provide value by more effectively valuing the work of physical therapists. It will foster innovation by providing resources for physical therapists to offer more services. It will benefit the consumer by having increased access to needed services.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion contributes to every aspect of the strategic plan. Providing a member value and increasing sustainability by increasing payment, improving quality of care by physical therapists providing more needed services, increase demand for physical therapists and increase access to all services physical therapists provide.

How is this motion's subject national in scope and importance?
CPT codes are used by all outpatient and inpatient physical therapists who bill third party payors.

What federal or state laws and regulations also address this topic?
The Health Insurance Portability and Accountability Act requires to the extent possible all health care procedures to be billed with CPT codes.

What previous or current initiatives and positions of the Association address this topic?
See 11. above

What interested parties will be impacted by this motion?
All PTs who provide evaluation services which are billable to third parties. All public and private third party payors. All state and federal policy makers involving physical therapy.

References:
Prices from 2024 PFS Non-facility: Vast majority of codes PTs would use are 99204/99214 & 99203/99213.
99203: $101.54-$140.26
99204: $153.09-$213.00
99213: $83.07-$114.74
99214: $117.57-$163.04
97161-3: $92.84-$129.14
97164: $63.92-$88.26
https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 29-25 ADOPT: CURRENT PROCEDURAL TERMINOLOGY CODES PROCESS

That the following be adopted:

CURRENT PROCEDURAL TERMINOLOGY CODES PROCESS

The American Physical Therapy Association supports reform of the American Medical Association's current procedural terminology process to improve payment for physical therapist services.
APTA supports the transfer of control of the CPT from AMA.

APTA supports that the CPT Relative Value Resource Update Committee's composition include a majority of representatives from the professions most impacted by the CPT codes being considered or updated.

Support Statement

Motion Concept:
Healthcare expenditure in the United States (US) is $4.9 Trillion dollars per year which is 17.6% of the Gross Domestic Product of the US. The AMA has a monopoly on the codes used to bill for medical services in the United States. No private entity should have control over such a large portion of the economy or the healthcare of all Americans especially an entity which has numerous conflicts of interest. CPT benefits AMA members financially. The CPT does not fairly represent the many other healthcare professionals who are required to use the CPT to be paid for their services. The AMA and its related state entities actively oppose non-physician expansion of practice, independent practice of non-physicians, and efforts by non-physicians to be paid for services if there is competition with physicians.

This 2018 post Rethinking the RUC is a well referenced primer on the CPT & RUC as well as the conflicts and issues with the CPT.

Recent and ongoing cases in the Supreme Court and appellate courts have changed the landscape of the "private non-delegation doctrine" of the constitution. Additionally, the Supreme Court recently struck down the so-called Chevron deference which directed federal courts to defer to federal agencies interpretation of their regulations and powers. The Secretary for Health and Human Services and others have called for reform of the AMA CPT.

The current legal and political climate is the most favorable it has ever been to reform the AMA CPT. APTA should explore forming a coalition of non-physician healthcare professions to pursue reform of the CPT and divesture from the AMA.

What is this motion seeking to achieve?
Have the CPT codes and code development process be fair and allow for more participation by non-physicians. Decrease the power of the AMA to control how healthcare is paid in the US.

How does this motion contribute to achieving the Vision?
A more fair and balance CPT will result in codes which better reflect physical therapist practice. This will improve quality by providing more resources for physical therapists to provide more services thus increasing access, facilitating innovation, increasing value of services, and providing more efficient service delivery for consumers.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion contributes to every aspect of the strategic plan. Providing a member value and increasing sustainability by increasing payment, improving quality of care by physical therapists providing more needed services, increase demand for physical therapists and increase access to all services physical therapists provide.

How is this motion's subject national in scope and importance?
CPT codes are used by all outpatient and inpatient physical therapists who bill third party payors.

What federal or state laws and regulations also address this topic?
The Health Insurance Portability and Accountability Act requires to the extent possible all health care procedures to be billed with CPT codes.

What previous or current initiatives and positions of the Association address this topic?
APTA has long participated in the CPT code development process. However, the structure of the process is heavily biased towards physicians. As a result APTA has had limited effectiveness in achieving favorable outcomes from the CPT process.

What interested parties will be impacted by this motion?
All PTs and PTAs who provide services which are billable to third parties. All public and private third party payors. All state and federal policy makers involving physical therapy.

References:
https://www.americanprogress.org/article/rethinking-the-ruc/
https://constitution.congress.gov/browse/essay/artI-S1-5-1/ALDE_00000014/
https://www.advisory.com/daily-briefing/2024/12/02/rfkjr-medicare-payments

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Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required to Adopt: Majority Vote

RC 30-25 AMEND: DIAGNOSIS BY PHYSICAL THERAPISTS

That Diagnosis by Physical Therapists (HOD P06-12-10-09) be amended by substitution.

DIAGNOSIS BY PHYSICAL THERAPISTS

Physical therapists shall establish a diagnosis[1] for each patient or client.

~~Prior to making a patient/client management decision, physical therapists shall utilize the diagnostic process in order to establish a diagnosis for the specific conditions in need of the physical therapist's attention.~~

A diagnosis is a label identifying the nature of injury or disease.[2] ~~cause of encompassing a cluster of signs and symptoms commonly associated with a disorder or syndrome or category of impairments in body structures and function, activity limitations, or participation restrictions~~. It is the decision reached as a result of the diagnostic process, which is the evaluation of information obtained from the patient or client history and physical examination and other available information. The purpose of the diagnosis is to guide the physical therapist in determining the most appropriate management ~~intervention strategy~~ for each patient or client. ~~In the event the diagnostic process does not yield an identifiable cluster, disorder, syndrome, or category, intervention may be directed toward the alleviation of symptoms and remediation of impairments in body structures and function, activity limitations, or participation restrictions.~~

~~The physical therapist's responsibility in the diagnostic process is to organize and interpret all relevant information collected. The diagnostic process includes obtaining relevant history, performing systems review, and selecting and administering specific tests and measures.~~

When indicated, physical therapists order ~~appropriate~~ diagnostic tests/studies, including but not limited to imaging and laboratory tests, ~~and other studies~~. ~~, that are performed and interpreted by other health professionals.~~ Physical therapists may also perform or interpret selected imaging or other tests/studies.

~~In performing the diagnostic process, physical therapists may need to obtain additional information (including diagnostic labels) from other health professionals. In addition, as the diagnostic process continues, physical therapists may identify findings that should be shared with other health professionals, including referral sources, to ensure optimal patient/client care. When the patient/client is referred with a previously established diagnosis, the physical therapist should determine that the clinical findings are consistent with that diagnosis. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist should then refer the patient/client to an appropriate practitioner.~~

Support Statement

How has this motion concept been disseminated?

Motion concept submitted by March 10 and posted on House Community March 12.;Motion Collaboration Session.;Shared during a delegate meeting.;Shared during regional caucus meeting.;Collaboration with other delegation

Motion Concept:

The goal of this motion is threefold. Firstly, the motion incorporates "laboratory tests" which clarifies the scope of physical therapist practice which has been a source of confusion.
Secondly, the proposed language clarifies the position by striking duplicative and superfluous words. The current language is not articulate. The current language also contains verbiage which is broader than a concise statement that physical therapists diagnose their patients.
Thirdly, the motion succinctly describes the diagnostic process as identifying injury or disease. The importance of this point requires some explanation.

Physical therapists must diagnose every patient. This includes patients for which physical therapist treatment is not indicated. For decades much of the profession's debate around diagnostic labels has admirably centered on developing labels which better describe the condition(s) being treated by the physical therapist. While determining optimal diagnostic labels related to treatment is an important pursuit, physical therapists also must diagnose conditions which may not be related to physical therapist treatment. There are hundreds of examples here is one: A patient presents to a physical therapist with fatigue. The PMHx reveals type 2 DM. A thorough physical examination is noncontributory. A glucose test reveals 240 mg/dL. The diagnosis is hyperglycemia, a disease, and not related to physical therapist treatment beyond ensuring the patient obtains urgent care.

In the patient encounter the differential diagnostic process occurs before management decisions are made. Therefore, the diagnosis may, or may not be, a "disorder or syndrome or category of impairments in body structures and function, activity limitations, or participation restrictions."

What is this motion seeking to achieve?
Have a position on diagnosis that fully and accurately reflects practice.

How does this motion contribute to achieving the Vision?
Identity: Clarifies the scope of physical therapist practice around diagnosis. Quality: articulates best practice around the diagnostic process. Consumer centric and access: increase efficiency of the diagnostic process resulting improved access to definitive care.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Sustainability: Contemporary language describing the diagnostic process will position the profession for improved Quality of Care and remove barriers to timely and efficient access.

How is this motion's subject national in scope and importance?
The position on Diagnosis applies to every clinically practicing and academic physical therapist, and all student physical therapists. It influences payor and policy making in every state and nationally.

What federal or state laws and regulations also address this topic?
To our knowledge almost every state requires physical therapists to diagnose their patents. Every service rendered by a physical therapist and billed to a third party requires a diagnosis.

What previous or current initiatives and positions of the Association address this topic?
DIAGNOSIS BY PHYSICAL THERAPISTS HOD P06-12-10-09 [Amended HOD P06-08-06-07; HOD P06-97-06-19; HOD 06-95-12-07; HOD 06-94-22-35; Initial HOD 06-84-19-78] [Position]
Standards of Practice
Numerous Clinical Practice Guidelines
Interventions Performed Exclusively By Physical Therapists

What interested parties will be impacted by this motion?
Every clinically practicing and academic physical therapist, and all student physical therapists will need to follow this position. It influences payor and policy making in every state and nationally. Practice acts, payment, scope of practice areas are affected.

References:
https://www.cdc.gov/nchs/hus/sources-definitions/diagnosis.htm

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 31-25 CHARGE: ADVOCACY FOR THE USE OF THE DOCTOR OF PHYSICAL THERAPY TITLE AND THE DPT CREDENTIAL

That the American Physical Therapy Association advocate for the use of the Doctor of Physical Therapy title and the DPT credential and to promote the use of the title and credential in all professional contexts.

Support Statement

Motion Concept:
Consumer Protection Through Licensure Of Physical Therapists And Physical Therapist Assistants (HOD P06-19-51-57)

The referenced position originates from a position adopted in 2014. Since then, APTA has not actively worked to further the intent of the position. Additionally, APTA's internal policy on credentials is not aligned with the HOD policy. Currently 20 states permit the use of the DPT as the regulatory credential and another 4 have language with some caveats.

Doctors of Physical Therapy cannot select the DPT credential on apta.org when appropriate. Many physical therapists in the 20 states are unaware of the proper use of the DPT. APTA publications does not align with House policy.

All physical therapist education programs have been at the DPT level for decades. For all intents the profession is comprised of Doctors of Physical Therapy. The use of the PT credential by DPTs is an anachronism.

What is this motion seeking to achieve?
Require APTA to come into compliance with House policy. Gain recognition of the DPT as the regulatory and professional title and credential.

How does this motion contribute to achieving the Vision?
Identity: Gain recognition that physical therapists are doctorly trained. Elevate the stature of the profession.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Sustainable profession: increase visibility of physical therapists training and qualification. Quality of Care: demonstrate the high level of education and qualifications of physical therapists

How is this motion's subject national in scope and importance?
Almost one half of states and probable more than one half of DPTs can use the DPT as a regulatory credential but it is widely unknown. APTA has not taken the necessary steps to encourage adoption of the DPT as the regulatory credential. This applies to every state practice act.

What federal or state laws and regulations also address this topic?
Every state practice act.

What previous or current initiatives and positions of the Association address this topic?
IMPLEMENTATION OF CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS HOD P06-19-51-57

What interested parties will be impacted by this motion?
All physical therapists. All state licensure boards. APTA. DPTs where permitted will use the credential and drop the PT. Licensure boards will use the initiative as a resource. APTA will come into compliance with House policy.

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT, Chief Delegate, Hawaii
Email: dr.white@miltonortho.com

Required for Adoption: Majority Vote

RC 32-25 AMEND: PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE

That Pharmacology in Physical Therapist Practice (HOD P06-18-34-39) be amended by substitution.

~~PHARMACOLOGY~~ MEDICATION AND SUPPLEMENTS IN PHYSICAL THERAPIST PRACTICE

~~Physical therapist patient and client management integrates an understanding of a patient's or client's prescription and nonprescription medication regimen with consideration of its impact on health, function, movement, and disability. It is within the physical therapist's professional scope of practice to administer and store medication to facilitate outcomes of physical therapist patient and client management.~~

~~Goals that may benefit from the concomitant use of medications include, but are not limited to:~~

- ~~Reducing pain~~
- ~~Reducing inflammation~~
- ~~Promoting integumentary repair and/or protection~~
- ~~Facilitating airway clearance and/or ventilation and respiration~~
- ~~Facilitating adequate circulation and/or metabolism~~
- ~~Facilitating functional movement~~

Physical therapist management may prevent the need for, or reduce the use of, medications. Physical therapist management includes counseling patients and clients on the need for, and the benefits and risks of, medication, supplements, and proper nutrition. Physical therapists may prescribe over-the-counter medications and supplements. Where permitted by law/regulation, physical therapists may prescribe, store, and administer medication to optimize patient and client management and health.

For those patients and clients who use medications, physical therapists monitor for therapeutic benefit, adverse reactions, side effects, and the need for medication. A physical therapist team-based approach involves consulting with other medication-prescribing practitioners when indicated to optimize the therapeutic benefit of medication.

Support Statement

Motion Concept:

The current position on pharmacology does not describe physical therapists' full role with medications. The current position does not mention supplements or diet which are intertwined with the use and effect of medications, both positive and detrimental effects.

Physical therapist patient and client management is holistic. Medications are used to improve health, prevent deterioration in health, and prevent the onset of disease. Medications are also used to enhance mental and physical performance. Therefore, physical therapists have knowledge of controlled substance medication, other medication including over the counter (OTC) medication, supplements, and diet on health and bodily function.

While physical therapists strive to optimize health so individuals can avoid or discontinue medication many patients and clients require medication for health. Therefore, physical therapists need to be knowledgeable of the medications their patients and clients are taking and how those medications can impact health positively or negatively. Increasingly individuals are using supplements and highly specialized diets to improve health. These supplements and diets can be complimentary or detrimental to health independently or when combined with medication.

To optimize patient and client management physical therapists flag situations where medications can have a detrimental effect. Physical therapist management can be optimized when the patient and client's medication is optimized.

Across the spectrum for health care delivery and particularly as first contact and in some situations only-contact health care providers patients and clients consult with physical therapists about medications (controlled or OTC) and supplements. When appropriate physical therapists refer to others for medication management. However, in many cases the physical therapist can appropriately counsel patients and clients.

Common examples of medication counseling are:

- Patients who take opioids after surgery. Many individuals develop severe constipation and some go on to bowel obstruction. Physical therapists counsel on bowel health and weaning off opioids.

- Patients spend considerable amount of money on OTC medications or products with little to no evidence of efficacy. Physical therapists counsel on the efficacy of various medications and products.
- Patients are often prescribed medications by other practitioners yet do not understand dosing for optimal therapeutic benefit. Physical therapists counsel patients on optimal dosing.
- Patients often do not understand the intended therapeutic benefit of prescribed medication and may not be compliant with taking the medication. Physical therapists counsel patients on the purpose of medications and the health benefits.

The 2025 report to the House of Delegates on Prescriptive Authority to a fair degree described the current landscape of physical therapists as medication prescribers. Physical therapists ubiquitously play a significant role in patients' and clients' medication management. In some settings physical therapists prescribe controlled substances.

What is this motion seeking to achieve?

Update the current position to reflect current practice. Have a position which fully and clearly describes physical therapist practice in this area.

How does this motion contribute to achieving the Vision?

Identity: describes physical therapists role in an area of practice. Quality: Describes optimal patient care. Collaboration: describes collaboration with others. Value: adds value to physical therapist management. Consumer centric and access: describes holistic and comprehensive patient management.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

Sustainable profession: modernizes and updates an area of practice to reflect the full scope of practice. Quality of Care: describes optimal physical therapist management. Demand and access: positions physical therapists as able to manage in consultation with others medications, supplements and diet.

How is this motion's subject national in scope and importance?

Applies to all clinical and academic physical therapists and all DPT students. Describes an area of practice for all payors and policy makes as it applies to physical therapists. It will shape scope of practice policy across the country.

What federal or state laws and regulations also address this topic?

Controlled Substances Act.
FDA regulations
Many state practice acts.

What previous or current initiatives and positions of the Association address this topic?
PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE HOD P06-18-34-39 [Amended: HOD P06-04-14-14; Initial: HOD 06-89-43-89; Formerly Titled: Medications in the Provision of Physical Therapy] [Position]
Guide to Physical Therapist Practice

What interested parties will be impacted by this motion?
Applies to all clinical and academic physical therapists and all DPT students. Describes an area of practice for all payors and policy makes as it applies to physical therapists

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Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Massachusetts
Motion Contact: Eric Folmar, PT, DPT, OCS, Chief Delegate, Massachusetts
Email: e.folmar@northeastern.edu

Required to Adopt: Majority Vote

RC 33-25 CHARGE: OBTAIN WORKFORCE DATA REGARDING DISABILITY STATUS AND WORKPLACE ACCOMMODATIONS

That the American Physical Therapy Association formulates a report of the incidence and prevalence of disabilities, including relevant workplace and academic accommodations, for practicing physical therapists, physical therapist assistants, physical therapist students, and physical therapist assistant students.

Support Statement

Motion Concept:
That the American Physical Therapy Association formulates a report characterizing incidence and prevalence of disabilities of practicing physical therapists, physical therapist assistants, physical therapist students, and physical therapist assistant students, as well as relevant workplace and academic accommodations.

What is this motion seeking to achieve?
The aim of this motion is to obtain workforce data pertaining to incidence and prevalence of disabilities within the profession, as well as relevant workplace and academic accommodations. This not only contributes to achieving the Vision, by assessing diverse representation in practice such that intentional efforts can be made to support disabled physical therapists, physical therapist assistants, physical therapist students, and physical therapist assistant students, but is reflective of the APTA's broader commitment to Diversity, Equity, and Inclusion within the association, profession, and society.1 Further, this effort will help to realize the profession's targeted improvement in representation among candidates, students, graduates, and association leaders, ultimately contributing to member value and increasing the visibility of the population most served by the profession within the profession itself.

The expectation is that these metrics on disabilities within the physical therapy profession are part of ongoing workforce data collection.

How does this motion contribute to achieving the Vision?
The aim of this motion is to obtain workforce data pertaining to incidence and prevalence of disabilities within the profession, as well as relevant workplace and academic accommodations. This not only contributes to achieving the Vision, by assessing diverse representation in practice such that intentional efforts can be made to support disabled physical therapists, physical therapist assistants, physical therapist students, and physical therapist assistant students, but is reflective of the APTA's broader commitment to Diversity, Equity, and Inclusion within the association, profession, and society.1 Further, this effort will help to realize the profession's targeted improvement in representation among candidates, students, graduates, and association leaders, ultimately contributing to member value and increasing the visibility of the population most served by the profession within the profession itself.

The expectation is that these metrics on disabilities within the physical therapy profession are part of ongoing workforce data collection.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
see above

How is this motion's subject national in scope and importance?
1:4 non-institutionalized people and more than 1/3 of people over the age of 65 in the United States are disabled.The origins of the profession of physical therapy were rooted in the management of disability, including reconstruction aides following World War I and in the wake of the polio epidemic. In 2013, the APTA adopted a vision statement that centered on the human movement system, continuing to directly tie the role of the physical therapist and physical therapist assistant to the management of disability. However, it is important to note that disability scholars have continued to question the way in which rehabilitating professions can promote a curative narrative, describing experiences with rehabilitation as oppressive because of an over-emphasis on normalizing disabled bodies.

In 2020, the House of Delegates voted to amend RC 13-20 to expand the definition of underrepresented minority populations in physical therapy education to include individuals with disabilities. Despite disability being integral to our field, we do not have evidence as to the representation, or lack thereof, of disability within the profession. Recent estimates suggest that <1% of students enrolled in physical therapist education programs have a physical disability. Given the scope of disability and the way in which this profession has positioned itself relative to disability, this motion truly has national import.

What federal or state laws and regulations also address this topic?

There are several pertinent federal laws that support this aim, including the Americans with Disabilities Act, which requires employers to provide for reasonable accommodations to support employee performance of essential job functions,[14] and Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability for educational institutions receiving federal funding.[15] In 2021, the APTA supported the Allied Health Workforce Diversity Act (H.R. 3320/s. 1679), which was signed into law on December 29, 2022. This bill provides financial incentives for higher educational programs to recruit diverse individuals, including those with disabilities, into allied health professions.

What previous or current initiatives and positions of the Association address this topic?

HOD P08-22-14-18 Equitable Disability Accommodations in Physical Therapy demonstrates the Association's support for reasonable accommodations for those entering and within the profession. While obtaining workforce data, including demographic information, has been a recent priority of the Association, disability status has not been reflected in those efforts.

What interested parties will be impacted by this motion?

The proposed Charge has the potential to impact practicing providers and students, as well as applicants considering their own candidacy for educational programs, given the potential improvements in understanding of disability and accessibility within professional practice. Additionally, given the literature that supports the importance of client-provider concordance with identity features including race and gender, it may be reasonable to believe that increasing the prevalence of students and practitioners with physical disabilities in the field of physical therapy might improve client outcomes or experiences with their care providers. Disabled physical therapists and physical therapist assistants may contribute unique lived experiences to the field that serve to inform their provision of care. The APTA will also better be able to concentrate efforts focused on either recruitment of diverse, disabled individuals into the profession and/or supporting individuals within the profession who have disabilities, but who remain relatively unseen by the Association at this time.

Additional background information.

There has been growing discourse about the disparity of disability representation within healthcare, broadly, with an effort to understand the origins of this underrepresentation.[17–19] There have also been calls for healthcare education to be more inclusive of disability.[20–22] These include a keen attention to technical standards, even within our own profession. Physical Therapy as a profession would do well to join these efforts, and this motion would be an important step forward to advance these aims.

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14. Americans with Disabilities Act, Title 42, Subchapter I - Employment.; 1990.
15. Rehabilitation Act, 29 USC §701.; 1973.

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Massachusetts
Primary Motion Contact: Eric Folmar, PT, DPT, OCS, Chief Delegate, Massachusetts
Email: e.folmar@northeastern.edu

Required for Adoption: Majority Vote

RC 34-25 AMEND: STANDARDS OF PRACTICE FOR PHYSICAL THERAPY

This is a motion with two conforming amendments: Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Standards of Practice for Physical Therapy (HOD S06-20-35-29) Section III. Patient and Client Management, be amended by inserting a new F. Supervision of the Physical Therapist Assistant, and relettering the remaining, so that it would read:

* * *

A. Supervision of the Physical Therapist Assistant:

- Physical therapist services are always provided directly by the physical therapist and with responsible utilization, direction, and supervision of the physical therapist assistant when appropriate. The physical therapist assistant is the only individual who assists a physical therapist in the provision of physical therapist services and is licensed or certified in the jurisdiction in which they work. The use of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.
- Physical therapists shall provide safe, accessible, cost-effective, and evidence-based services. The physical therapist is responsible for patient and client management, including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. When the physical therapist utilizes a physical therapist assistant to perform components of intervention and collect selected examination and outcomes data, collaboration, as defined in the Core Values for the Physical Therapist and Physical Therapist Assistant, is essential between the physical therapist and physical therapist assistant.
- Regardless of the setting in which the physical therapist service is provided, the following actions must be conducted, and responsibilities must be borne solely by the physical

therapist:

- Interpretation of referrals when available
- Initial examination and reexamination
- Evaluation, diagnosis, and prognosis
- Development or modification of a management plan and plan of care, which is based on the initial examination or reexamination and includes the physical therapy goals and outcomes
- Revision of the management plan and plan of care when indicated
- Conclusion of an episode of care
- Responsibility for any hand off communication
- Oversight of all documentation for services rendered to each patient or client
- Consultation
- Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render services and when it may be appropriate to utilize the physical therapist assistant

- The physical therapist remains responsible for physical therapist services provided when the physical therapist's management plan and plan of care involves a physical therapist assistant. Regardless of the setting in which the service is provided, the determination to utilize a physical therapist assistant as part of the patient's or client's interprofessional services team requires the education, expertise, and professional judgment of a physical therapist, as described by the Code of Ethics for the Physical Therapist and the APTA Guide for Professional Conduct.
- In determining the appropriate extent of assistance from and collaboration with the physical therapist assistant, the physical therapist considers:
  - The physical therapist assistant's credentials, qualifications, and competencies
  - Patient or client criticality, acuity, stability, and complexity
  - The predictability of the consequences
  - The setting in which the care is being delivered.
  - Federal and state statutes and rules or regulations
  - Liability and risk management concerns
  - The mission of physical therapist services for the setting
  - The needed frequency of reexamination
- The physical therapist assistant is responsible for promptly communicating to the supervising physical therapist any areas in which they lack the necessary knowledge and skills to practice safely and effectively.
- The physical therapist is directly responsible for the actions of the physical therapist assistant in all practice settings. The physical therapist assistant shall provide services under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

Services provided by the physical therapist assistant must be consistent with safe and legal physical therapist practice and shall be predicated on the following factors: complexity and acuity of the patient's or client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The physical therapist assistant makes modifications to elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

- When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed:
  1. A physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is providing services to patients and clients.
  2. There must be regularly scheduled and documented collaboration with the physical therapist assistant regarding patients and clients, the frequency of which is determined by the needs of the patient or client and the needs of the physical therapist assistant.
  3. In situations in which a physical therapist assistant is involved in the care of a patient or client, a supervisory visit by the physical therapist:
     a. Shall be made upon the physical therapist assistant's request for a reexamination when a change in the management plan or plan of care is needed, prior to any planned conclusion of the episode of care, and in response to a change in the patient's or client's medical status
     b. Shall be made at least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client
     c. Shall include:
        i. An on-site reexamination of the patient or client
        ii. On-site review of the plan of care with appropriate revision or termination
        iii. Evaluation of need and recommendation for utilization of outside resources

PART B

That Direction And Supervision Of The Physical Therapist Assistant (HOD P08-22-09-11) be rescinded.

~~Direction And Supervision Of The Physical Therapist Assistant~~

~~Physical therapist services are always provided directly by the physical therapist and with responsible utilization, direction, and supervision of the physical therapist assistant when appropriate. The physical therapist assistant is the only individual who assists a physical therapist in the provision of physical therapist services and is licensed or certified in the jurisdiction in which they work. The use~~

of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists shall provide safe, accessible, cost-effective, and evidence-based services. The physical therapist is responsible for patient and client management including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. When the physical therapist utilizes a physical therapist assistant to perform components of intervention and collect selected examination and outcomes data, collaboration, as defined in the Core Values for the Physical Therapist and Physical Therapist Assistant, between the physical therapist and physical therapist assistant is essential.

Regardless of the setting in which the physical therapist service is provided, the following actions must be conducted, and responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Initial examination and reexamination.
3. Evaluation, diagnosis, and prognosis.
4. Development or modification of a management plan and plan of care, which is based on the initial examination or reexamination and includes the physical therapy goals and outcomes.
5. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render services and when it may be appropriate to utilize the physical therapist assistant.
6. Revision of the management plan and plan of care when indicated.
7. Conclusion of an episode of care.
8. Responsibility for any "hand off" communication.
9. Oversight of all documentation for services rendered to each patient or client.
10. Consultation.

The physical therapist remains responsible for physical therapist services provided when the physical therapist's management plan and plan of care involves a physical therapist assistant. Regardless of the setting in which the service is provided, the determination to utilize a physical therapist assistant as part of the patient's or client's interprofessional services team requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice for Physical Therapy, the Code of Ethics for the Physical Therapist, and the APTA Guide for Professional Conduct.

In determining the appropriate extent of assistance from and collaboration with the physical therapist assistant, the physical therapist considers:

- The physical therapist assistant's education, training, experience, and skill level.
- Patient or client criticality, acuity, stability, and complexity.
- The predictability of the consequences.

- The setting in which the care is being delivered.
- Federal and state statutes, and rules or regulations.
- Liability and risk management concerns.

Direction And Supervision of The Physical Therapist Assistant

American Physical Therapy Association / 2

- The mission of physical therapist services for the setting.
- The needed frequency of reexamination.

Services provided by the physical therapist assistant must be consistent with safe and legal physical therapist practice and shall be predicated on the following factors: complexity and acuity of the patient's or client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The physical therapist assistant makes modifications to elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

The physical therapist is directly responsible for the actions of the physical therapist assistant in all practice settings. The physical therapist assistant shall provide services under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on site for direction and supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

When supervising the physical therapist assistant in any offsite setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is providing services to patients and clients.
2. There must be regularly scheduled and documented collaboration with the physical therapist assistant regarding patients and clients, the frequency of which is determined by the needs of the patient or client and the needs of the physical therapist assistant.
3. In situations in which a physical therapist assistant is involved in the care of a patient or client, a supervisory visit by the physical therapist:
    a. Shall be made upon the physical therapist assistant's request for a reexamination, when a change in the management plan or plan of care is needed, prior to any planned conclusion of the episode of care, and in response to a change in the patient's or client's medical status.
    b. Shall be made at least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client.
    c. Shall include:
        i. An onsite reexamination of the patient or client.

~~ii. Onsite review of the plan of care with appropriate revision or termination.~~
~~iii. Evaluation of need and recommendation for utilization of outside resources.~~

Support Statement

Motion Concept:
Seeking to integrate existing language from APTA position HOD P08-22-09-11 Direction and Supervision of The Physical Therapist Assistant directly into the Standards of Practice for Physical Therapy HOD S06-20-35-29 document.

What is this motion seeking to achieve?
The expected outcome of this motion is the integration of existing language from APTA position HOD P08-22-09-11 Direction and Supervision of The Physical Therapist Assistant directly into the Standards of Practice for Physical Therapy HOD S06-20-35-29 document. This consolidation addresses a critical gap, as the current Standards of Practice contains limited language regarding physical therapist assistant (PTA) supervision despite being a foundational document referenced in numerous state regulations.

How does this motion contribute to achieving the Vision?
This motion supports APTA's vision of "transforming society by optimizing movement to improve the human experience" by ensuring clear, consistent guidance on the collaborative relationship between physical therapists (PTs) and PTAs. By elevating and centralizing supervision guidelines within a core document, this motion:

1. Enhances professional clarity regarding roles and responsibilities in patient/client management
2. Strengthens the PT-PTA team model, ensuring optimal care delivery
3. Promotes regulatory consistency across practice settings and jurisdictions
4. Aligns with APTA's strategic priorities of quality practice and professional advancement

This motion does not introduce substantive changes to existing policies but rather strategically consolidates related content to create a more coherent, accessible resource that clearly articulates the supervisory relationship between PTs and PTAs. Consolidation and alignment of core documents strengthens the profession's foundation for high-quality care delivery.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Consolidation and alignment of core documents strengthens the profession's foundation for high-quality care delivery.

How is this motion's subject national in scope and importance?
This motion addresses issues of national significance for several reasons:

1. The Standards of Practice document is widely codified in state practice acts and regulations, making its comprehensive nature essential for consistent application nationwide
2. Recent Centers for Medicare & Medicaid Services (CMS) regulatory changes shifting to "general supervision" requirements for PTAs have created a need for clear, authoritative guidance on PT supervisory responsibilities
3. Inconsistencies between core documents can lead to regulatory confusion and potential practice variations that affect patient care quality across jurisdictions
4. The proposed language aligns with forthcoming updates to the Code of Ethics, creating stronger alignment between fundamental professional documents
5. As healthcare delivery models evolve, having unified standards for PT-PTA practice relationships becomes increasingly critical for workforce utilization, risk management, and optimal patient outcomes

This motion ensures that a nationally recognized standard clearly articulates the supervision framework required for safe, effective delegation and oversight, supporting consistency in practice across all states and practice settings.

What federal or state laws and regulations also address this topic?

- CMS regulations regarding supervision requirements for PTAs have shifted to "general supervision" models
- State practice acts frequently incorporate APTA's Standards of Practice by reference or direct language adoption
- Accreditation standards for PT and PTA education programs emphasize the importance of clear supervisory relationships

What previous or current initiatives and positions of the Association address this topic?

- The ongoing revision of the APTA Code of Ethics specifically addresses clarification of PT and PTA roles and responsibilities
- Position HOD P08-22-09-11 Direction and Supervision of The Physical Therapist Assistant was previously established to articulate these responsibilities
- The House has consistently recognized the importance of clear professional standards, as evidenced by regular reviews and updates to core documents

What interested parties will be impacted by this motion?

Interested Parties

Internal to APTA:

- PTA Council
- State Chapters responsible for implementing standards
- APTA members practicing across all settings

External to APTA:

- State licensing boards and regulatory agencies
- Facility administrators and compliance officers

- Third-party payers including Medicare, Medicaid, and private insurers
- Healthcare organizations employing PTs and PTAs
- Educational institutions training future professionals
- Patients/clients receiving physical therapy services

This motion strategically addresses these interrelated factors by creating alignment between core documents, supporting regulatory consistency, and maintaining the profession's commitment to quality care.

References:

1. STANDARDS OF PRACTICE HOD S06-20-35-29: https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-practice-pt
2. CODE OF ETHICS FOR THE PHYSICAL THERAPIST HOD S06-20-28-25: https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist
3. DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P08-22-09-11

Last Updated: 06.02.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Maryland
Motion Contact: Mike Ukoha, PT, DPT, Chief Delegate, Maryland
Email: mukoha@gmail.com

Required to Adopt: Majority Vote

RC 35-25 ADOPT: PRACTICE MODIFICATIONS RELATED TO ENVIRONMENTAL HEALTH RISKS

That the following be adopted:

PRACTICE MODIFICATIONS RELATED TO ENVIRONMENTAL HEALTH RISKS

The American Physical Therapy Association recommends clinical practice modifications to enhance patient and community health, mobility, function, and safety considering environmental factors impact on human health while optimizing emergency preparedness for patients, communities, and health care entities.

Support Statement

Motion Concept:
Evidence increasingly demonstrates profound health – environment connections across the lifespan and across physical therapy populations impacting health services needed and physical therapy best practice. Climate change is reportedly "the greatest threat to human health of the 21st century", a concern stated by the World Health Organization (WHO) and by many health professional associations. International climate change statements by the WHO and United Nations call on health professionals to take immediate actions while promoting the right to health for all.
Professional organizations in the United States including the American Occupational Therapy Association, the American Nurses Association, American Medical Association, American College of Physicians, American Academy of Pediatrics, National Academy of Medicine and interprofessional groups such as the Medical Society Consortium for Climate and Health and Gerontological Society of America have taken action to meet this urgent demand. Actions include clinician and consumer education regarding weather disaster emergency preparedness, physical activity adaptations

informed by heat and air quality indices to reduce health harms, and clinician awareness of environment as a social determinant of health impacting disease risk, prevention, and response. PTs and PTAs have a strong history of addressing physical and social safety and health barriers such as falls risk hazards and limited access to care. PTs and PTAs have opportunities to reduce heat and other environment-related morbidity and mortality through patient education, risk recognition and reduction, and advocacy. They can increase clinic, community, and individual resilience through weather emergency preparation, response, and recovery. PTs, PTAs, and APTA can advocate for healthier communities and people.

APTA HOD's 2020 sustainability position statement was an important start, but further APTA action promoting education and research for best practice environment-informed clinical care and healthy environments are needed with this motion concept. The intention of this motion is to create and disseminate clinical practice modifications to enhance patient & community health, mobility, function, and safety considering environmental factors impact on human health while optimizing emergency preparedness for patients, communities, and healthcare entities.

What is this motion seeking to achieve?

Expected outcomes:

1) To educate physical therapists, physical therapist assistants, and students about environment-informed physical therapy practice, including awareness of how climate and other environmental factors impact human health and healthcare needs and delivery.
2) Provide a resource optimizing emergency preparedness for patients, communities, and healthcare entities

How does this motion contribute to achieving the Vision?

This motion would contribute to the innovation principle for achieving the Vision by offering creative and proactive solutions to enhance health services delivery while considering environmental factors. The motion would contribute to the access/equity principle for achieving the Vision by offering recognition of health inequities and disparities vulnerable populations face due to environmental factors with intentions to work to alleviate them through innovative models of service delivery, advocacy, and attention.

This motion would contribute to the advocacy principle for achieving the Vision by offering concise and clear advocacy efforts for patients, clients, consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards with environmental considerations.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

Directly addresses at least two of the four goals of the Strategic Plan

Quality of Care:

This motion elevates the quality of care provided by PTs and PTAs to improve health outcomes for populations, communities, and individuals with considerations for environmental factors.

Demand and Access:
This motion would provide APTA an opportunity to collaborate with other environmentally centered organizations to reach more consumers and effectively support vulnerable populations.

How is this motion's subject national in scope and importance?
Evidence increasingly demonstrates profound health – environment connections across the lifespan and across physical therapy populations impacting health services needed and physical therapy best practice. Climate change is reportedly "the greatest threat to human health of the 21st century", a concern stated by the World Health Organization (WHO) and by many health professional associations. International climate change statements by the WHO and United Nations call on health professionals to take immediate actions while promoting the right to health for all.

What federal or state laws and regulations also address this topic?
National Environmental Policy Act (NEPA)
The passage of NEPA resulted in the creation of the Environmental Protection Agency. The "Congressional declaration of purpose" section at the beginning of the Act explains that NEPA's purpose is, "To declare a national policy which will encourage productive and enjoyable harmony between man and his environment; to promote efforts which will prevent or eliminate damage to the environment and biosphere and stimulate the health and welfare of man; to enrich the understanding of the ecological systems and natural resources important to the Nation; and to establish a Council on Environmental Quality." While the EPA is heavily involved with NEPA, the White House also appoints the Council on Environmental Quality, which oversees the implementation of NEPA across all agencies.
42 U.S.C. §4321, et seq.

What previous or current initiatives and positions of the Association address this topic?
HOD P06-20-26-22: Describes the association's position on environmental stewardship.

What interested parties will be impacted by this motion?
The intention of this motion is to create and disseminate clinical practice modifications to enhance patient & community health, mobility, function, and safety considering environmental factors impact on human health while optimizing emergency preparedness for patients, communities, and healthcare entities.

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Michigan, Iowa, and Neurology
Motion Contact: Michael Shoemaker, PT, DPT, PhD, Delegate, Michigan
Email: shoemami@gvsu.edu

Required to Adopt: Majority Vote

RC 36-25 AMEND: EVIDENCE-BASED PRACTICE

That Evidence-Based Practice (HOD P06-19-10-05) be amended by substitution.

EVIDENCE-BASED PRACTICE

The American Physical Therapy Association supports the development and utilization of evidence-based practice, ~~that includes the integration of best available research, clinical expertise, and patient values and circumstances related to patient/client management, practice management, and health policy decision making~~ defined as the integration of best available research, clinical expertise, and patient values and circumstances into and across all domains of physical therapist and physical therapist assistant practice, including:

- Patient and client management
- Clinical reasoning
- Entry-level and post-professional education
- Continuing professional development
- Practice management and health policy decision-making

The American Physical Therapy Association upholds the essential roles of clinician judgment and the patient's or client's presentation, context, and goals in guiding care, particularly when there is a lack of relevant or high-quality research evidence.

The American Physical Therapy Association supports efforts that:

- Encourage the integration and critical appraisal of the best available research and patient values into sound clinical reasoning as being integral to physical therapist examination, evaluation, diagnosis, and intervention selection.
- Support the de-implementation of low-value care by reducing, replacing, restricting, and/or removing interventions that are ineffective, no longer supported by evidence, or potentially

harmful while promoting the adoption of high-value, evidence-based practices that improve patient outcomes.

- Encourage the selection of evidence-based intervention strategies in a manner not constrained by a diagnostic or intervention approach or philosophy that is not evidence-based.
- Ensure that physical therapist practice remains adaptive, collaborative, and person-centered.

Support Statement

Motion Concept:

Motion to Amend Evidenced Practice HOD P06-19-10-15 to extend the American Physical Therapy Association's support of evidence-based practice as it relates to: 1) education and post professional training of the physical therapist and physical therapist assistant, 2) explicit synthesis and integration with clinical reasoning and patient/client values, 3) de-implementation, 4) not constraining intervention selection to a single diagnostic or treatment approach that is not evidence-based, and 5) supporting the pursuit of knowledge to enhance best practices.

What is this motion seeking to achieve?

With adoption of this motion, APTA will have a more comprehensive, prominent, and assertive position on evidence-based practice that: 1) better guides entry level and post-professional education, 2) is forward-looking with regard to the important role of de-implementation and de-implementation science, 3) ends APTA's silence on unwarranted practice variation as it relates to evidence-based practice, and 4) explicitly affirms APTA's role in pursuing and establishing best practice.

How does this motion contribute to achieving the Vision?

APTA's vision cannot be achieved without physical therapists effectively integrating evidence-based practice into their clinical reasoning with patient/client values to maximize the effectiveness and impact of their interventions. APTA's current position on evidence-based practice is limited in scope and does not assert the critical role of evidence-based practice integrated with clinical reasoning across the continuum of education.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

By addressing several key aspects of unwarranted practice variation, this motion is integral to three of four pillars of APTA's strategic plan: Sustainable Profession, Quality of Care, and Demand and Access. Expanding and elevating the role of evidence-based practice sets a higher standard of practice that will increase quality of care delivered across a greater proportion of physical therapists. In so doing, it will also enhance the credibility of our profession in the eyes of the public and payers, which contributes to increasing sustainability and demand and ultimately access.

How is this motion's subject national in scope and importance?

This motion is inherently national in scope and importance, not only because making such an impact on practice requires the strength and influence of a position statement, but also because the problem of unwarranted practice variation and wide deviations from evidence-based practice are not unique to any single region.

What federal or state laws and regulations also address this topic?

There are no federal or state laws that address this topic and this is partly why unwarranted practice variation and wide deviations from evidence-based practice is such a pervasive problem, especially in the absence of a strong and comprehensive position from APTA to the contrary.

What previous or current initiatives and positions of the Association address this topic?

As noted above, the current position on evidence-based practice is not comprehensive. Other current positions that only tangentially or partially address elements of the problem are:

- STANDARDS OF PRACTICE FOR PHYSICAL THERAPY HOD S06-20-35-29
- EXCLUSIVE USE OR USE OF MULTIPLE BIOPHYSICAL AGENTS HOD P06-18-17-27
- DIAGNOSIS BY PHYSICAL THERAPISTS HOD P06-12-10-09
- PROFESSIONAL DEVELOPMENT HOD P05-07-14-14
- DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES HOD P06-19-20-47
- MANAGEMENT OF THE MOVEMENT SYSTEM HOD P06-15-25-24

Each was specifically considered by the multi-delegation working group that drafted this motion, who decided that deviations from evidence-based practice in both clinical and academic practice was a root cause of the problem which manifests itself in compromising diagnosis, professional development, value of physical therapy, implementation of the movement system, and exclusive use of a single diagnostic or intervention philosophy.

What interested parties will be impacted by this motion?

The more comprehensive position on evidence-based practice proposed in this motion will impact both clinicians and educators alike by providing more specific and actionable guidance on its integration into their practice. The motion makers recognize that many within the physical therapy profession are concerned that EBP results in 1) "cookie cutter" approaches to care, 2) payer cessation of payment for any service not supported by randomized controlled trials, and 3) preclusion of the use of clinical reasoning and judgment and patient/client values. This motion language intentionally includes language that highlights the importance of clinical reasoning and patient/client values in evidence-based practice, especially in the absence of evidence to address this. Further, the motion makers emphasize that clinical expertise is defined as "… the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice" and is reflected in "…the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care."[7]

Additionally, the terminology, "evidence-informed practice," (EIP) was raised by some during the motion concept process. There is not wide acceptance of a single definition of EIP in other healthcare professions, and the concept of EIP is based on the supposition that EBP places more weight on evidence than clinical expertise and patient preferences.[8] The motion makers do not believe it wise or prudent to adopt definitions not widely accepted and emphasize the important role of knowledge translation to facilitate integration of evidence with clinical expertise and patient preferences. As noted by Mazurek Melnyk and Newhouse, "let us put our energies into continuing to build momentum and accelerate EBP rather than confusing clinicians with changing terminology and slowing down an urgently needed quality movement to ensure that the best outcomes for patients and their families are achieved."[8]

Additional background information.

Unwarranted practice variation, defined as "variation in the utilization of health services that cannot be explained by variation in patient illness or patient preferences"[1] is a well-established threat to payment policy. When not addressed internally by the profession, payers impose policies to address the unwarranted variation which increase administrative burden and restrict patient access. Unwarranted practice variation was identified as "the greatest challenge to the value of physical therapy" by Tara Jo Manal in her John H. P. Maley Lecture in 2017.[2] Yet, there has not been a concerted effort from APTA to address this threat to our ability to clearly and consistently demonstrate our value to payers and to increase payment and access for physical therapist services. Several sources of unwarranted practice variation include:

- Lack of adoption of evidence-based clinical practice guidelines or other evidence-based interventions.[3]
- Failure to de-implement low-value interventions. De-implementation is defined as "reducing or stopping the use or delivery of services or practices that are ineffective, unproven, harmful, overused, or inappropriate."[4] Low-value interventions are defined as "services or treatments that provide little or no benefit to patients, potentially causing harm, or yield marginal benefits at a disproportionately high cost."
- Reliance on provider preference when not supported by evidence-based clinical reasoning and which may be influenced by other factors such as financial incentives, provider comfort with familiar routines/interventions, and indication creep where interventions demonstrated to be effective in specific patients/conditions becomes broadly or routinely used across many patients and conditions.[5]
- Variability in educational curricula.[6] This is especially true in physical therapist education where faculty teach to their preferred style of practice.

Although unwarranted practice variation is a complex, multifactorial, and vexing problem to solve, APTA does not currently have an official position or stance on the issue. Amending EVIDENCE-BASED PRACTICE HOD P06-19-10-05 provides an appropriate starting point and mechanism for addressing some of the contributing factors to unwarranted practice variation listed above. Making APTA's

position on evidenced-based practice more robust while also ending APTA's silence on the importance of addressing the most significant contributors to unwarranted practice variation provides a foundation for ongoing efforts to enhance the health outcomes of physical therapist intervention and our credibility with payers and policy makers.

References:

1. Wennberg JE. Unwarranted variations in healthcare delivery: implications for academic medical centres. BMJ 2002;325:961–4.
2. https://www.apta.org/article/2017/06/26/news-at-next-variation-in-care-is-the-professions-greatest-challenge-maley-lecturer-says
3. Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in patients' care. Lancet. 2003 Oct 11;362(9391):1225-30.
4. Norton WE, Kennedy AE, Chambers DA. Studying de-implementation in health: an analysis of funded research grants. Implement Sci. 2017 Dec 4;12(1):144.
5. Sutherland K, Levesque JF. Unwarranted clinical variation in health care: Definitions and proposal of an analytic framework. J Eval Clin Pract. 2020 Jun;26(3):687-696.
6. Holmboe ES, Kogan JR. Will Any Road Get You There? Examining Warranted and Unwarranted Variation in Medical Education. Acad Med. 2022 Aug 1;97(8):1128-1136.
7. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. BMJ. 1996 Jan 13;312(7023):71-2.
8. Mazurek Melnyk B, Newhouse R. Evidence-based practice versus evidence-informed practice: a debate that could stall forward momentum in improving healthcare quality, safety, patient outcomes, and costs. Worldviews Evid Based Nurs. 2014 Dec;11(6):347-9.

Last Updated: 06.02.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: North Carolina
Primary Motion Contact: Mary Kay Hannah, PT, DPT, Delegate, North Carolina
Email: mhannah3@elon.edu

Required for Adoption: Majority Vote

RC 37-25 RESCIND: OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPIST SERVICES AND SELF-REFERRAL BY PHYSICIANS

That Opposition to Physician Ownership of Physical Therapist Services and Self-Referral By Physicians (HOD P06-19-16-46) be rescinded.

~~Whereas, The American Physical Therapy Association advocates for a healthy society, for patient and client engagement in health services, and for direct access to physical therapist services;~~

~~Whereas, Physical therapists and physicians collaboratively provide patient-centered services in practice models that may include mutual referral, co-management, and consultation;~~

~~Whereas, Physician self-referral to physical therapist services in which an ownership interest by the physician is an avoidable conflict of interest that may restrain patient choice in services;~~

~~Whereas, Federal law prohibits, with some exceptions, physician self-referral for various designated health services[1];~~

~~Whereas, Evidence suggests that there is greater cost per patient encounter and for the entire episode of care in self-referral situations[2]; and~~

~~Whereas, Evidence also suggests that patients in self-referral situations receive more passive treatment that is performed by persons not licensed as physical therapists and that non-self-referred physical therapist services include more active, hands-on, and one-to-one services that promote greater patient independence and a return to performing routine activities without pain[3];~~

~~Resolved, That the American Physical Therapy Association opposes ownership of and self-referral to physical therapist services by physicians, and supports federal and state laws and regulations that prohibit physician ownership of physical therapist services.~~

~~REFERENCES~~

~~1. Centers for Medicare & Medicaid Services. Physician Self-Referral webpage. https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/index.html.~~

~~2. Mitchell J, Reschovsky J, Franzini L., et al. Physician Self-Referral of Physical Therapy Services for Patients with Low Back Pain: Implications for Use, Types of Treatments Received and Expenditures. *Forum for Health Economics and Policy*, 2015;19(2):179-199. doi:10.1515/fhep-2015-0026.~~

~~3. Mitchell JM, Reschovsky JD, Reicherter EA. Use of Physical Therapy Following Total Knee Replacement Surgery: Implications of Orthopedic Surgeons' Ownership of Physical Therapy Services. *Health Serv Res*, 2016;51: 1838-1857. doi:10.1111/1475-6773.12465.~~

Support Statement

Motion Concept:

This motion seeks to eliminate an APTA position that opposes one specific business model: physician-owned physical therapy services. While the original stance reflected concerns at the time—particularly regarding therapist autonomy and overutilization—it has not achieved its goals and no longer aligns with the realities of today's healthcare environment.

The core issue is not physician ownership itself, but unethical or exploitative practices—which can occur under any ownership model. Singling out physician-owned practices is unnecessarily divisive, especially given the profession's strong ethical standards. Unethical behavior should be addressed consistently, not selectively.

Removing the 2003 position would eliminate a longstanding stigma that has discouraged many PTs and PTAs from joining the Association. It would affirm the legitimacy of diverse, ethical practice models and welcome a significant portion of the workforce that has often felt excluded—strengthening professional unity and supporting membership growth.

Maintaining a position that targets one ownership model limits APTA's relevance and reach. Rescinding the 2003 stance would foster broader engagement, allowing more professionals to shape the Association's future.

Additionally, the original position has led to internal policies that restrict member opportunities based solely on employment setting—for example, prohibiting members in physician-owned physical therapy practices from purchasing advertising or exhibiting at CSM. Until 2020, these practices were also barred from hosting residencies or fellowships through ABPTRFE. Such exclusions contradict the Association's commitment to equity and inclusion.

Ultimately, this motion promotes a shift from exclusion to equity. It calls for a principle-based approach that upholds ethical standards in all settings and ensures that all qualified professionals feel welcome in the APTA community.

What is this motion seeking to achieve?

This motion seeks to rescind the APTA's 2003 position that opposes physician-owned physical therapy services. The intent is to move away from targeting a specific ownership model and instead focus on promoting ethical and person-centered care across all business models. The motion aims to eliminate stigma, remove barriers, and encourage inclusion by affirming that ethical care is not limited to any one practice structure.

How does this motion contribute to achieving the Vision?

The motion advances the APTA Vision by promoting inclusivity, reducing stigma, and welcoming all physical therapy professionals who deliver ethical, patient-centered care—regardless of ownership model. By affirming the legitimacy of diverse business arrangements, it supports a unified, collaborative profession that reflects the diversity of today's healthcare system and empowers more professionals to contribute to advancing the health of society.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion supports the "Member Value" priority in the APTA Strategic Plan by removing perceived barriers to engagement, thereby expanding opportunities for all PTs and PTAs to belong, participate, and lead. It also aligns with the Plan's emphasis on equity, inclusivity, and ethical care delivery by advocating for principle-based standards across all settings rather than singling out specific business models.

How is this motion's subject national in scope and importance?

The issue is national in scope, as PTs and PTAs work in physician-owned practices in 49 states. Federal data shows that private-equity-owned chains, not physician-owned physical therapy practices, are now the highest utilizers in terms of cost per patient. Furthermore, internal referrals occur across all healthcare sectors, including nonprofit and hospital systems. The motion reflects broader industry dynamics and aims to address professional equity on a nationwide scale.

What federal or state laws and regulations also address this topic?

Federal laws such as the Stark Law and its exceptions regulate physician self-referral practices and permit physician-owned PT practices to operate legally in nearly all states, provided they meet strict compliance standards.

The Stark Law, introduced by Rep. Pete Stark in 1988 and enacted in 1990, prohibits physicians from referring Medicare patients to entities in which they or their family have a financial interest. Originally focused on clinical labs, the law later expanded to include Medicaid patients and other designated health services, including physical therapy (PT). Its purpose is to prevent financial incentives from driving self-referrals.

Over time, seven key exceptions have been added, allowing for lawful business structures that include physician ownership of PT practices. These include requirements for written contracts, fair

market value payments, pre-agreed terms, commercial reasonableness, and separation of payment from volume or value of referrals.

In 2020, a new exception further broadened the law's flexibility, making physician-owned PT practices legal in 49 states. Still, these practices must comply with Federal Anti-Kickback laws aimed at preventing fraud and abuse. These regulations provide a legal framework to address potential financial conflicts of interest across all practice models.

What previous or current initiatives and positions of the Association address this topic?
In 2020, the APTA House of Delegates adopted the position "Practice and Business Financial Arrangements for Physical Therapists," which supports innovative, ethical, and person-centered collaborative business models. Additionally, the APTA Code of Ethics serves as a guiding framework for ethical conduct across all settings. These existing policies provide adequate guidance without singling out specific ownership models.

What interested parties will be impacted by this motion?
This motion will impact PTs and PTAs working in physician-owned practices by affirming their place within the APTA community and removing institutional barriers to engagement. It will also affect current and prospective APTA members, educators, residency/fellowship programs, and other healthcare providers seeking inclusive and collaborative practice models. Ultimately, the profession and its patients stand to benefit from a more unified and ethically consistent approach.

Additional background information.
Background:
Previous House activities addressing the original motion
2003 Board Action

- The Board adopted the task force's recommendation to adopt "Strategic Plan to Address Referral for Profit Including Physician Ownership of Physical Therapy Services" (BOD 03-06-11-22).

2019 House Action

- RC 9-19 AMEND: OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPY SERVICES (HOD 3 P06-03-27-25)
- Amended to change the word "therapy" to "therapist."

2024 Motion – Withdrawn
RC 11-23 RESCIND: OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPIST SERVICES AND SELF-REFERRAL BY PHYSICIANS (HOD P06-19-16-46) ANNEX C

- This motion brought initially by Illinois was withdrawn prior to a vote.

Board Action as a result of the original motion
2003 – BOD Action

- In response, the Board of Directors appointed a task force in the fall of 2003 to develop and assist in implementing a strategic plan to prohibit physician ownership of PT services.

- The Board adopted the task force's recommendation to adopt "Strategic Plan to Address Referral for Profit Including Physician Ownership of Physical Therapy Services" (BOD 03-06-11-22).

2007 – BOD Action

- The Task Force became a standing committee of the APTA Board of Directors – the Referral for Profit Committee.

2011 – BOD Action

- As part of its efforts to align APTA work with the appointed group structure, the Board disbanded this committee and moved the policy issue under the jurisdiction of the Public Policy and Advocacy Committee (PPAC)

2019 – BOD Action:

- Per efforts to streamline policies, the Board rescinded this plan in March 2019 citing that the specific activities and projects outlined in this plan have been completed and that legislative advocacy aimed at referral for profit has been operationalized.

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Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: New Mexico
Motion Contact: Arvie Vitente, PT, DPT, PhD, Chief Delegate, New Mexico
E-mail: avitente@lewisu.edu

Required for Adoption: Majority Vote

RC 38-25 ADOPT: SOCIAL DRIVERS OF HEALTH

That the following be adopted:

SOCIAL DRIVERS OF HEALTH

The American Physical Therapy Association believes that Social Drivers of Health, as defined by the Centers for Medicare & Medicaid Services, shape health outcomes. Addressing SDOH in practice, education, advocacy, and research enhances the delivery of value-based, patient-centered care that considers the broader social and environmental realities impacting patient health.

Support Statement:

Motion Concept:
Despite the incorporation of Social Drivers of Health (SDOH) considerations into CAPTE's 2024 Standards and the work of ACAPT's task force, there remains a critical need for a clear, unified position statement that reinforces and deepens the profession's commitment to addressing SDOH across all domains of practice.

What is this motion seeking to achieve?
The expected outcome of this motion is the explicit and comprehensive integration of SDOH into physical therapy practice, education, advocacy, and research. By adopting operational definitions and establishing this framework, APTA ensures alignment with its mission, vision, and strategic priorities while advancing efforts to reduce health disparities and promote equitable access to care.

How does this motion contribute to achieving the Vision?

This motion also advances APTA's Vision to "Transform society by optimizing movement to improve the human experience." Movement and functional health are deeply intertwined with environmental and social contexts; by addressing SDOH, the physical therapy profession acknowledges and acts upon the societal forces that influence an individual's ability to move, function, and thrive.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion aligns with and supports key priorities in APTA's Strategic Plan:

- Advocating for Access to Value-Based Care: By addressing SDOH, PTs and PTAs enhance the delivery of value-based, patient-centered care that considers the broader social and environmental realities impacting patient health.

- Elevating the Quality of Care: Integrating SDOH into physical therapy assessments and interventions ensures that care is holistic, tailored to each individual's needs, and capable of achieving better, more sustainable health outcomes.

- Building a Community to Advance the Profession: Recognition of SDOH fosters interprofessional collaboration and strengthens the profession's leadership in national and global health equity efforts.

- Fostering a Commitment to Diversity, Equity, and Inclusion (DEI): Incorporating SDOH directly supports APTA's DEI goals by actively addressing systemic inequities and promoting equitable health outcomes for historically marginalized populations.

Additionally, this motion aligns with APTA's Public Priorities for 2025–2026, including Population Health and the explicit focus on Environmental and Social Drivers of Health.

Addressing Social Drivers of Health (SDOH) is critical for advancing health equity and enhancing the well-being of diverse populations. SDOH profoundly influence individuals' health, well-being, and quality of life, often exerting a greater impact on population health than direct healthcare interventions (Musolino, 2025). Health inequities largely stem from environmental and social factors, with disadvantaged populations bearing disproportionate burdens of illness, disability, and systemic barriers to care. The World Health Organization (WHO, 2024) highlights key factors driving these disparities, including income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing and environmental quality, early childhood development, social inclusion, non-discrimination, structural discrimination, conflict, displacement, and access to affordable, quality health services.

Creating supportive social, physical, and economic environments that foster full health potential aligns with the APTA Core Values and the profession's commitment to social responsibility, altruism, and excellence. In the 56th Mary McMillan Lecture at APTA's Combined Sections Meeting, Terry

Nordstrom, PT, EdD, FAPTA (Nordstrom, 2025), highlighted the term “Environmental and Social Drivers of Health” rather than “Social Determinants of Health,” arguing that "determinants" imply passivity and inevitability, whereas "drivers" recognize the dynamic forces that actively shape health outcomes. As Abrams et al. (2023) illustrate, external factors like social inequities, environmental exposures, and systemic barriers can be seen as burdens added to a person's health "luggage," highlighting the opportunity—and responsibility—of health professionals to intervene and help lighten these loads.

Physical therapists (PTs) and physical therapist assistants (PTAs) are uniquely positioned to identify and mitigate barriers to health stemming from SDOH, document their impact on rehabilitation potential, and contribute meaningfully to reducing health disparities. These efforts directly support the APTA Core Values of Social Responsibility and Altruism, as well as ethical principles that call for advocacy to improve access, reduce health disparities, and meet preventive health needs (APTA Core Values and Code of Ethics). Integrating SDOH into professional practice reflects a commitment to Excellence and Integrity, ensuring that the profession evolves alongside the complex social realities faced by patients and communities.

The following is the operational definition of Social Drivers of Health:

Social Drivers of Health: The modifiable social, economic, and political conditions in which people are born, grow, work, worship, learn, play, and age that allocate resources and opportunities—and thereby “drive” health behaviors, access to care, and outcomes.

Major point: *Nordstrom (2025) identified three critical reasons why the physical therapy profession must take an active role in addressing and lightening the burdens created by Social Drivers of Health (SDOH). First, it fulfills the profession’s responsibility to the communities it serves by recognizing and responding to the broader factors that influence health and movement. Second, it strengthens the profession’s evolving role within primary care by equipping physical therapists to identify, intervene on, and advocate around environmental and social barriers that directly impact health outcomes. Third, it positions physical therapy to contribute meaningfully to reducing the underlying causes of health disparities, thereby advancing population health and aligning with the profession’s vision of societal transformation. By explicitly integrating SDOH into practice, education, and advocacy, the profession not only meets its ethical obligations but also enhances its readiness to serve as a first point of contact within primary care models—helping individuals and communities achieve their fullest potential for health and well-being.*

In summary, this motion asserts the essential role of physical therapy in addressing the social and systemic factors that drive health outcomes. By integrating SDOH into every aspect of the profession—practice, education, advocacy, and research—physical therapists and physical therapist assistants can lead transformative efforts to advance health equity, optimize movement, and improve the human experience for all.

How is this motion's subject national in scope and importance?

The subject of this motion—addressing Social Drivers of Health (SDOH)—is national in both scope and importance because it targets systemic factors that impact health outcomes across every community in the United States. SDOH are universally present, influencing the health and well-being of individuals in all geographic regions, socioeconomic groups, and demographic populations. Income inequality, housing instability, food insecurity, environmental exposures, educational disparities, and access to healthcare services are pervasive national challenges, as documented by organizations such as the World Health Organization (WHO, 2024) and reflected in the United States' own public health data.

Health disparities rooted in SDOH contribute significantly to the nation's burden of chronic disease, disability, and premature mortality, disproportionately affecting historically marginalized and underserved populations (Musolino, 2025). Addressing these drivers is essential for achieving national goals related to health equity, population health, and healthcare cost reduction. This aligns directly with federal initiatives such as the U.S. Department of Health and Human Services' Healthy People 2030 objectives, which emphasize social determinants of health as critical levers for improving national health outcomes.

Furthermore, the motion has national relevance because physical therapists (PTs) and physical therapist assistants (PTAs) practice in every U.S. state and territory and engage with diverse populations across a variety of settings, including hospitals, outpatient clinics, schools, home health, and community-based programs. By formally integrating SDOH into physical therapy practice, education, advocacy, and research, this motion positions the entire profession to address these nationwide issues systematically and effectively. It empowers PTs and PTAs to contribute to national efforts to close health equity gaps, improve quality of life, and optimize societal well-being.

The motion also supports national policy priorities, including APTA's 2025–2026 Public Policy Priorities, and strengthens the profession's alignment with broader healthcare transformation efforts toward value-based, person-centered care models. As SDOH continue to shape national conversations around healthcare reform, public health resilience, and social justice, the physical therapy profession must have a unified, national-level commitment to action. This motion ensures that the profession proactively and visibly embraces its role as a leader in advancing health equity across the United States.

What federal or state laws and regulations also address this topic?

Relevant State or Federal Laws and Regulations

- Healthy People 2030 (HHS): Prioritizes SDOH but retains older "determinants" framing.
- Affordable Care Act (ACA): Promotes addressing social needs through health needs assessments and community interventions.
- CMS Innovation Models: Require SDOH screening and documentation for payment models (e.g., ACO REACH, CMMI programs).

- State Medicaid Programs: Several states now embed SDOH screening into Medicaid Managed Care programs.
- Environmental Protection Policies: Federal programs (EPA, HUD) recognize environmental factors like pollution, housing quality, and neighborhood safety as key public health drivers.

Although important groundwork has been laid, the current activities of the House, Board, and related groups do not go far enough. A formal position on Environmental and Social Drivers of Health, adopting action-oriented terminology, fully integrating environmental influences, and extending across practice, education, advocacy, and research, is urgently needed.

This motion empowers the profession to fulfill its responsibility to the communities it serves, advances our growing leadership in primary care, aligns with national health equity movements, and strengthens APTA's strategic commitment to optimizing movement, function, and human experience for all.

What previous or current initiatives and positions of the Association address this topic?
Several important activities of the APTA House of Delegates, Board, and related organizations have addressed aspects of social and environmental factors influencing health:

- House of Delegates 2017: The House expanded the *professional scope of practice* to include contributions to public health services aimed at improving *population health and the human experience*. This action laid a critical foundation for engaging with the broader societal factors that influence health but did not yet define clear operational expectations or terminology regarding social and environmental influences.

- APTA Public Policy Priorities 2025–2026: APTA has prioritized *Population Health and Social Determinants of Health (SDOH)*, advocating for expanded services, equitable programs, workforce diversity, and infrastructure improvements. However, these priorities maintain the older terminology of "determinants" and do not separately or explicitly recognize *Social Drivers of Health (SDOH)*—missing an important dimension that directly impacts physical therapy practice.

- Board Actions: Board initiatives have promoted health equity and social responsibility, integrating SDOH concepts into advocacy, education, and practice. Yet despite these efforts, the profession continues to use "determinants" language, reinforcing a passive framing of these factors rather than emphasizing their actionable, dynamic nature, as Nordstrom (2025) argues is critical for fulfilling our evolving societal responsibilities.

- ACAPT Task Force on Systems Approach to SDOH: ACAPT's creation of a task force focused on integrating SDOH into physical therapy curricula is a promising step. However, it remains centered on educational reform and does not address the broader practice, advocacy, and

research needs across the profession. The language used remains consistent with "determinants," and environmental factors are not specifically elevated.

Justification for This Motion Despite Existing Activities

While these activities demonstrate meaningful progress, they are not sufficient to position physical therapy to lead transformative health equity efforts or to fully support the profession's growing role in *primary care* and *population health*.

- The continued use of the term "determinants" conveys that these factors are inevitable and unchangeable. In contrast, adopting the term "drivers", as Nordstrom (2025) and Abrams et al. (2023) advocate, reframes these forces as modifiable, underscoring physical therapy's responsibility and ability to actively intervene to lighten patients' burdens and advance societal health.

- Environmental Drivers of Health (EDOH)—including built environments, pollution, housing conditions, and community infrastructure—are inseparable from movement and functional health. Yet they are not explicitly integrated into APTA's current frameworks, CAPTE standards, or accreditation models.

- Although CAPTE's 2024 standards reference SDOH, they do not adopt the updated "drivers" language or elevate environmental drivers alongside social factors, missing an opportunity to fully prepare future practitioners for modern healthcare challenges.

- Addressing SDOH is not simply an educational exercise. It is essential to fulfilling our profession's evolving role in *primary care*, where physical therapists serve as first-contact providers who must recognize, document, and act upon the environmental and social forces that shape patient outcomes.

This motion fills critical gaps: it formalizes action-oriented terminology, explicitly integrates environmental alongside social drivers, and mandates a comprehensive approach across education, clinical practice, advocacy, and research. It aligns with APTA's Vision and strengthens the profession's ability to lead in public health, primary care, and health equity efforts.

Interested Parties

- Internal to APTA:
    - APTA Board of Directors
    - House of Delegates
    - APTA Academies/Sections
    - APTA State Chapters
    - APTA DEI Committee
    - Academic institutions and ACAPT members
    - CAPTE (Commission on Accreditation in Physical Therapy Education)
    - ACAPT (American Council of Academic Physical Therapy)

- Physical therapists, physical therapist assistants, and students

- External to APTA:
  - Federal agencies (HHS, CMS, CDC, NIH)
    State and federal policymakers focused on health equity and population health
  - Public health organizations and coalitions
  - Health advocacy groups for underserved communities
  - Payers and insurers moving toward value-based and social risk–adjusted care models

What interested parties will be impacted by this motion?

NA

Additional background information.

SDOH refer to the conditions in which people are born, grow, live, work, and age, and they profoundly influence health outcomes, quality of life, and overall well-being. Research shows that up to 80% of health outcomes are determined by non-clinical factors such as socioeconomic status, education, neighborhood and physical environment, employment, and access to healthcare and social support (Greer et al., 2023). Addressing SDOH is essential for reducing health disparities and achieving true health equity.

The explicit use of the term SDOH is critical because it provides a clear, standardized framework recognized across healthcare professions, public health organizations, and federal agencies. While other terms or phrases may implicitly refer to these factors, failure to explicitly name SDOH can lead to ambiguity, misinterpretation, or an incomplete understanding of their full scope and significance. Clear, consistent language is essential to ensure that the physical therapy profession aligns with national efforts and maintains leadership in advancing health equity.

Physical therapists (PTs) and physical therapist assistants (PTAs) are uniquely positioned to address SDOH through their frequent, direct interactions with patients across diverse care settings. Their assessments often capture not only functional impairments but also the broader quality-of-life issues directly impacted by SDOH. PTs and PTAs play a critical role in identifying and documenting barriers such as transportation insecurity, housing instability, and food insecurity—factors that significantly affect rehabilitation outcomes. Although PTs and PTAs may not be able to directly resolve these social and environmental challenges, they can highlight their effects on patient progress, advocate for necessary supports, and tailor care plans accordingly.

For example, documenting how lack of transportation affects therapy attendance or how unsafe housing environments impede recovery can lead to more appropriate interventions and referrals. Moreover, such documentation helps build a larger body of evidence that informs healthcare policy, advocates for increased resources, and strengthens the case for payment models that account for the complexity of treating underserved populations.

Beyond individualized care, the role of PTs and PTAs extends into broader advocacy and systems-level change. By collaborating with interdisciplinary teams, engaging with community resources, and participating in public health initiatives, PTs and PTAs fulfill their professional responsibility to promote equity in health and rehabilitation outcomes. Importantly, the professional scope of practice for PTs and PTAs—as affirmed by the American Physical Therapy Association (APTA) in 2017—includes contributions to public health services aimed at improving population health and the human experience.

While APTA has made meaningful progress through its Strategic Plan priorities—particularly in advancing diversity, equity, and inclusion (DEI) and advocating for equitable access to care—many of these efforts still address SDOH only implicitly. Without explicitly incorporating the term SDOH into our professional language, standards, and frameworks, opportunities for clarity, focus, and impact are lost.

This motion calls for the explicit integration of SDOH across all aspects of the physical therapy profession—practice, education, advocacy, and research. Doing so will align physical therapy more closely with national public health initiatives, provide a consistent foundation for advancing health equity, and position PTs and PTAs as recognized leaders in addressing the systemic drivers of health disparities. By naming SDOH clearly and consistently, APTA can help ensure that the profession adopts a unified, actionable approach that advances our role in transforming care delivery, improving health outcomes, and fulfilling our commitment to improving the health of individuals and society.

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Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Pennsylvania
Motion Contact: Claire McCann, PT, DPT, PhD, Chief Delegate, Pennsylvania
Email: chiefdelegate@aptapa.org

Required for Adoption: Majority Vote

RC 39-25 CHARGE: DEVELOP AND DISSEMINATE RESOURCES TO ASSIST PHYSICAL THERAPY PRACTICES IN THE IMPLEMENTATION OF FAMILY-FORWARD WORKPLACE POLICIES AND PRACTICES

That the American Physical Therapy Association develop and disseminate resources to assist physical therapy practices in the implementation of family-forward workplace policies and practices.

Support Statement

Motion Concept:
Charge APTA to develop and disseminate resources to assist physical therapy employers in implementing family forward workplace policies and practices. These resources could include best practices, case examples, or guidance tailored to the operational realities of physical therapy across diverse settings. While general information exists, there is a lack of healthcare-specific, implementation-focused support—particularly in the context of scheduling, supervision, and reimbursement challenges. This motion builds on APTA's prior position and supports voluntary action aligned with workforce sustainability, inclusion, and retention.

What is this motion seeking to achieve?
This motion seeks to charge APTA with developing and disseminating resources that assist physical therapy practices in the implementation of family forward workplace policies and practices. These resources would bridge the gap between the profession's values and its operational realities by helping practice owners and managers adopt inclusive, flexible policies tailored to the challenges of healthcare delivery. Resource development could be achieved through existing APTA structures, such as task forces or staff-led initiatives, to minimize additional cost and leverage current expertise.

How does this motion contribute to achieving the Vision?
By supporting workforce sustainability and promoting inclusive, flexible practice environments, this motion helps physical therapy practices retain skilled professionals who are empowered to deliver high-quality care. A thriving, well-supported workforce strengthens the profession's ability to improve the human experience across diverse populations and life circumstances.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion directly supports APTA's strategic goals of growing and retaining a diverse and thriving workforce (Goal 4) and fostering an inclusive professional community (Goal 5) by equipping employers with the tools needed to create flexible, supportive, and family-responsive work environments. These efforts contribute to workforce sustainability, clinician well-being, and a more equitable professional landscape.

How is this motion's subject national in scope and importance?
Workforce sustainability is a growing national concern across physical therapy practice settings. According to the APTA 2024 Benchmark Report, outpatient practices report a 9.5% vacancy rate, and the APTA Supply and Demand Forecast anticipates continued shortfalls through 2037. While workforce dynamics are multifactorial, creating flexible, supportive, and family-responsive workplaces is a recognized strategy to improve clinician retention and professional well-being (National Academy of Medicine, 2019). Implementing such policies is entirely voluntary, but having access to healthcare-specific tools and examples at the national level would support practices of all sizes in considering family forward strategies that align with their operational needs and values.

What federal or state laws and regulations also address this topic?
Employment law, including family and medical leave, nondiscrimination, and workplace accommodation statutes, vary across states and under federal law (e.g., FMLA). This motion does not direct policy compliance but instead charges APTA with creating informational resources that encourage legal review and local adaptation. Resources would include appropriate disclaimers advising employers to consult legal counsel.

What previous or current initiatives and positions of the Association address this topic?
In 2024, the House of Delegates passed position HOD P07-24-13-19, affirming that APTA supports family forward policies for physical therapy employers. That position established a clear value but did not include implementation tools. This motion builds on that action by charging the association to create resources to help practices align with that value.

What interested parties will be impacted by this motion?
Physical therapy employers — including private practices, outpatient clinics, hospitals, skilled nursing facilities, home health agencies, school-based settings, rehabilitation facilities, and academic or research institutions — would benefit from access to voluntary guidance and case examples for implementing family forward workplace policies.

Practicing PTs and PTAs, across all of these environments, would benefit from increased flexibility, support, and equity — particularly those with caregiving responsibilities across a wide range of family relationships. This includes not only parents of young children, but also employees caring for aging parents or partners, adult children with disabilities, siblings, extended family, or chosen family members.

Inclusive family forward practices recognize the full spectrum of caregiving responsibilities that affect physical therapists and physical therapist assistants throughout their careers. By better supporting these diverse needs, the profession can build a more sustainable and inclusive workforce (UNICEF, 2019).

Additional background information.

While general guidance on family friendly policies is available from organizations such as UNICEF (2019), these resources are not tailored to the challenges faced in U.S. healthcare practice. Scheduling constraints, licensure supervision, and productivity expectations present barriers to implementation that are not addressed in broader toolkits. Additionally, common models often center on parental leave, while omitting other caregiving demands. APTA is uniquely positioned to create healthcare-specific and inclusive resources that support flexible, family-responsive workplaces for all types of caregiving responsibilities. This motion helps bridge the gap between stated organizational values and real-world implementation capacity in physical therapy practices.

References:

- National Academy of Medicine. (2019). Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington, DC: The National Academies Press.
- UNICEF. (2019). Family-Friendly Policies: Redesigning the Workplace of the Future. New York: UNICEF.
- American Physical Therapy Association. (2024). 2024 Benchmark Report on Hiring and Retention in Outpatient Practices.
- American Physical Therapy Association. (2022). Supply and Demand Forecast 2022–2037.

Last Updated: 06.02.2025

Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Private Practice and Hawaii
Primary Motion Contact: Mike Horsfield, PT, MBA, Chief Delegate, Private Practice
Email: mike.horsfield@rockvalleypt.com

Required for Adoption: Majority Vote

RC 40-25 ADOPT: IMPROVING PAYMENT FOR PHYSICAL THERAPISTS SERVICES

That the following be adopted:

IMPROVING PAYMENT FOR PHYSICAL THERAPISTS SERVICES

Improving payment for physical therapist services is APTA's top priority for the profession.

Support Statement

Motion Concept:
The challenges confronting the physical therapy profession evolve over time—whether related to regulation, technology, workforce, or public health trends—but one constant remains: payment is the foundation. It is at the core of nearly every opportunity and threat our profession faces. Payment determines practice sustainability, clinician income, care delivery models, and accessibility of our services—particularly in rural and underserved areas. It shapes the return on investment for the Doctor of Physical Therapy (DPT) degree[1] and thereby the pipeline and who is financially able to pursue this education. It affects faculty recruitment, clinical site availability, and ultimately the strength of our academic infrastructure.

Recent surveys of members and former members identified that improving payment should be the top core focus of APTA (91%)[2]. These surveys demonstrate membership satisfaction is dropping. Declining payment was identified as the top challenge and 90% of respondents believe expanding advocacy to better address payment, salary and benefit challenges should be APTA's top priority. Elevating payment as the association's top priority ensures that our direction as a profession is aligned with the clear voice of our members. This motion serves as both an inward-facing compass and an outward-facing declaration of unity—demonstrating that APTA holds member priorities as its

own. This clarity and cohesion will reduce fragmentation within our profession and help build a stronger, more unified identity.

Inadequate payment structures and undervaluation of physical therapist services threaten our ability to meet the needs of society. Payment influences the entire ecosystem—from the clinical setting to education, research, and beyond. Without meaningful change, our profession will continue to see declines in workforce engagement[3,4], academic capacity, and the ability to serve society.

APTA devotes significant resources to improving payment with limited, incremental, occasional success. Much more can and needs to be done. By prioritizing payment, APTA commits to increasing rates, securing payment for the full scope of our services, and payment in all settings. This includes using every available policy, legal, and strategic avenue to ensure that our value is recognized—both in the language of payment and in the eyes of the public and broader health care system.

In declaring payment as APTA's top priority, we lay the groundwork for a resilient, equitable, united and impactful profession—one where our care is valued, our professionals are supported, and vision is realized.

What is this motion seeking to achieve?

In declaring payment as APTA's top priority, we lay the groundwork for a resilient, equitable, united and impactful profession—one where our care is valued, our professionals are supported, and vision is realized.

How does this motion contribute to achieving the Vision?

Inadequate payment structures and undervaluation of physical therapist services threaten our ability to meet the needs of society. Payment influences the entire ecosystem—from the clinical setting to education, research, and beyond. Without meaningful change, our profession will continue to see declines in workforce engagement[3,4], academic capacity, and the ability to serve and therefore transform society.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

We believe our support statement (below) clearly highlights how payment is linked to and will enhance member value, profession sustainability, quality care and access and demand. The challenges confronting the physical therapy profession evolve over time—whether related to regulation, technology, workforce, or public health trends—but one constant remains: payment is the foundation. It is at the core of nearly every opportunity and threat our profession faces.

Payment determines practice sustainability, clinician income, care delivery models, and accessibility of our services—particularly in rural and underserved areas. It shapes the return on investment for the Doctor of Physical Therapy (DPT) degree[1] and thereby the pipeline and who is financially able to

pursue this education. It affects faculty recruitment, clinical site availability, and ultimately the strength of our academic infrastructure.

Recent surveys of members and former members identified that improving payment should be the top core focus of APTA (91%)[2]. These surveys demonstrate membership satisfaction is dropping. Declining payment was identified as the top challenge and 90% of respondents believe expanding advocacy to better address payment, salary and benefit challenges should be APTA's top priority. Elevating payment as the association's top priority ensures that our direction as a profession is aligned with the clear voice of our members. This motion serves as both an inward-facing compass and an outward-facing declaration of unity—demonstrating that APTA holds member priorities as its own. This clarity and cohesion will reduce fragmentation within our profession and help build a stronger, more unified identity.

Inadequate payment structures and undervaluation of physical therapist services threaten our ability to meet the needs of society. Payment influences the entire ecosystem—from the clinical setting to education, research, and beyond. Without meaningful change, our profession will continue to see declines in workforce engagement[3,4], academic capacity, and the ability to serve society.
APTA devotes significant resources to improving payment with limited, incremental, occasional success. Much more can and needs to be done. By prioritizing payment, APTA commits to increasing rates, securing payment for the full scope of our services, and payment in all settings. This includes using every available policy, legal, and strategic avenue to ensure that our value is recognized—both in the language of payment and in the eyes of the public and broader health care system.

In declaring payment as APTA's top priority, we lay the groundwork for a resilient, equitable, united and impactful profession—one where our care is valued, our professionals are supported, and vision is realized.

How is this motion's subject national in scope and importance?
Recent surveys of members and former members identified that improving payment should be the top core focus of APTA (91%)[2]. These surveys demonstrate membership satisfaction is dropping. Declining payment was identified as the top challenge and 90% of respondents believe expanding advocacy to better address payment, salary and benefit challenges should be APTA's top priority.

What federal or state laws and regulations also address this topic?
Many laws and regulations (too numerous to mention) interface with payment at the federal and state level. We don't see any conflicts with our position/motion and would be happy to entertain any specific questions or concerns.

What previous or current initiatives and positions of the Association address this topic?
APTA devotes significant resources to improving payment with limited, incremental, occasional success. Much more can and needs to be done.

Current position: None
Related positions:

- PUBLIC POLICY EFFORTS TO IMPROVE CONSUMER ACCESS TO PHYSICAL THERAPISTS HOD P06-18-22-20
- DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES HOD P06-19-20-47

What interested parties will be impacted by this motion?
Since payment is at the core of nearly every opportunity and threat our profession faces, it will impact everyone in the physical therapy ecosystem.

Additional background information.
NA

References:

1. Shields, Richard; Dudley-Javoroski, Shauna. "Physiotherapy Education is a Good Financial Investment, Up to a Certain Level of Student Debt: An Inter-Professional Economic Analysis." Journal of Physiotherapy, July 2018. https://www.ncbi.nlm.nih.gov/pubmed/29914805
2. The video available to 2025 delegates that reviews and summarizes the data collected to inform APTA's 2026-2029 strategic plan.
3. APTA Benchmark Report: Hiring Challenges in Outpatient Physical Therapy Practices, 2024 A Report From the American Physical Therapy Association and APTA Private Practice
4. PT CAS Applicant Overview https://acapt.org/news/news-detail/2022/09/27/ptcas-applicant-overview

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Rhode Island
Motion Contact: Erin Sayles, PT, DPT, Chief Delegate, Rhode Island
Email: erinsaylesdpt@gmail.com

Required for Adoption: Majority Vote

RC 41-25 AMEND: PHYSICAL THERAPISTS AS ENTRY-POINT PROVIDERS

That Physical Therapists as Entry-Point Providers (HOD P07-24-20-06) be amended by substitution.

PHYSICAL THERAPISTS AS ENTRY-POINT PROVIDERS

~~Physical therapists as entry-point providers improve the health of individuals, increase access to health services, reduce unnecessary medical procedures, and decrease health service delivery costs.~~ Physical therapists are educated to serve as entry-point providers for individuals experiencing conditions affecting the movement system. As entry-point providers, physical therapists enhance health, improve access to essential services, reduce unnecessary medical procedures, and lower health care delivery costs. The American Physical Therapy Association supports all initiatives that empower physical therapists to function as entry-point providers.

Support Statement

Motion Concept:
The motion asserts that physical therapists are highly educated and clinically trained to serve as entry-point providers for individuals experiencing conditions related to the movement system. This means individuals can directly access a physical therapist without needing a referral from another healthcare professional. The training and scope of practice of PTs equip them to evaluate, diagnose, and manage a wide range of neuromusculoskeletal conditions that affect mobility, physical function, and overall health.

As entry-point providers, physical therapists play a critical role in the healthcare system by delivering timely interventions that help prevent the progression of disease and disability. Their expertise in

promoting movement, restoring function, and managing pain enables patients to return to their daily activities and improve their quality of life. This motion also recognizes PTs as primary care providers for movement-related disorders, especially in underserved or rural areas where access to physicians or specialists may be limited. Research and professional consensus support the fact that early intervention by PTs improves patient outcomes and reduces the reliance on imaging, prescription medications, or unnecessary surgical procedures.

Additionally, by functioning as first-contact providers, PTs contribute to more efficient healthcare delivery. They reduce the burden on emergency departments and general practitioners by addressing conditions that are within their domain of expertise. This can lead to significant cost savings for both patients and healthcare systems by streamlining care and reducing redundant or avoidable services. The motion further aligns with the policy stance of the APTA, which supports efforts to enhance the autonomy of PTs and expand patient access to their services. The APTA advocates for direct access to physical therapy and acknowledges the role of PTs in improving public health, especially through preventive care and chronic disease management.

In summary, this motion reinforces the professional and clinical legitimacy of physical therapists as entry-point and primary care providers for movement system disorders. It underscores their role in advancing patient care, enhancing access to essential health services, minimizing unnecessary interventions, and supporting more cost-effective healthcare outcomes.

What is this motion seeking to achieve?

Adopting this motion will advance the physical therapy profession by formally recognizing and reinforcing the role of physical therapists as entry-point and primary care providers for conditions affecting the movement system. It will help solidify the position of physical therapists within the broader healthcare landscape as autonomous, first-contact practitioners capable of evaluating, diagnosing, and managing patients without the need for physician referral.

By establishing this role more clearly, the motion will support legislative and policy efforts aimed at expanding direct access to physical therapy services across all states and healthcare settings. This includes advocating for payment and reimbursement models that recognize physical therapists as primary care providers, which is essential for increasing access to care, especially in underserved and rural communities.

For the profession, the motion will serve as a unified declaration that physical therapists are not just rehabilitation specialists but integral components of the primary care continuum. This repositioning enhances the visibility, credibility, and perceived value of physical therapists among patients, healthcare administrators, insurers, and policymakers. It aligns with APTA's strategic vision and supports ongoing efforts to modernize scope-of-practice laws, increase interprofessional collaboration, and reduce healthcare barriers.

The motion will also help standardize and promote educational pathways and clinical competencies necessary for physical therapists to practice confidently and effectively in entry-point and primary care roles. This can lead to curriculum enhancements in physical therapy programs, expansion of post-professional training (e.g., residencies, fellowships, certificate programs), and increased emphasis on diagnostic decision-making, screening for systemic conditions, and triaging complex cases.

Furthermore, this motion supports a healthcare model that emphasizes prevention, early intervention, and value-based care. As a result, physical therapists will be better positioned to demonstrate their impact on patient outcomes, reduce unnecessary imaging, medication use, and surgical interventions, and contribute to overall healthcare cost reduction.

Professionally, this motion empowers physical therapists by validating their autonomy and encouraging them to practice to the full extent of their education and training. It can inspire greater professional pride, increase job satisfaction, and attract future students interested in a dynamic, frontline role in healthcare.

The motion is a strategic step toward elevating the physical therapy profession, expanding its reach, and improving patient access to high-quality, cost-effective movement system care. It not only clarifies the professional identity of physical therapists but also opens new doors for clinical practice, leadership, and advocacy within an evolving healthcare system.

How does this motion contribute to achieving the Vision?

At the heart of the APTA's vision is the belief that movement is foundational to health and well-being. By supporting the role of physical therapists as first-contact providers, the motion enables earlier and more direct access to movement-based healthcare, which is essential to preventing and managing chronic disease, reducing disability, and promoting healthy, active lifestyles. This access allows physical therapists to intervene at the earliest signs of movement impairment, supporting optimal function and improving quality of life across the lifespan.

In addition, the motion supports the transformation of healthcare by advocating for a model that is more efficient, person-centered, and cost-effective. Physical therapists possess the skills to evaluate and treat movement-related disorders without requiring prior referral, which can streamline care, reduce delays, and eliminate unnecessary interventions such as imaging, medications, and surgeries. This efficiency helps to improve health outcomes while reducing the financial burden on both patients and the healthcare system, directly contributing to a better human experience.

The motion also promotes health equity and improved access to care. By affirming the role of PTs as primary care providers, especially in underserved or rural areas, it ensures that more individuals can receive timely care for neuromusculoskeletal and movement system conditions. This aligns with the APTA Vision’s call to transform society, not just individual health, by advancing public health,

wellness, and participation. Furthermore, the motion elevates the professional role of physical therapists, positioning them as essential contributors to interprofessional care teams. This reflects a modern, collaborative healthcare model that emphasizes prevention, population health, and holistic care, all of which are key to improving the human experience.

This motion language puts the APTA Vision into action. It operationalizes the belief that optimizing movement is not just about rehabilitation, but about empowering people to live fuller, healthier lives. By enabling physical therapists to practice at the top of their scope and serve as the first point of contact in care, this motion helps bring APTA's vision of societal transformation through movement to life.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
The motion language recognizing physical therapists as educated, trained, and qualified entry-point and primary care providers strongly supports the four key priorities of the APTA Strategic Plan: member value and engagement, professional sustainability, quality of care, and demand and access.
Increase Member Value and Engagement: This motion empowers physical therapists by affirming their role as autonomous providers capable of practicing at the top of their license. By expanding clinical opportunities and supporting the profession's full scope, it enhances career satisfaction, visibility, and professional pride, factors that directly increase member engagement and retention. Furthermore, it reinforces APTA's value as an advocate for its members' evolving roles in the healthcare system.

Foster Long-Term Sustainability of the Profession: Allowing PTs to serve as first-contact providers strengthens the profession's relevance in the future healthcare landscape. It expands the settings in which PTs can practice (e.g., urgent care, community health, primary care teams), creating new job markets and increasing demand for physical therapy education and training. This supports the growth of the profession, ensuring its resilience amid shifting healthcare models and workforce shortages.

Elevate the Quality of Care Provided by PTs and PTAs: By formally recognizing PTs as entry-point providers, this motion promotes earlier intervention, more timely diagnosis, and reduced reliance on unnecessary procedures such as imaging or surgery. It reinforces the PT's role in evidence-based, non pharmacological care, especially important for conditions like back pain, arthritis, and fall risk, thereby elevating the overall quality of care and improving patient outcomes.

Maximize Awareness of the Value of Physical Therapy: This motion highlights the value PTs bring to healthcare systems as efficient, cost-effective providers of neuromusculoskeletal and movement system care. It supports public education efforts and policy advocacy by providing a clear, unified message about the capabilities of PTs. As more stakeholders, patients, providers, payers, and policymakers, recognize the role of PTs in prevention, wellness, and first-line treatment, the profession's influence and accessibility will expand.

The motion language is a direct expression of APTA's strategic plan. It lays the groundwork for enhanced advocacy, education, and public recognition, aligning perfectly with the association's strategic objectives and ensuring that physical therapy remains a vital, forward-facing component of integrated healthcare delivery.

How is this motion's subject national in scope and importance?

The motion language identifying physical therapists as educated and trained entry-point and primary care providers for conditions affecting the movement system is inherently national in scope because it addresses systemic healthcare priorities, applies to diverse populations and practice settings across the country, and supports nationwide policy and advocacy efforts led by the APTA. The need for accessible, cost-effective healthcare is a national concern. Across the United States, millions of individuals experience movement system impairments, such as musculoskeletal pain, mobility limitations, or post-surgical complications. These conditions affect people of all ages and backgrounds in every geographic region, from urban centers to rural communities. Recognizing physical therapists as entry-point providers enables broader, more equitable access to timely care nationwide, especially in areas with shortages of primary care providers.

This motion supports the existing movement within the U.S. toward direct access to physical therapy services. While direct access laws vary in scope and restrictions by state, the motion reinforces the national momentum toward removing barriers that prevent patients from seeking physical therapy care without a referral. It provides a unified policy statement that strengthens APTA's federal and state-level advocacy efforts to standardize and expand direct access legislation across the country. The motion aligns with national healthcare reform efforts aimed at improving value-based care. Physical therapists have been shown to reduce the need for unnecessary imaging, surgeries, opioid use, and emergency department visits, major cost drivers in the U.S. healthcare system. By supporting the inclusion of physical therapists as entry-point providers, the motion encourages integration into national care delivery models such as Accountable Care Organizations (ACOs), community health centers, the Veterans Health Administration, and other federally funded programs. The motion also has national implications for education, workforce development, and health policy. It encourages physical therapy academic programs across the country to continue emphasizing diagnostic reasoning, differential screening, and primary care competencies. It also reinforces APTA's advocacy for inclusion of physical therapists in federal workforce initiatives such as the National Health Service Corps and rural health incentive programs.

This motion supports a national narrative that elevates public awareness and acceptance of physical therapists as first-contact providers. It helps unify messaging across the APTA, facilitating consistent professional branding, public education, and legislative advocacy. This collective approach is essential for shaping national healthcare policy and perception. In summary, the motion is national in scope because it promotes consistent access to physical therapy care across the U.S., supports federal and state policy alignment, addresses nationwide healthcare needs, and positions the profession as a key player in solving systemic challenges in American healthcare.

What federal or state laws and regulations also address this topic?

The motion language asserting that physical therapists are educated and trained to serve as entry-point providers is reinforced by existing federal policies and Rhode Island's proposed state legislation aimed at improving access, affordability, and equity in healthcare.

At the federal level, the Medicare Access to Rehabilitation Services framework recognizes physical therapists as authorized providers for outpatient services. Under Medicare Part B, beneficiaries may receive physical therapy services without a referral if state law allows it, which aligns with the motion's emphasis on PTs as direct access providers. Additionally, initiatives like the ChoosePT campaign and support from the Centers for Medicare & Medicaid Services (CMS) for nonpharmacologic pain management (especially in response to the opioid crisis) elevate the role of PTs as front-line providers of conservative, evidence-based care.

Moreover, APTA advocates for including PTs in federal programs such as the National Health Service Corps and Medicaid expansion, which would support increased access to PT services in underserved communities, directly echoing the motion's intent to reduce barriers to care and lower healthcare costs nationally.

Rhode Island has taken significant steps at the state level to promote equitable access to physical therapy through its proposed Copay Parity Legislation. This legislation would prohibit insurers from imposing higher copayments or cost-sharing for physical therapy services than for primary care visits. The legislation applies to most fully insured health plans regulated in Rhode Island and addresses one of the most common barriers to accessing physical therapy, out-of-pocket costs. This legislation supports the motion language as it reinforces PTs as primary care-level providers by establishing financial parity between PT and primary care visits. It also improves access and affordability, particularly for individuals managing chronic conditions or requiring ongoing rehabilitation. Finally it promotes early intervention, aligning with the motion's emphasis on reducing unnecessary medical procedures and lowering total healthcare costs.

Together, these federal and state-level policies align with and reinforce the intent of the motion language. Federal recognition of PTs as providers, combined with Rhode Island's proactive copay parity legislation, supports a healthcare system in which physical therapists are accessible, affordable, and positioned as entry-point providers. These frameworks enable PTs to fulfill the goals of the motion: improving health outcomes, increasing access, reducing unnecessary procedures, and contributing to cost-effective care.

What previous or current initiatives and positions of the Association address this topic?

The motion language asserting that physical therapists are educated and trained to serve as entry-point providers for conditions affecting the movement system is strongly supported by established policies and bylaws of the APTA.

The APTA House of Delegates (HOD) has consistently recognized and endorsed the role of PTs as entry-point providers. HOD P06-18-28-22 affirms that PTs make unique contributions as individuals or members of primary care teams and are entry-point providers into the healthcare system. HOD P08-22-12-14 supports unrestricted access to PTs as entry-point practitioners for activity participation, wellness, health, and disability determination. These actions demonstrate the HOD's commitment to advancing the profession's role in healthcare delivery and supporting the motion's language.

The APTA Bylaws outline the organization's structure and governance, providing a framework for the association's operations. While the bylaws do not explicitly address the role of PTs as entry-point providers, they empower the HOD to adopt policies that guide the profession. The adoption of the aforementioned policies by the HOD reflects the association's commitment to the principles outlined in the motion language.

The motion language aligns seamlessly with APTA's established policies and bylaws, reinforcing the association's commitment to recognizing and expanding the role of PTs as entry-point providers in the healthcare system. This alignment supports the motion's objectives of enhancing patient access to care, improving health outcomes, and reducing healthcare costs.

What interested parties will be impacted by this motion?

The motion language will have broad and significant impacts on various stakeholders within the healthcare system. These interested parties include patients, physical therapists, healthcare providers, insurers, policymakers, and the general public.

For patients, the motion will directly enhance access to timely, cost-effective, and high-quality care. By empowering PTs to serve as first-contact providers, individuals will be able to seek physical therapy services directly, without needing a referral. This will reduce wait times and ensure that neuromusculoskeletal and movement-related issues are addressed early, improving patient outcomes and preventing conditions from worsening. Patients will also benefit from lower healthcare costs due to fewer unnecessary procedures, imaging, or medications, as PTs focus on conservative, evidence-based treatments.

For physical therapists, the motion will validate their expertise and elevate their role within the healthcare system. By officially recognizing PTs as entry-point providers, it expands their professional scope and autonomy, allowing them to practice at the full extent of their education and training. This recognition can improve job satisfaction, attract new talent to the profession, and inspire further investment in advanced clinical education and leadership roles. It also fosters a greater sense of professional identity, as PTs are acknowledged as essential players in healthcare teams.

For other healthcare providers, the motion will enhance interprofessional collaboration. As PTs take on more of the initial care responsibilities for movement-related issues, physicians and other specialists can focus on more complex conditions, leading to a more efficient use of healthcare

resources. The motion aligns with broader healthcare trends of reducing the burden on primary care physicians by allowing PTs to take the lead in managing conditions such as musculoskeletal pain, movement dysfunction, and rehabilitation.

For insurers, the motion could lead to cost savings in the long term. By allowing PTs to be the first point of contact, insurers can avoid the higher costs associated with unnecessary referrals, diagnostic tests, and surgeries. Physical therapy is a cost-effective treatment option, and studies have shown that early intervention with PT can reduce the need for more expensive interventions like surgery or opioid prescriptions. Insurers may also see improved patient outcomes, which could lead to better overall healthcare utilization.

For policymakers, the motion supports ongoing advocacy for expanded access to physical therapy services. It can serve as a basis for lobbying for legislative changes that facilitate direct access to PTs in all states, promoting patient choice and improving healthcare system efficiency. The motion also aligns with national healthcare goals, including reducing reliance on opioids, promoting preventative care, and reducing healthcare costs.

For the general public, the motion will increase awareness of physical therapy as an effective, non-invasive treatment option for a wide range of conditions. It will empower individuals to seek care sooner, manage their health more proactively, and avoid costly, invasive procedures.

Overall, the motion will create a ripple effect throughout the healthcare system, improving access, quality, and affordability of care for patients, while enhancing the role and visibility of physical therapists as vital healthcare providers.

References:

https://www.apta.org/your-practice/practice-models-and-settings/primary-care
https://www.apta.org/patient-care/interventions/movement-system-management/movement-system-white-paper
https://www.apta.org/advocacy/issues/education-and-workforce-legislation/position-paper-pt-workforce

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Rhode Island
Motion Contact: Erin Sayles, PT,DPT, Chief Delegate, Rhode Island
Email: erinsaylesdpt@gmail.com

Required for Adoption: Majority Vote

RC 42-25 AMEND: DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES

Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

That Delivery of Value-Based Physical Therapist Services (HOD P06-19-20-47), Principle I. Access to Physical Therapist Services, A. be amended by inserting a new bullet 3 and renumbering the remaining, so that it would read:

DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES

* * *

PRINCIPLE I. ACCESS TO PHYSICAL THERAPIST SERVICES

A. REDUCING BARRIERS TO PHYSICAL THERAPIST SERVICES

1. APTA supports the inclusion of physical therapist services as an essential health benefit in all appropriate health services policies, including, but not limited to:
   a. Insurance policies by third-party payers and state, federal, or other regulatory agencies
   b. Title XIX of the Social Security Act (the Medicaid program) at the state and federal levels
   c. State and federal workers' compensation programs
2. APTA supports cost-sharing legislation, regulations, and policies that prevent cost-shifting by insurance carriers and intermediaries. APTA opposes cost-shifting models that result in patient or client copayment or coinsurance obligations that equal or exceed the rate paid by the carrier or intermediary for physical therapist services.
3. APTA believes that payer use of prior authorization and utilization review must effectively support timely patient access to care, eliminate unnecessary barriers, and minimize administrative burden on physical therapists and their practices.
4. APTA supports state and federal legislation that requires payers to develop and use consistent terminology regarding coverage of physical therapist services.

5. APTA supports the inclusion of physical therapist services in all appropriate telehealth policies, regulations, and legislation by third-party payers and state, federal, and any other regulatory agencies.
6. APTA supports initiatives to promote a value-based system for physical therapist services that uses evidence, best practice, and outcomes for meeting the needs of individuals and the public.

Support Statement

Motion Concept:

The APTA expresses strong opposition to the misuse of prior authorization and utilization review processes by payers, such as insurance companies or other healthcare organizations. When these processes are misused, they impose significant administrative burdens on physical therapists and their practices. These added burdens can result in delays and complications in providing timely care for patients, reducing their access to necessary physical therapy services.

The APTA advocates for policies and legislation that prevent the misuse of PA and UR. This includes efforts to streamline or eliminate unnecessary hurdles in the authorization process, ensuring that physical therapists can focus on providing quality care rather than dealing with excessive paperwork or delays. The APTA is committed to promoting access to physical therapy services without obstruction, ensuring that patients receive consistent and timely care when needed.

What is this motion seeking to achieve?

The motion concept, which advocates for the elimination of misuse of prior authorization and utilization review by payers, aims to significantly improve the practice environment for physical therapists and the overall delivery of care for patients. By addressing the administrative burdens and delays caused by unnecessary PA and UR processes, this motion will:

- Reduce Administrative Burden: Physical therapists will spend less time navigating complex and often redundant paperwork and waiting for authorization approvals. This reduction in administrative work allows physical therapists to focus more on patient care and improves their overall efficiency in clinical practice.
- Increase Access to Care: With fewer obstacles in the form of delays and denials caused by prior authorizations, patients will have quicker and more reliable access to physical therapy services. This ensures that patients can receive the care they need when they need it, preventing unnecessary delays that could worsen their conditions or lead to poor outcomes.
- Improve Patient Outcomes: With more streamlined processes, physical therapists will be able to begin treatment plans without delays, leading to better patient outcomes. Timely intervention is critical in physical therapy, and when patients receive care promptly, they are more likely to experience improvements in their condition.

- Promote Professional Autonomy: By reducing the influence of third-party payers in decision-making about patient care, physical therapists will have more autonomy in determining the most appropriate treatments. This enhances their role as healthcare providers who can make decisions based on their expertise and the needs of their patients, rather than administrative processes.
- Support the Growth of the Profession: By eliminating inefficient and burdensome practices, the physical therapy profession becomes more attractive to both new practitioners and patients. A more efficient system allows practices to operate more smoothly and cost-effectively, which can help support the sustainability and growth of physical therapy as a profession.
- Advocate for Patient-Centered Care: The motion aligns with the core values of physical therapy by prioritizing the well-being of patients. A streamlined authorization process means that patient needs come first, rather than being delayed or obstructed by payer-imposed barriers.

How does this motion contribute to achieving the Vision?

The APTA's vision focuses on optimizing movement, and timely access to physical therapy services is crucial for achieving this goal. By reducing the administrative delays caused by prior authorization and utilization review processes, the motion ensures that patients can access the care they need when they need it. With faster access to physical therapy, patients can begin treatment sooner, preventing further decline in their condition and ultimately optimizing their movement capabilities. This directly supports the APTA's goal of improving human movement and mobility.

The human experience in healthcare is deeply influenced by the efficiency and effectiveness of the care patients receive. When patients face unnecessary delays or denials due to cumbersome authorization processes, it can result in frustration, delayed healing, and even worsened conditions. By advocating for streamlined access to physical therapy, this motion removes unnecessary barriers to care, thereby improving the overall experience for patients. As a result, patients can recover faster and experience a higher quality of care, contributing to a more positive healthcare journey.

The motion aligns with the APTA's vision of positioning physical therapists as experts in movement optimization. By reducing the administrative burden related to prior authorization, physical therapists are freed up to practice their expertise more effectively, making decisions based on clinical judgment rather than navigating complex insurance hurdles. This allows physical therapists to act as true movement specialists, focusing on designing individualized treatment plans that optimize functional outcomes for patients. It also enhances their role as key healthcare providers in achieving better patient outcomes.

The APTA's vision emphasizes broad access to movement optimization, and addressing the misuse of PA and UR directly supports equitable access to physical therapy services. The motion ensures that patients, regardless of their insurance status or background, can consistently access physical therapy without being delayed by arbitrary administrative processes. This contributes to the APTA's overarching goal of providing equitable and accessible care to all individuals, ensuring that society as a whole can benefit from optimized movement.

The APTA's vision also includes the advancement of the physical therapy profession itself. By reducing the administrative burdens associated with insurance processes, the motion helps physical therapists focus more on clinical care and less on paperwork. This makes physical therapy a more efficient and attractive profession, encouraging new talent to enter the field and ensuring the sustainability and growth of physical therapy practices. It empowers physical therapists to be the driving force behind improved patient outcomes, aligning with the APTA's long-term goals for the profession.

As the APTA works to transform society through movement, innovation is key. Streamlining access to physical therapy services enables more efficient use of resources, allowing the profession to embrace new technologies, treatment methods, and patient care models. By reducing administrative bottlenecks, the motion clears the way for innovation, such as telehealth and direct access models, which could further optimize patient care and societal movement.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
The motion supports the enhancement of the value of PT by ensuring that patients can access the right care at the right time without the unnecessary delays and complications caused by PA and UR processes. When physical therapy is delivered promptly it can prevent complications and reduce the need for more costly interventions to maximize the effectiveness of treatment, improving outcomes and patient satisfaction. By reducing the administrative barriers that hinder timely access to PT, this motion demonstrates the value of physical therapy in managing musculoskeletal and movement-related conditions more efficiently, preventing the escalation of health issues, and optimizing recovery.

A key goal of the APTA's strategic plan is to improve the health of society, and the motion directly supports this by advocating for unobstructed access to physical therapy services. When patients face fewer delays in accessing physical therapy, they can recover more quickly, reducing the overall burden of illness or injury on the individual and the healthcare system, maintain mobility and function, which are crucial for long-term health and quality of life, and prevent the worsening of conditions that could lead to more severe health issues, such as surgeries or long-term disability. The motion concept aligns with the APTA's strategic focus on population health by ensuring that individuals can access the services they need to maintain or restore movement and functionality, reducing overall healthcare costs and improving community well-being.

One of the most critical aspects of the motion concept is its potential to advance the physical therapy profession by reducing administrative burden on physical therapists, allowing them to focus more on patient care and less on paperwork. Strengthening the role of physical therapists as movement experts who make clinical decisions based on patient needs rather than third-party payer restrictions. This allows physical therapists to contribute more meaningfully to the healthcare system. Improving patient access to physical therapy, increasing awareness of the role physical therapy plays in managing health conditions and preventing chronic diseases. The less complex and delayed the

authorization process, the more likely patients will engage with physical therapy services sooner, recognizing its essential value. By reducing inefficiencies in the insurance process, the motion supports the growth and recognition of physical therapy as a primary healthcare service, thereby contributing to the advancement of the profession as a whole.

The motion concept helps optimize organizational performance in PT practices by reducing delays in care, which can lead to better practice efficiency, faster turnaround times, and improved patient flow. Improving financial stability by eliminating the long wait times often associated with prior authorizations and denials. When payments are processed more quickly, PT practices can maintain financial health and sustainability. Empowering physical therapists to focus on clinical outcomes rather than administrative processes, fostering a culture of efficiency and job satisfaction. This increased efficiency also supports practices in adapting to changes in healthcare delivery, such as the expansion of value-based care models and new care delivery options like telehealth or direct access, which are increasingly becoming part of the profession's future.

How is this motion's subject national in scope and importance?

The issue of prior authorization and utilization review affects physical therapy practices nationwide. Physical therapists across the U.S. face burdensome administrative processes, including delayed approvals, increased paperwork, and service denials. These challenges prevent timely access to care, ultimately hindering the effectiveness of physical therapy in treating neuromuscular, musculoskeletal, and movement-related conditions. The motion's advocacy for streamlined authorization processes addresses this nationwide issue, aiming to make the system more efficient and equitable for physical therapists and their patients, regardless of location.

Access to physical therapy is crucial for patients, but prior authorization often creates unnecessary delays, making it difficult for individuals to receive timely care. This is particularly problematic for patients with urgent or chronic conditions that require early intervention. By advocating for changes in the authorization process, the motion ensures that patients across the U.S. can access physical therapy without unnecessary barriers. This effort helps address healthcare disparities, especially for underserved populations who may face additional challenges in accessing care.

Physical therapists nationwide experience the frustration and burnout caused by navigating complex, time-consuming administrative tasks. Reducing the need for excessive prior authorization and utilization review would allow therapists to spend more time with patients and less on administrative work. This would improve job satisfaction and workforce retention across the U.S. By easing the administrative burden, the motion supports the national growth and sustainability of the physical therapy profession, improving both clinician well-being and patient care.

At the national level, changes in policy related to prior authorization and utilization review can significantly influence the healthcare system. The motion calls for federal and state legislation to curb the misuse of these processes. Given that many insurers operate on a national scale, creating more

consistent, efficient policies would have far-reaching effects. These legislative changes would help standardize the process for physical therapy access, reducing variation in authorization requirements and ensuring timely care for patients across the country.

The motion also supports national trends toward value-based care and patient-centered healthcare. As the healthcare system and delivery models shift, improving efficiency and reducing waste becomes a priority. By addressing the administrative barriers that delay access to care, this motion aligns with national healthcare goals of improving patient outcomes, reducing inefficiencies, and enhancing the patient experience.

The motion concept is national in scope because it addresses a pervasive issue that impacts physical therapy practices and patients across the entire U.S. By advocating for reforms in prior authorization and utilization review processes, it seeks to improve patient access to timely care, reduce administrative burdens, and support the growth of the physical therapy profession. This motion is a critical step in improving the efficiency of healthcare delivery on a national scale and ensuring that patients receive the care they need without unnecessary obstacles.

What federal or state laws and regulations also address this topic?

At the federal level, efforts are underway to address the national issue of prior authorization and utilization review. For example, the Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018) was introduced to reduce the administrative burden on healthcare providers by standardizing and streamlining prior authorization processes for Medicare Advantage plans. This legislation seeks to improve transparency, provide clearer timelines for decisions, and reduce the number of unnecessary authorization requests for ongoing treatments.

The motion concept and federal legislation both share the objective of reducing delays in access to care, supporting the efficient delivery of physical therapy services, and aligning with value-based care models that prioritize patient-centered outcomes. By advocating for the elimination of inefficient and unnecessary authorization processes, the motion supports federal efforts to ensure that patients across the country receive timely access to physical therapy services without the constraints imposed by excessive administrative requirements.

Rhode Island has proposed state legislation designed to limit the misuse of prior authorization and streamline the process for physical therapy services. The bills focus on reducing unnecessary administrative burdens on physical therapists and patients, ensuring that timely access to care is not delayed by redundant or overly restrictive authorization requirements. The bills aim to set clear timelines for prior authorization decisions, reducing wait times for approvals. It will also limit the frequency of prior authorizations for ongoing physical therapy treatments, particularly for conditions requiring long-term care. Finally the legislation will establish transparency in the process, ensuring that patients and providers are clearly informed of authorization requirements and decisions.

This is directly in line with the motion concept, which advocates for policies that ensure unobstructed access to physical therapy services and reduce administrative delays. Both the motion and these Rhode Island bills are aligned in their goal of removing barriers to timely and effective care, enabling physical therapists to focus on patient outcomes rather than navigating complex insurance processes.

Both the motion concept and the legislative initiatives at the state and federal levels play a crucial role in improving the overall healthcare landscape for physical therapy. By reducing the administrative burden on physical therapists, these efforts enhance the profession's ability to deliver high-quality care, increase patient satisfaction, and improve clinical outcomes. On a national scale, these changes are necessary for ensuring that physical therapy remains a vital and accessible service for all patients, regardless of their location or insurance provider.

In summary, the motion concept's advocacy for streamlined access to physical therapy services directly complements the goals of Rhode Island and federal legislative efforts aimed at improving prior authorization processes. Together, they create a cohesive push for more efficient, patient-centered healthcare that benefits both providers and patients.

What previous or current initiatives and positions of the Association address this topic?

The motion aligns with the previous actions taken by the APTA House of Delegates, particularly those aimed at reducing administrative burdens and improving access to care. Previous actions by the APTA House have consistently focused on addressing inefficiencies in the healthcare system that impact physical therapists and their patients. The APTA has long advocated for policies that support unobstructed access to physical therapy services, recognizing that excessive administrative processes like PA and UR can delay patient care and reduce the effectiveness of therapy.

For example, in past years, the House of Delegates has passed motions related to:

- Reducing administrative burdens for physical therapists.
- Advocating for policy reform that removes barriers to patient access, including streamlining insurance processes.
- Promoting the role of physical therapists as movement specialists who can deliver care based on clinical judgment, rather than being constrained by bureaucratic delays.

These actions provide the foundational framework for the motion concept, as both reflect a consistent effort by the APTA to empower physical therapists to focus on clinical care rather than administrative tasks. The motion is a natural extension of these previous efforts, building on the momentum to ensure that physical therapists have efficient access to the resources and support they need to provide timely care for patients.

The motion concept is also directly aligned with the current APTA bylaws, particularly in areas that focus on the association's core values and mission. The bylaws emphasize the importance of

advancing the profession of physical therapy, advocating for patient-centered care, and ensuring that the administrative environment is conducive to high-quality practice.

The APTA bylaws highlight the association's commitment to ensuring that physical therapists maintain high standards of practice while also advocating for environments that enable them to deliver care efficiently. The motion concept's call for reducing administrative burdens aligns with this value by removing unnecessary obstacles that hinder physical therapists from meeting these standards and providing the best care possible.

The bylaws stress the APTA's role in advocating for policies that support physical therapy as an essential part of the healthcare system. By pushing for the elimination of inefficient prior authorization and utilization review practices, the motion reinforces this aspect of the bylaws by advocating for policies that improve access to care and support the profession at the legislative and regulatory levels.

The bylaws emphasize the importance of equitable access to care, ensuring that all patients can receive the physical therapy they need in a timely manner. The motion concept, which advocates for more streamlined access to physical therapy services, supports this principle by ensuring that patients are not delayed or obstructed by administrative processes like PA and UR, which can impede their ability to receive necessary treatment.

In addition to the bylaws, the motion concept is aligned with the APTA's strategic objectives, which focus on:

- Enhancing the value of physical therapy by reducing administrative burdens.
- Improving patient access to care by ensuring timely treatment without delays caused by prior authorization requirements.

The motion works to fulfill the APTA's vision and mission by advocating for a system that allows physical therapists to deliver high-quality, patient-centered care without the constraints of excessive insurance requirements.

What interested parties will be impacted by this motion?

The primary stakeholders impacted by the motion are physical therapists and the practices in which they work. Physical therapists are burdened by the time-consuming administrative tasks associated with obtaining prior authorization and navigating utilization review processes. These tasks divert time away from patient care and contribute to burnout and job dissatisfaction among providers. The motion seeks to streamline these processes, enabling physical therapists to focus more on clinical decision-making and delivering high-quality patient care rather than dealing with complex insurance approvals.

By reducing the administrative load, physical therapy practices could improve operational efficiency, reduce costs, and enhance profitability by minimizing delayed reimbursements and denied claims. This would also lead to improved patient flow, as patients could begin treatment sooner without waiting for authorization, ultimately improving clinical outcomes.

Patients are perhaps the most affected party, as the delays in care caused by prior authorization and utilization review can lead to worse outcomes. For conditions that require timely intervention, such as musculoskeletal injuries or chronic pain, delays can result in longer recovery times and even the need for more invasive treatments like surgery. The motion advocates for policies that would ensure faster access to physical therapy, reducing wait times and eliminating unnecessary barriers to care. Additionally, patients would benefit from more consistent and predictable access to services. By eliminating unnecessary prior authorization requirements, patients would have a clearer path to treatment, improving their satisfaction with their healthcare experience and fostering better health outcomes.

While the motion is designed to reduce burdens on healthcare providers and patients, insurance companies would also be impacted. Insurers may need to revise their internal processes to align with the motion's call for more streamlined, efficient authorization procedures. This could involve adopting new protocols for reviewing claims or shifting to more transparent and standardized processes for handling authorization requests. By preventing unnecessary delays and improving timely access to care, insurers might see reduced overall healthcare costs, as early physical therapy intervention can help prevent more expensive treatments down the line, such as surgeries or long-term medication use.

Policy makers and legislators will also be impacted by the motion, particularly those who are already involved in health care reform. By advocating for reduced barriers to physical therapy access, the motion reinforces the push for legislative action at both the state and federal levels. It aligns with ongoing efforts to create more equitable and efficient healthcare systems, such as those seen in state-specific bills like Rhode Island and federal legislation aimed at simplifying prior authorization processes.

Finally, the APTA and its members, physical therapists, physical therapy assistants, and related professionals, would be directly impacted. The APTA's role in advocacy and policy change is critical, and the motion serves as a call to action to the association to continue leading efforts in improving healthcare delivery. The APTA would be positioned as a central figure in pushing for reforms that enhance access to care, reduce administrative burdens, and strengthen the profession nationwide.

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- https://www.valueofpt.com/

Last Updated: 06.02.2025
Contact: governancehouse@apta.org

Motion to 2025 House of Delegates

Main Motion

Proposed by: Research
Motion Contact: Cara Lewis, PT, PhD, FAPTA, Delegate, Research
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Required for Adoption: Majority Vote

RC 43-25 AMEND: POSITION ON RESEARCH

That Position on Research (HOD P06-19-76-42) be amended by substitution.

POSITION ON RESEARCH

The continued evolution and advancement of the physical therapy profession fundamentally depends on the systematic generation, synthesis, and implementation of new knowledge through rigorous scientific inquiry. The physical therapy profession must prioritize rigorous research and scholarly inquiry across all educational programs and practice settings with each actively contributing to the profession through systematic investigation and scholarly activities.

The American Physical Therapy Association prioritizes rigorous scientific inquiry as an essential requisite for developing and advancing the physical therapy profession. To secure a robust future for physical therapy, we must embrace research as the cornerstone of the profession's development and advancement. Research in physical therapy underpins the growth of an evidence-based body of knowledge and is at the cutting-edge of rehabilitation science. Rigorous scientific inquiry is also necessary to help solve some of the profession's most pressing problems. Evidence generated through research supports advocacy efforts for policy changes, insurance coverage, and funding for physical therapist service. Research is crucial for negotiations with payers and policymakers, showcasing the economic benefits of physical therapy.

A robust research foundation enhances the profession's credibility within the broader health care community and with policymakers. Research helps position physical therapists as thought leaders capable of shaping practice standards and influencing education reform, shaping health policy, maximizing integrity of service delivery, and promoting health of people worldwide. The credibility can only be built through clear evidence supporting the effectiveness of physical therapist practice and the discontinuation of procedures and interventions that are found to be not effective.

Physical therapy research is innovative and progressive and involves independent and interprofessional collaborative efforts across multiple domains. Research in the profession addresses efficacy, effectiveness, implementation, and translational science for changing practice. Ethical integrity, rigor, and transparency are imperative in scientific methodology, dissemination, and protection of human participants. Research represents and addresses the issues of the people served by physical therapy, with an emphasis on health and education equity. Equitable representation in research enhances the validity and generalizability of findings, fosters innovation, and promotes better outcomes for all.

Preparation of scientists in physical therapy and growth in funded physical therapy research opportunities are essential and necessary. APTA advances rigorous scientific inquiry through strong and consistent outreach and advocacy for research funding within APTA and across the rehabilitation funding continuum. APTA supports participation for all physical therapy educational programs in scholarly inquiry.

~~The American Physical Therapy Association (APTA) supports rigorous scientific inquiry as an essential requisite for developing and advancing the physical therapy profession. Research in physical therapy focuses on creating an evidence-based body of knowledge to advance practice and education, shape health policy, maximize integrity of service delivery, and promote positive health of people worldwide.~~

~~Those involved in physical therapy research are encouraged to be innovative and progressive, and to adopt a comprehensive approach to research, which involves independent and interprofessional collaborative efforts that include 1 or more of the following domains: biobehavioral, social science, basic science, health services, and education. Research in the profession must address efficacy, effectiveness, implementation, and translational science. Ethical integrity, rigor, and transparency are imperative in scientific methodology, dissemination, and protection of human subjects.~~

~~Preparation of basic and applied scientists in physical therapy as well as growth in funded physical therapy research opportunities are necessary to address APTA's vision for the profession. APTA supports rigorous scientific inquiry through outreach and advocacy for research funding; collaboration with the Foundation for Physical Therapy Research and other funding sources; development of national data repositories, including a national clinical outcomes data bank; and other evidence-based resources.~~

Support Statement

Motion Concept:

The continued evolution and advancement of the physical therapy profession fundamentally depends on the systematic generation and implementation of new knowledge acquired through

rigorous scientific inquiry. Our profession must prioritize and maintain the strongest commitment to research and scholarly inquiry across all educational programs and practice settings, with each program and practice setting actively contributing to our knowledge base through systematic investigation.

APTA prioritizes rigorous scientific inquiry as an essential requisite for developing and advancing physical therapy. To secure a robust future, we must embrace research as the cornerstone of our profession's development. Research underpins the growth of our evidence-based knowledge and represents the cutting edge of rehabilitation science. Research is necessary to help solve some of our profession's most pressing problems, including the low reimbursement rates that contribute to the debt-to-income ratio challenge. Reimbursement rates are likely to increase only through a combination of research and advocacy. Research providing evidence of the effectiveness of physical therapy strengthens advocacy efforts for policy changes, insurance coverage, and funding for physical therapy services. Research providing evidence of cost effectiveness is crucial for negotiations with payers and policymakers, showcasing the economic benefits of physical therapy in healthcare systems. A robust research foundation enhances our credibility not only with policymakers, but within the broader healthcare community as well, positioning physical therapists as thought leaders capable of shaping practice standards, influencing education reform, impacting health policy, maximizing integrity of service delivery, and promoting positive health outcomes worldwide.

What is this motion seeking to achieve?

The Academy of Research strongly advocates for the reaffirmation and expansion of APTA's commitment to research, spanning from the science of discovery through implementation and translation research. This motion builds upon the current POSITION ON RESEARCH HOD P06-19-76-42 [Position] and expands APTA's position to elevate research as a critical component within the physical therapy profession, and one to which all components are compelled to contribute. Many of the current challenges facing physical therapy require scientific inquiry as an essential part of the solution. We seek to establish research as a universal professional responsibility, ensuring that all educational programs and practice settings actively contribute to knowledge generation and implementation. We aim to create a culture where physical therapy research is innovative and progressive, involving both independent and interprofessional collaborative efforts across key domains: population health, mechanistic and basic science research, clinical research, education/professional research, health services research, and workforce development. Through this motion, we seek to emphasize that physical therapy research must address efficacy, effectiveness, implementation, and translational science for changing practice and must be conducted with ethical integrity, rigor, and transparency in scientific methodology, dissemination, and protection of human participants. Additionally, we aim to strengthen APTA's role in supporting efforts to ensure all educational programs participate in scholarly inquiry and address key tenets of rigor, transparency, dissemination, and equity to compel widespread contribution to knowledge generation that addresses the vision for the profession.

How does this motion contribute to achieving the Vision?

This motion directly supports APTA's vision of "Transforming society by optimizing movement to improve the human experience" by establishing research as the foundation upon which transformative physical therapy practice is built. Rigorous research enables our profession to develop and validate innovative approaches to movement optimization that truly transform society and improve the human experience. Without a strong commitment to research across all aspects of our profession, we risk stagnation in our ability to advance practice and achieve measurable improvements in health outcomes. The motion's emphasis on multiple research domains—from population health to basic science, education, and health services research—ensures we build comprehensive knowledge that addresses all aspects of our vision. By promoting ethical integrity, rigor, and transparency in research, we ensure that physical therapy interventions are based on sound evidence, thereby enhancing our profession's credibility and effectiveness in transforming society. The motion's focus on equitable representation in research enhances the validity and generalizability of findings, fostering innovation and promoting better outcomes for all populations—a critical component of truly transforming society in an inclusive manner. Furthermore, by emphasizing the need for preparation of scientists in physical therapy and growth in funded research opportunities, we create the infrastructure necessary to sustain the continuous advancement of knowledge that powers our vision. Our commitment to research ultimately ensures that physical therapy remains at the forefront of transformative healthcare, capable of optimizing movement and improving the human experience through evidence-based, innovative approaches.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion aligns with the 2022-2025 APTA Strategic Plan directly addressing the four pillars: Quality of Care, Sustainable Profession, Member Value, and Demand and Access.

Research serves as the foundation for elevating the quality of care provided by PTs and PTAs to improve health outcomes for populations, communities, and individuals. By emphasizing rigorous scientific inquiry across all domains of physical therapy, we directly support the development of evidence-based resources that drive quality-of-care evolutions.

The sustainability of our profession is dependent on research demonstrating the value of physical therapy. This research is essential to increasing payment and addressing the debt-to-income ratio challenge. Research evidence is used to support advocacy for fair compensation, allowing physical therapists to spend more time with patients than with paperwork.

Physical therapy research provides values to members. Research enhances the professional development pathway, supporting the strategic outcome of members seeking career advancement through specialization, residency, fellowship, and continuing education.

Finally, research is critical to drive demand for and access to physical therapy as a proven pathway to improve the human experience. Evidence from research strengthens our position as a primary entry point of care, expanding markets and venues that promote the profession.

This motion also directly supports the APTA Scientific Research Priorities for the Physical Therapy Profession, one of the connected operational plans identified in the Strategic Plan, reinforcing APTA's commitment to building a community that advances the profession through research to improve the health of society.

How is this motion's subject national in scope and importance?

This motion addresses issues of national significance that impact the entire physical therapy profession across all practice settings and geographic regions. Research serves as the backbone of professional advancement nationwide, affecting education, clinical practice, reimbursement, and professional recognition. The debt-to-income ratio challenge is a national concern affecting physical therapists in all states, and research supporting the value of physical therapy services is essential to addressing this issue through improved reimbursement rates across all payers, both public and private. Additionally, the credibility and standing of the physical therapy profession within the broader healthcare community is a national concern that requires a unified commitment to research excellence. The preparation of scientists in physical therapy and the growth in funded physical therapy research opportunities require coordinated national efforts through APTA advocacy with federal funding agencies like NIH and other national funding sources. The emphasis on universal participation in knowledge generation across all educational programs affects accreditation standards that operate at a national level. Furthermore, the motion's focus on ethical integrity, rigor, and transparency in scientific methodology aligns with national research standards and federal regulations. By establishing research as a cornerstone of the profession, this motion provides national direction that strengthens physical therapy's position within healthcare and ensures the profession can address the evolving needs of society through evidence-based practice.

What federal or state laws and regulations also address this topic?

Federal research regulations and policies that intersect with this motion include the National Institutes of Health (NIH) policies on research integrity, transparency, and human subjects protection, such as those required under the Common Rule (45 CFR 46). The NIH's strategic priorities for rehabilitation research, as outlined by the National Center for Medical Rehabilitation Research (NCMRR), establish federal guidelines for research in rehabilitation sciences, including physical therapy. The Agency for Healthcare Research and Quality (AHRQ) regulations on patient-centered outcomes research and implementation science also address aspects of the research continuum highlighted in this motion. Federal Medicare and Medicaid reimbursement policies rely on evidence from research to determine coverage of physical therapy services, illustrating the connection between research and payment policies. At the state level, physical therapy practice acts often include language about evidence-based practice, which depends on research to define the scope and standards of care. State-level insurance regulations regarding payment for physical therapy

services are increasingly dependent on demonstration of value through research evidence. Physical therapy educational program accreditation standards, while not laws, function as regulations that influence the profession's research capacity through requirements for faculty scholarship and scientific inquiry. The Federal Trade Commission also considers evidence from research when evaluating claims about healthcare effectiveness, including physical therapy interventions, highlighting the importance of rigorous research for professional autonomy and scope of practice.

What previous or current initiatives and positions of the Association address this topic?

This motion builds directly upon the existing APTA Position on Research (HOD P06-19-76-42), expanding and strengthening the association's stance on the importance of research to the profession. It also aligns with the APTA Scientific Research Priorities for the Physical Therapy Profession, a connected operational plan identified in the 2022-2025 Strategic Plan. The APTA's Vision for Excellence in Physical Therapy Education, another connected operational plan, includes expectations for scholarly activity within educational programs that this motion seeks to strengthen. The association's initiatives around The Economic Value of Physical Therapy in the United States directly relate to the motion's emphasis on research that demonstrates value to support advocacy efforts for improved payment. APTA's Public Policy Priorities include advocacy for research funding at federal agencies, which this motion reinforces through its call for strong and consistent outreach and advocacy for research funding. Current APTA initiatives to address the debt-to-income ratio challenge connect with this motion's recognition that research evidence is needed to increase the income side of this equation through improved payment rates. The APTA's commitment to diversity, equity, and inclusion is supported by the motion's emphasis on research that represents and addresses the issues of all people served by physical therapy, with attention to health and education equity. Additionally, the APTA's Clinical Practice Guidelines development process depends on rigorous research of the type that this motion promotes.

What interested parties will be impacted by this motion?

This motion will impact numerous stakeholders across the physical therapy ecosystem. Educational programs and faculty will be called to elevate their commitment to rigorous research and scholarly activities, potentially influencing curriculum design, faculty development, and resource allocation. Students will benefit from enhanced research training and opportunities, preparing them to be evidence-based practitioners and potential future clinician scientists and researchers. Clinicians and healthcare organizations will be impacted through an increased emphasis on implementing research findings and contributing to knowledge generation through practice-based research networks. Patients and the public will ultimately benefit from improved physical therapy interventions based on stronger evidence, leading to better health outcomes. Research funding organizations, including the Foundation for Physical Therapy Research, NIH, and other agencies, may see increased engagement from the physical therapy community and potentially redirect resources toward physical therapy research priorities. Healthcare payers, both public and private, will be influenced by stronger evidence supporting the value of physical therapy, potentially leading to improved coverage and reimbursement policies. Policy makers will have access to more robust evidence about the

effectiveness and value of physical therapy, informing healthcare policy decisions. Professional organizations beyond APTA, including specialty sections and academies, will need to align their initiatives with this strengthened commitment to research. The broader healthcare community, including interprofessional collaborators, will engage with physical therapists as research partners with enhanced scientific credibility. Journal editors and publishers in the field will see an impact on the quantity and quality of submissions as research activity increases across the profession.

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Motion to 2025 House of Delegates

Main Motion

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Required for Adoption: Majority Vote

RC 44-25 CHARGE: DEVELOP A NATIONAL STRATEGY FOR EXPANDING AND SUSTAINING RESIDENCY AND FELLOWSHIP EDUCATION PROGRAMS IN RURAL AND MEDICALLY UNDERSERVED AREAS

That the American Physical Therapy Association develop a national strategy for expanding and sustaining residency and fellowship education programs in rural and medically underserved areas.

Support Statement

Motion Concept:
The motion proposes establishing a national strategy to create and sustain physical therapy residency and fellowship programs in communities defined as rural or medically underserved using HRSA definitions. This can be accomplished through the formation of a task force or a group composed of various stakeholders. Adapting proven models such as the Teaching Health Center Graduate Medical Education (THCGME) program's community-based residencies and Health Resources and Services Administration's Rural Residency Planning and Development Program (RRPDP) grants, this task force or group will explore accreditation pathways, diversified funding mechanisms, and recommend policy reforms to the APTA Board. Collaborating with ABPTRFE, rural healthcare organizations, academic partners, and policymakers, the task force or group can identify regulatory, financial, and recruitment barriers. By leveraging telehealth, AI mentorship, and state incentive programs (e.g., loan repayment, rural stipends), this task force or group could operationalize APTA's Position: Support For Initiatives to Improve Health in Rural Communities (HOD P07-23-12-25).

- Framework Development: Design a structured, scalable model for accreditation, funding pathways [such as Medicare Graduate Medical Education (GME), Veterans Administration (VA) funding, Heath Resources and Services Administration (HRSA) grants], and policy reform

informed by the Teaching Health Center Graduate Medical Education (THCGME) and Rural Residency Planning and Development (RRPD) precedents.

- Collaborations: Engage the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), rural health organizations, academic institutions, and policymakers to identify and address regulatory, educational, and financial barriers.
- Funding Advocacy: Recommend mechanisms for sustainable support—including dedicated Medicare GME slots for PT, VA sponsorship, HRSA demonstration grants, loan forgiveness incentives, rural stipends, and community integration grants.
- Workforce Recruitment & Retention: Outline targeted strategies (such as hybrid work arrangements, professional development sponsorships, and tele-mentoring networks) to attract and retain clinicians in rural and medically underserved areas.
- Telehealth & Innovation: Leverage telehealth, artificial intelligence (AI)-driven mentoring, and remote simulation to support rural and medically underserved clinical education and supervision.

What is this motion seeking to achieve?

If adopted, this motion will provide the APTA Board with information that can help:

- Secure sustainable funding streams (such as Medicare GME slots for Physical Therapy, VA sponsorship, HRSA RRPDP demonstration grants).
- Establish new accredited rural PT residency or fellowship programs (informed by the RRPD precedent of 47 programs in five years).
- Expand the Physical Therapy workforce in high-need areas by reducing barriers to entry and offering incentives (loan forgiveness, rural stipends, community integration grants).
- Enhance health equity by broadening access to specialized rehabilitation services in communities lacking current coverage.
- Provide data-driven policy recommendations, implementation resources, and evaluation metrics (e.g., graduate retention rates, patient access improvements) to measure impact.

How does this motion contribute to achieving the Vision?

APTA's Vision—"transforming society by optimizing movement to improve the human experience"—depends on delivering high-quality care wherever people live. By identifying ways in which residency and fellowship education (RFE) programs could be expanded into rural and medically underserved areas, this motion ensures that patients in all geographies can access specialized PT services. Training clinicians in these settings builds local capacity, promotes workforce retention, and directly supports community health, thereby advancing APTA's goal of equitable, person-centered care and fulfilling the Vision's promise of optimized movement for every individual.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

- Advance Health Equity: Targets workforce gaps in rural and medically underserved areas.
- Drive Innovation: Incorporates telehealth, AI mentoring, and remote simulation to modernize RFE.

- Empower Members: Creates new professional development pathways and incentive structures for physical therapists.
- Transform the Environment: Advocates policy and funding reforms to sustain physical therapist education and practice in rural and medically underserved areas.

How is this motion's subject national in scope and importance?

Shortage of residency trained physical therapist providers in rural and medically underserved areas span the entire United States—from Appalachia to the Great Plains. A national strategy ensures consistent program standards, coordinated advocacy for federal GME funding, and scalable models that can be replicated across states. By unifying efforts at the national level, APTA can influence Centers for Medicare and Medicare (CMS) and HRSA policies, leverage economies of scale, and disseminate best practices—delivering broad societal impact and strengthening the physical therapist's role in providing equitable care in rural and medically underserved areas nationwide.

What federal or state laws and regulations also address this topic?

- Affordable Care Act (2010): Established THCGME funding for community-based residencies.
- Consolidated Appropriations Act (2021): Created 1,000 new Medicare GME slots, with a rural hospital set-aside.
- Social Security Act, Title VII: Authorizes federal support for allied health GME.
- Public Health Service Act: Empowers HRSA to fund rural workforce development (RRPD, THCPD).
- MACRA: Governs ongoing Medicare GME funding mechanisms.
- State Rural Health Initiatives: Vary by state (loan repayment, rural designation grants) and often include PT.

What previous or current initiatives and positions of the Association address this topic?

- HOD P07-23-12-25: Support for Initiatives to Improve Health in Rural Communities.
- HOD P06-20-41-33: Workforce Planning.
- HOD P06-19-17-66: Principles and Objectives for Health Services.

What interested parties will be impacted by this motion?

- Physical Therapist Residents & Fellows: Gain new rural training sites and mentorship.
- Rural Healthcare Organizations: Access to specialized clinicians, improved recruitment, and enhanced service offerings.
- Patients in Rural and Medically Underserved Areas: Broader access to specialized rehabilitation providers.
- State Chapters & Delegations: New advocacy tools and collaboration frameworks.
- ABPTRFE & Academic Institutions: Expanded accreditation activities and program oversight.
- Federal & State Policymakers: Data-driven recommendations for workforce funding and regulation.

Additional background information.

Establishing a task force or group will enable APTA to systematically assess and prioritize the unique rehabilitation needs of rural and medically underserved communities—identifying gaps in specialized services such as neurological rehabilitation, pediatric orthopedics, women's health, geriatric care, and beyond. By convening leaders and subject-matter experts across these specialty areas, this task force or group could map demand for advanced clinical training, pinpoint service shortfalls, and develop targeted initiatives (e.g., new residency tracks, fellowship modules, continuing-education partnerships) to address those needs in geographic locations (rural and medically underserved areas) with the highest need.

Simultaneously, this task force or group could conduct a needs assessment and use that data to explore potential funding pathways, such as advocating for inclusion of physical therapists in Medicare GME streams—paralleling the THCGME community-based residencies—partnering with the VA Office of Academic Affiliations to expand allied-health residency positions at rural VA sites, and examining state loan-repayment or scholarship programs (e.g., National Health Service Corps style awards) that have successfully incentivized nursing and physician trainees to serve in rural and medically underserved areas, adapting those same incentive structures to support and retain PT residents in these areas of high need.

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Motion to the 2025 House of Delegates

Main Motion

Proposed by: Texas, Alabama, Connecticut
Motion Contact: Janet Bezner, PT, DPT, PhD, FAPTA, Delegate, Texas
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Required for Adoption: Majority Vote

RC 45-25 CHARGE: ACCESS TO AND PAYMENT FOR PHYSICAL THERAPIST SERVICES FOR PEOPLE WITH BEHAVIORAL AND MENTAL HEALTH CONDITIONS

The American Physical Therapy Association will pursue access to and payment for physical therapist services within integrated behavioral health models.

Support Statement

Motion Concept:
This motion seeks to include access to and payment for physical therapist services for people with behavioral and mental health conditions.

The coexistence of mental and physical health conditions is prevalent.[1] Four out of every 5 people living with mental health disorders have a coexisting physical health issue and are twice as likely to have a chronic condition, such as chronic pain, cardiovascular disease, respiratory disease, or diabetes.[2] To achieve optimal outcomes, neither condition should be treated in isolation. Evidence supports the use of both physical and mental health interventions by physical therapist professionals.[2,3] This includes the integration of physical therapist services in primary care models to improve patient access and reduce cost.[4] However, physical therapist services are generally excluded from payment models that address behavioral and mental health conditions.

Policy from the Centers for Medicare & Medicaid Services (CMS) significantly drives access to and payment for physical therapist services. CMS has implemented a Behavioral Health Strategy[4] focusing on the three critical areas: 1) substance use disorders prevention, treatment and recovery services, 2) ensuring effective pain treatment and management, and 3) improving mental health care and services. However, physical therapist services are excluded from payment models, limiting their ability to contribute fully to these important areas of pain, functioning, disability, and health.

For example, in 2023, CMS introduced HCPCS Codes G3002-G3003: Chronic Pain Management Services.[5] Code G3002 describes payment for chronic pain management and treatment services, including:

- Diagnosis, assessment, and monitoring
- Administering a validated pain rating scale or tool
- Pain and health literacy counseling
- Overall treatment management
- Developing, implementing, revising, and maintaining a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes

Despite expertise in these areas, physical therapist services are not recognized for payment under these codes. This restricts access to and payment for physical therapist services for effective pain management.

Furthermore, on January 18, 2024, the CMS announced the Innovation in Behavioral Health (IBH) Model.[6,7] The IBH Model aims to integrate behavioral and physical health care for Medicaid and Medicare beneficiaries with mental health conditions and substance use disorders. Yet, physical therapist services are excluded from this model, despite their potential to contribute significantly to patient outcomes.

Finally, physical therapist professionals are not listed as practitioners eligible to bill and be paid under the Medicare Part B Program for mental health coverage.[9] This means that CMS recipients with a primary diagnosis of a mental health condition cannot access physical therapist services, and payment is not available for physical therapist services rendered. This is important as the evidence is clear that exercise prescription has numerous benefits for mental health, including reducing depression and anxiety.[10,11]

This motion proposes that the APTA actively pursue policy changes to include access to and payment for physical therapist services for people with behavioral and mental health conditions. Such inclusion would enhance patient care, promote interdisciplinary collaboration, align with CMS's goals of improved health outcomes and cost reduction, and APTA's vision of transforming society by optimizing movement to improve the human experience.

What is this motion seeking to achieve?

Adoption of this motion will achieve the following objectives:

1. Policy Advocacy**:** APTA will advocate for policy changes at the federal level to recognize physical therapist professionals as essential providers in integrated behavioral health models, ensuring their inclusion in programs like CMS's Behavioral Health Strategy and the IBH Model.

2. Payment Reform**:** Efforts will be made to modify payment structures, allowing physical therapist professionals to receive payment for services rendered when treating behavioral and mental health conditions as primary diagnoses.
3. Interdisciplinary Integration**:** By formally recognizing physical therapist professionals in behavioral health care teams, this motion promotes a more holistic, interdisciplinary approach to patient care, improving outcomes for individuals with complex health needs.
4. Enhanced Access to Care**:** Including physical therapist professionals in behavioral health models expands access to non-pharmacological interventions for conditions like chronic pain and mental health conditions, aligning with public health goals to reduce opioid reliance and improve quality of life.
5. Data and Research Inclusion**:** Recognition of physical therapist professionals in these models will facilitate their inclusion in data collection and research initiatives, contributing to evidence-based practices and continuous improvement in integrated care.

Overall, this motion aims to integrate physical therapist professionals fully into the behavioral health care continuum, ensuring that their contributions are recognized, reimbursed, and leveraged to enhance patient outcomes and system efficiency.

How does this motion contribute to achieving the Vision?

This motion aligns with and advances the APTA's vision by promoting integrated, patient-centered care that leverages PTs' expertise to improve health outcomes and quality of life.

This motion directly supports this vision by:

1. Optimizing Movement in Behavioral Health: Physical therapist professionals play a crucial role in addressing movement impairments associated with behavioral and mental health conditions, such as depression-related psychomotor retardation or anxiety-induced muscle tension.
2. Holistic Patient Care: Integrating physical therapist professionals into behavioral health models ensures a comprehensive approach to patient care, addressing both physical and psychological aspects of health, which is essential for optimizing movement, function.
3. Reducing Health Disparities: By expanding access to PT services in behavioral health, this motion supports equitable care delivery, particularly for underserved populations disproportionately affected by mental health conditions and chronic pain.
4. Advancing the Profession: Recognizing PTs as integral members of behavioral health teams elevates the profession's role in the broader healthcare landscape, aligning with APTA's goal of transforming society through movement optimization.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion aligns with and supports the APTA Strategic Plan for 2020-2025, and its strategic priorities by advocating for systemic changes that enhance the profession's impact on public health in 4 areas: 1) Member Value, 2) Sustainable Profession, 3) Quality Care, and 4) Demand and Access.

1. Member Value
   Payment for behavioral and mental health expands opportunities for physical therapists to belong, engage, and contribute in meaningful ways in the healthcare system. By advocating for inclusion in integrated behavioral health models and reimbursement for treating mental and behavioral health conditions, the motion enables PTs to practice to their full scope, pursue new clinical and leadership roles, and address urgent public health needs. It empowers members working in underserved or emerging practice areas, such as pain management, neurorehabilitation, and mental health, to participate fully in APTA's professional community. In doing so, it strengthens the profession's identity, fosters interdisciplinary collaboration, and enhances member pride and engagement across the association.

2. Sustainable Profession
   This motion enhances the sustainability of the physical therapy profession by expanding payment pathways for services that are already within the scope of practice. Physical therapists frequently treat patients whose primary diagnoses relate to behavioral and mental health (e.g., chronic pain with comorbid depression or anxiety), yet current payment policies prohibit reimbursement for these services. Including physical therapists in integrated behavioral health models and ensuring reimbursement for mental and behavioral health services strengthens the financial viability of PT practices, especially those in underserved or rural areas. In turn, this supports provider well-being, practice growth, and workforce retention—key goals of APTA's sustainability agenda.

3. Quality of Care
   The integration of PTs into behavioral health care systems elevates the quality of care delivered across populations. Research consistently shows that comorbid mental health conditions worsen physical therapy outcomes if unaddressed. PTs trained in psychologically informed care, pain neuroscience education, and health behavior change strategies can provide evidence-based interventions that improve function, reduce symptom burden, and enhance self-management and health of life across the lifespan. Enabling payment for these services supports best practices and promotes outcome-driven, holistic care. It also aligns with APTA's aim to elevate care quality through multidisciplinary collaboration and care delivery.

4. Demand and Access
   Expanding payment eligibility for PTs treating behavioral and mental health conditions increases access to effective, non-pharmacological care—particularly for patients with chronic pain, disability, or complex biopsychosocial needs. By integrating PTs into behavioral health models like CMS's Innovation in Behavioral Health (IBH), this motion positions physical therapy as a critical, evidence-supported pathway to improve health outcomes and reduce the burden on overloaded mental health systems. Moreover, payment reform reinforces the public's understanding of PTs as frontline providers in both physical and behavioral domains, thereby driving demand and appropriate utilization.

How is this motion's subject national in scope and importance?

The exclusion of physical therapist services from integrated behavioral health models and payment is a national issue affecting healthcare delivery across the United States.

- Prevalence of Behavioral Health Conditions**:** Mental health disorders and chronic pain are widespread, affecting millions of Americans. Integrating physical therapist services into behavioral health care can improve management of these conditions nationwide.
- Healthcare Costs**:** Behavioral health conditions contribute significantly to healthcare expenditures. Including physical therapist services in care models can reduce costs through effective non-pharmacological interventions.
- Workforce Utilization**:** Recognizing PTs as providers in behavioral health expands the healthcare workforce's capacity to meet growing demand for mental health services.
- Policy Alignment**:** The motion aligns with national healthcare initiatives, such as CMS's Behavioral Health Strategy, aiming to integrate care and improve outcomes.

Given these factors, the motion addresses a critical national healthcare issue, advocating for systemic changes to enhance care delivery and public health outcomes across the country.

What federal or state laws and regulations also address this topic?

Several federal and state policies intersect with the motion's objectives:

- CMS Behavioral Health Strategy**:** Focuses on integrating behavioral and physical health care but currently lacks explicit inclusion of physical therapy services.
- Innovation in Behavioral Health (IBH) Model**:** A CMS initiative aiming to integrate care for Medicaid and Medicare beneficiaries with behavioral health conditions, yet physical therapist services are not designated providers in this model.
- State Scope of Practice Laws**:** Varying state laws define physical therapist services and scope of practice, with some states allowing broader roles in behavioral health care. Several physical therapist practice acts specifically mention the management of mental health conditions as within the physical therapist's scope (i.e., AK, AL, CT, CA, DC, FL, IL, MI, MN, MS, MO, SC, VA). Most physical therapist practice acts mention the word 'disability,' leaving it up to interpretation as to whether this includes physical disability as well as mental disability.
- FSBPT Model Practice Act: does not mention mental or behavioral health.

Therefore, advocating for the inclusion of physical therapist services in these federal and state frameworks is essential to achieving the mission's goals.

What previous or current initiatives and positions of the Association address this topic?

- Role of the Physical Therapist and APTA in Behavioral and Mental Health HOD P06-20-40-1
- Physical Therapist Services in Primary care HOD P07-24-05-07
- Complementary and Integrative Interventions HOD P06-18-17-14
- Public Policy Efforts To Improve Consumer Access To Physical Therapists HOD P06-18-22-20

- Improved Access to Physical Therapist Services for Medicaid Beneficiaries HOD P08-22-14-17
- Role of Physical Therapy In Health Management For People With Chronic Disability HOD P06-13-27-26
- Designation of Individuals with Intellectual and Developmental Disabilities, or Both Disabilities as a Medically Underserved Population
- Association's Role in Advocacy for Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability HOD P06-19-26-11
- Health and Social Issues HOD P06-19-46-21

Other initiatives taken across professional organizations:

- The recent CAPTE update includes mental health in its standards and required elements.
- A June 2023 practice advisory on screening patients for anxiety issued by APTA.
- Physical Therapy in Mental Health Catalyst Group, Academy of Leadership and Innovation
- Cognitive and Mental Health Special Interest Group, APTA Academy of Geriatric Physical Therapy, APTA.
- Brain Injury Special Interest Group, APTA Academy of Neurologic Physical Therapy.

Overall, these positions and initiatives provide a foundation for the proposed motion, reinforcing the profession's commitment to expanding access to and payment for physical therapist services.

What interested parties will be impacted by this motion?

The motion's adoption will impact various stakeholders:

- Patients: Will benefit from comprehensive care that addresses both physical and behavioral health needs, leading to improved outcomes and quality of life.
- Physical Therapists**:** Will gain opportunities to apply their expertise in new settings, enhancing professional growth and job satisfaction.
- Healthcare Systems**:** May experience improved efficiency and reduced costs through integrated care models that include physical therapist services.
- Other Stake Holders: May be interested in physical therapists services to address mental health and reduce the cost of managing mental health conditions.

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Virginia
Motion Contact: Cameron Massumi, PT, DPT, Chief Delegate, Virginia
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Required for Adoption: Majority Vote

RC 46-25 CHARGE: CREATE A PUBLICLY ACCESSIBLE PLATFORM FOR HOUSE OF DELEGATES ACTIONS, BOARD-LED INITIATIVES, AND NATIONAL LEGISLATIVE AND REGULATORY EFFORTS

That the American Physical Therapy Association develop a publicly accessible platform to promote visibility, accessibility, and member engagement, thereby enhancing transparency and accountability. The platform shall provide regular updates on the status of House of Delegates actions (including, but not limited to, formally adopted directives, positions, principles, or other outcomes of House deliberation), Board-led initiatives, and national legislative and regulatory efforts that align with APTA's public policy priorities and strategic plan. The Board shall report back to the House on the progress of this work at or before the 2026 House.

Support Statement

Motion Concept:
This motion proposes that the American Physical Therapy Association (APTA) develop a publicly accessible platform to provide members and prospective members with regular updates on the status of key governance initiatives. These include:

1. Adopted motions of the House of Delegates that include implementation activity;
2. House-adopted positions, principles, or statements without a defined implementation pathway;
3. Board-led strategic initiatives aligned with the APTA Strategic Plan; and
4. Legislative and regulatory advocacy efforts connected to APTA's public policy priorities.

This motion is rooted in proactive leadership—not a response to any perceived shortcomings. It is designed to enhance transparency, reinforce trust in governance, and promote visibility of the important work being carried out across the Association. It is not intended to prescribe how this

work is performed, but instead to ensure that the progress and alignment of these efforts are clearly communicated to the membership.

Currently, while APTA publishes resources such as the *Disposition of Motions* and periodically communicates advocacy wins and strategic progress, there is no centralized, user-friendly system where members can regularly see what the Association is doing in response to House actions or Board priorities. As a result, many governance activities—while meaningful and effective—remain invisible to the broader membership. This can hinder engagement, understanding, and the perceived value of APTA membership.

This platform would close that visibility gap by serving as a centralized, up-to-date, and scalable resource. It would reflect the kinds of tools other associations have successfully implemented in related domains:

- The American Society of Radiologic Technologists (ASRT) offers a public legislative tracking dashboard to communicate advocacy actions;
- OnStrategy and AchieveIt are platforms used by associations and nonprofits to track Board-level strategic priorities using status indicators;
- BoardSource promotes outward-facing governance reporting through its Board Transparency Initiative.

Though examples of dashboards built specifically for internal governance bodies like a House of Delegates are rare, that absence highlights the opportunity for APTA to lead. Developing a platform that includes House-adopted motions—especially those without formal implementation directives—would position APTA as an innovator in nonprofit governance transparency and help bridge the gap between policy development and organizational action.

Importantly, this motion grants flexibility to the Board of Directors to determine how to develop and implement this platform. It includes a clause directing the Board to report back to the House of Delegates at or before the 2026 House, ensuring reasonable time for research, planning, and integration with existing systems.

By supporting this motion, the House affirms APTA's role as a modern, responsive, and member-driven organization—committed to visible, accountable, and aligned action on behalf of the profession.

What is this motion seeking to achieve?

If adopted, this motion will establish a clear and consistent mechanism for the American Physical Therapy Association (APTA) to communicate progress on governance activities through a publicly accessible and regularly updated platform. The initiative will achieve several meaningful outcomes for the profession:

1. Enhancing Member Engagement and Trust
   This platform will allow members and prospective members to see—in near real-time—how APTA is acting on motions passed by the House, advancing strategic initiatives, and engaging in advocacy. This level of visibility supports a more connected, informed membership and reinforces trust in APTA's governance and leadership.
2. Demonstrating Accountability and Follow-Through
   While many House motions result in organizational activity, members often lack clarity on what happens after adoption. A live dashboard or tracking tool ensures APTA can show progress in a consistent and visible way, capturing not only completed work but also in-progress and upcoming initiatives. This promotes accountability and enhances understanding of the governance process.
3. Clarifying Strategic Alignment
   Not all House-adopted positions require implementation. Some are intended to guide APTA's public stance, messaging, or resource development. This platform would highlight how those positions are influencing APTA's work, even without a formal directive—connecting values to action.
4. Increasing the Perceived and Actual Value of Membership
   Members often ask: "What is APTA doing?" This motion provides a tool to answer that question dynamically and transparently. A live platform will help members—especially emerging leaders and those less involved in governance—see how their voices and collective decisions shape the Association's work.
5. Reinforcing APTA's Role as a Governance Leader
   While some associations have advocacy dashboards or internal board tracking systems, few offer a comprehensive, member-facing tool that connects House decisions, Board strategy, and public policy actions in one place. APTA can lead the way in demonstrating modern, transparent governance with an emphasis on accessibility and trust.
6. Offering a Scalable and Flexible Solution
   This motion does not mandate specific software or design elements. It grants the Board discretion to determine the best platform structure, with a report due back to the House at or before the 2026 House of Delegates outlining the planned structure, timeline, or integration approach for implementation. The platform is not expected to be updated daily, but should function as a living system—leveraging existing or low-cost infrastructure—and be refreshed frequently enough to reflect meaningful progress across governance, strategy, and advocacy areas in near real time. The focus is on creating a meaningful tool that integrates into APTA's operations without undue burden.

In short, this motion is about creating a living system of accountability and alignment—one that connects decisions to action and strategy to transparency. It reflects APTA's mission to lead, engage, and advocate with integrity and openness.

How does this motion contribute to achieving the Vision?

The APTA Vision for the Profession—*Transforming society by optimizing movement to improve the human experience*—is bold, inspiring, and inherently collaborative. Achieving this vision requires more than clinical expertise alone; it depends on a profession that is cohesive, strategically aligned, and actively engaged in the governance processes that shape its future.

This motion directly supports that vision by strengthening the infrastructure that connects leadership decisions, policy directions, and member action. Specifically, it proposes a publicly accessible, regularly updated platform to provide visibility into the implementation of House-adopted motions, Board-led strategic initiatives, and advocacy priorities. By making these processes more transparent, understandable, and accessible, the platform fosters a profession that is not only clinically excellent—but also governed with integrity, clarity, and shared accountability.

Here's how it aligns with the Vision:

1. Empowering the Profession
   When members can clearly see how the Association is moving forward on the decisions they helped shape, it strengthens ownership and participation in the profession's trajectory. This empowers physical therapists and physical therapist assistants to not only deliver transformative care—but to shape the systems, policies, and strategies that support it.
2. Strengthening Strategic Alignment
   The APTA Vision cannot be realized through fragmented or disconnected efforts. A platform that clearly tracks governance and strategic plan progress helps ensure the entire Association is rowing in the same direction. It makes alignment visible, tangible, and actionable—fostering unity and purpose.
3. Advancing Health Equity and Public Advocacy
   The Vision includes a commitment to improving the human experience through equitable, person-centered care. By including visibility into legislative and regulatory advocacy efforts—particularly those connected to House-adopted positions—this motion supports the systems-level change required to achieve those goals.
4. Building Trust and Engagement Across the Profession
   A profession that transforms society must also transform itself—by cultivating cultures of transparency, accountability, and shared leadership. This platform provides a mechanism for members, especially those not currently in leadership roles, to see themselves reflected in the work of APTA and understand how strategic goals are being pursued. That connection is essential for long-term engagement, member retention, and future leadership development.
5. Modeling Professional Leadership
   Finally, this motion aligns with the Vision by positioning APTA as a model for professional governance. As other associations seek to improve transparency and accountability, APTA has the opportunity to lead by example—demonstrating how inclusive, open, and values-aligned governance can drive real impact.

In short, this motion enhances APTA's ability to live its Vision—not just clinically, but structurally. By making our governance visible and accountable, we strengthen the systems that ultimately support better care, greater unity, and deeper societal transformation.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion directly supports APTA's 2022–2025 Strategic Plan priorities by proposing a platform that improves member access to information, enhances engagement, and reinforces alignment between APTA's governance activities and its mission. The intent is not to imply mistrust or impose oversight, but to ensure members can clearly see, understand, and connect with the important work their Association is doing on their behalf.

At its core, this motion advances APTA's goals by making the value of membership more visible, tangible, and real-time.

1. Member Value
   The platform proposed in this motion would provide members with accessible updates on House-adopted motions, Board-led strategic initiatives, and advocacy priorities. This access allows members to clearly see how their input, their vote, and their dues are contributing to APTA's progress. It enhances understanding and engagement, particularly for members who are not currently involved in leadership or governance roles. By making the Association's efforts easier to follow and connect with, the platform directly supports APTA's efforts to increase perceived and actual member value.
2. Sustainable Profession
   Trust, engagement, and transparency are critical components of long-term sustainability. When members can follow the implementation of motions they supported and see the impact of strategic initiatives, they are more likely to remain engaged and invested in APTA. Rather than being perceived as a watchdog tool, this platform is a scalable solution to unify and mobilize members around the work being done. It helps strengthen the profession's foundation by reinforcing clarity, purpose, and connection to organizational progress.
3. Quality of Care
   The platform also provides an opportunity to showcase initiatives tied to advancing clinical excellence, evidence-based practice, and innovation in service delivery. By reporting on progress related to these efforts, APTA can visibly demonstrate how its governance structure is directly supporting improved outcomes for the people physical therapy serves. This supports APTA's commitment to excellence and the delivery of high-quality care across settings and populations.
4. Demand and Access
   By making legislative and regulatory advocacy efforts more transparent, the platform helps members understand APTA's role in increasing access to care and positioning the profession for greater influence. Visibility into these efforts enhances credibility—both within the profession and across healthcare—and empowers members to speak more confidently about the Association's leadership in public policy.

In summary, this motion supports APTA's strategic priorities by creating a tool for connection, clarity, and alignment. It is not about micromanaging leadership—it is about ensuring that the work of the Association reflects the voice of the House and the needs of the profession, and that members can see that work as it unfolds.

How is this motion's subject national in scope and importance?

The subject of this motion is national in both scope and significance because it directly impacts how APTA—as the unified national voice for the profession—communicates progress on governance decisions, strategic initiatives, and advocacy efforts across all components and membership segments.

APTA is a national professional association, and its House of Delegates, Board of Directors, and public policy platform represent the collective direction of the profession. However, in the absence of a centralized, regularly updated platform to share how House-adopted motions, Board-led initiatives, and legislative actions are progressing, there is a disconnect between national-level governance and the broader membership base across states and practice areas.

This motion addresses that gap by proposing a scalable, accessible solution that can:

- Showcase the implementation of House policy across components and interest groups;
- Communicate national strategic priorities to members regardless of their involvement in governance;
- Provide transparency on federal legislative and regulatory actions, many of which directly affect patient access and provider scope of practice in all jurisdictions.

The motion is not limited to a specific specialty, practice setting, or geographic area. It is built around the principle that every member, regardless of role or location, deserves the ability to clearly see and understand how the Association is acting on their behalf. Whether a clinician in rural Montana, a student in Florida, or an academic in Illinois, all members stand to benefit from enhanced visibility into APTA's national-level work.

Moreover, the need for trust-building and engagement is not isolated to one region or demographic—it is a national challenge that many associations face in a time of increasing demand for transparency and value. APTA has the opportunity to lead by example in how it shares governance progress and strategic alignment with its members and stakeholders.

Importantly, the motion also aligns with the national policy and advocacy functions of APTA. When members can see how the Association is tracking and acting on national legislative and regulatory priorities—including those connected to House-adopted positions—they are better equipped to advocate locally and nationally. This contributes to a more informed, aligned, and effective profession-wide voice on policy issues.

Finally, this motion speaks to the national identity of the profession itself. APTA is not just a collection of state chapters and sections—it is a coordinated, mission-driven community that must operate transparently and strategically to fulfill its role in advancing movement and optimizing the human experience. This platform would help bring clarity to that national effort, and demonstrate that APTA not only leads but also listens, acts, and reports back.

In short, this motion strengthens nationwide governance cohesion, member engagement, and advocacy impact, making its subject both national in reach and critical to the future of the profession.

What federal or state laws and regulations also address this topic?

There are no known federal or state laws or regulations that directly govern how a nonprofit professional association like APTA must structure or communicate progress on internal governance initiatives, such as House-adopted motions or strategic Board priorities.

This motion does not seek to address a regulatory compliance issue, but instead aims to improve voluntary transparency and accountability within the Association's governance processes. It is a member engagement and organizational alignment strategy, rather than a legal mandate.

While nonprofit best practices—outlined by organizations such as BoardSource and the National Council of Nonprofits—do encourage transparency and performance reporting, those are guidance frameworks, not legally binding requirements.

This motion is consistent with APTA's authority as a national professional association to determine how it communicates governance actions and strategic progress to its members and the public.

Past or current initiatives that are relevant?

This motion aligns with and builds upon several existing APTA initiatives and practices related to transparency, governance, and strategic communication—while addressing a critical gap: the lack of a centralized, consistently updated platform that brings these efforts together in a visible, accessible format for members.

The *Disposition of House Motions* is one example of how APTA documents and shares the outcomes of House business. While it is an important annual resource, it is a static document that does not reflect ongoing implementation progress, real-time updates, or alignment with strategic objectives. It is not easily navigable by members unfamiliar with House structure or process, and it does not include Board-led initiatives or advocacy efforts.

In 2023, the House of Delegates passed RC 14-23, which directed APTA to develop a searchable system to access House business dating back to 2018. That motion reflected the House's strong interest in accessibility and transparency. However, it focused on historical access, not active tracking

or implementation follow-through. The motion proposed here builds on that work by addressing the need for a forward-facing tool that tracks what is currently being implemented or advanced, not just what has been passed.

APTA's Annual Report provides a useful summary of progress toward strategic plan priorities and highlights achievements from the past year. However, because it is published only once annually and designed for a broad audience, it lacks the frequency, granularity, and governance-specific focus that this motion would provide through a dedicated platform.

Similarly, APTA regularly issues legislative updates and policy communications, but these are distributed through specific channels and are often disconnected from adopted House positions. Members may not always be able to clearly see how advocacy actions relate back to the profession's collective governance decisions. A unified platform would close that loop by allowing members to track how advocacy priorities are progressing and how they align with the Strategic Plan and House directives.

APTA also maintains longstanding policy commitments to transparency in areas such as education (e.g., support for financial transparency in physical therapy education programs). This motion extends that value into the governance realm—ensuring that the work members and delegates contribute to at the national level is reflected in a visible, engaging, and trusted way.

In summary, APTA already has important systems in place to share progress and information across various functions. What's missing is a central, consistent, and member-facing platform that brings all of these streams together—strategic initiatives, advocacy actions, and House directives—in one place. This motion is not duplicative; it's evolutionary. It leverages APTA's existing strengths and modernizes how the Association communicates its work to its most important stakeholders: its members.

What previous or current initiatives and positions of the Association address this topic?
NA

What interested parties will be impacted by this motion?
This motion will positively impact several key stakeholders within APTA, each of whom will benefit from improved access to information, enhanced engagement opportunities, and greater clarity around the Association's progress on governance and strategic initiatives.

1. APTA Members (Across Chapters, Sections, and Roles):
   All members—whether practicing clinicians, students, educators, researchers, or leaders—stand to benefit from improved visibility into the work of the Association. This platform will allow members to more easily follow the progress of House-adopted motions, Board-led initiatives, and advocacy efforts without needing to navigate multiple systems or rely solely on annual

summaries. By seeing how their input and representation are being acted upon, members will feel more connected to APTA's strategic direction and more confident in the value of their membership.

2. House of Delegates (Delegates and Alternates):
   Delegates invest significant time and energy debating and passing motions that guide the Association's direction. This platform provides them—and their constituents—with a reliable way to track what happens after motions are adopted. It supports the principle of shared governance by ensuring delegates can remain informed stewards of the profession's policies and positions and can communicate effectively with the members they represent.
3. APTA Board of Directors and National Leadership:
   The Board will benefit from having a structured mechanism to demonstrate progress, alignment, and accountability—without requiring additional ad hoc communications or one-off status reports. The platform will allow the Board to showcase how strategic priorities and governance directives are being advanced, reinforcing APTA's leadership role and reducing the risk of misinterpretation or information gaps.
4. APTA Staff and Component Leaders:
   While the motion calls for a centralized platform, it is designed to be scalable and built using existing or low-cost infrastructure. For staff, this can serve as a streamlined tool for communicating progress in a consistent format. It will reduce the need for repeated status updates across multiple stakeholder groups and provide a reference point for internal alignment. For chapter and section leaders, it creates a resource they can use to update their members and align local initiatives with national priorities.
5. Prospective Members and External Stakeholders:
   A visible, regularly updated platform that showcases APTA's advocacy, governance, and strategic work will serve as a powerful credibility-builder for prospective members and partners. It demonstrates transparency, alignment, and professionalism—key qualities that health systems, payers, policy influencers, and educational institutions expect from leading national organizations.
6. The Physical Therapy Profession as a Whole:
   Ultimately, this motion contributes to a more unified, strategically aligned profession. It helps bridge the gap between policy and practice, governance and grassroots. When physical therapists and physical therapist assistants across the country can clearly see how their Association is advancing the profession, it strengthens engagement, trust, and collective momentum toward APTA's Vision and Strategic Plan goals.

This motion empowers APTA's members, leaders, and stakeholders with clarity, connection, and confidence—reinforcing a culture of strategic follow-through and visible alignment across the profession.

Additional background information.

This motion has evolved through significant dialogue with fellow delegates, component leaders, and association governance experts to ensure it is both feasible and positively framed. A key concern raised in early feedback was the perception that a motion focused on transparency and accountability might imply distrust in APTA leadership. As a result, this final version has been carefully worded to reflect a forward-thinking, member-centered purpose: to promote access, engagement, and alignment—not oversight or criticism.

Importantly, this motion is not about creating new reporting workstreams or complex compliance processes. APTA already produces a wide range of materials—such as the *Disposition of House Motions*, annual reports, periodic legislative updates, and strategic plan summaries—that highlight progress in various areas. The issue is not the absence of effort or results, but the lack of a consistent, centralized, and user-friendly platform to bring these updates together in a transparent and navigable format.

This motion addresses that gap by proposing a single, scalable solution where members can see:

- What governance decisions have been made;
- What progress has been initiated or completed;
- How those efforts align with APTA's Strategic Plan and public policy priorities.

The motion specifically includes both directive and non-directive outputs of House deliberation—such as formally adopted positions, principles, or statements—to ensure that all meaningful governance outcomes are visible and valued, regardless of whether a formal implementation pathway is assigned.

The idea of visual dashboards and real-time tracking tools is not new. Associations such as the American Society of Radiologic Technologists (ASRT), and platforms like OnStrategy and AchieveIt, have shown how strategic priorities and public advocacy efforts can be communicated clearly and effectively using dynamic dashboards. However, very few associations have extended this approach to internal governance tracking—particularly in a way that includes House-adopted actions, strategic Board initiatives, and advocacy updates all in one place. APTA has the opportunity to be a leader in this space, setting a new standard for what transparency can look like in member-driven associations.

It is also important to reiterate that the motion does not prescribe specific technology or formatting. The language was carefully crafted to give the APTA Board of Directors and staff the flexibility to explore options that are cost-effective, administratively manageable, and consistent with existing systems. The platform could be integrated into APTA's current website infrastructure, built into an existing AMS or dashboard solution, or developed through a phased implementation approach. The motion includes a report-back to the House by 2026, allowing time for the Board to determine how best to structure and implement the platform without being constrained by a fixed go-live deadline.

Finally, while this motion may appear procedural in nature, its impact is strategic. It strengthens governance follow-through, reinforces alignment between member-driven motions and organizational action, and supports member engagement at a time when transparency and clarity are more important than ever.

In short, this motion provides the infrastructure to visibly connect our collective decisions with real progress, reinforcing APTA's position as a transparent, strategic, and responsive leader for the physical therapy profession.

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Virginia
Motion Contact: Cameron Massumi, PT, DPT, Chief Delegate, Virginia
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Required for Adoption: Majority Vote

RC 47-25 AMEND: DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES

This is a motion with two conforming amendments: Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included to make the document more concise.*

PART A

That Delivery of Value-Based Physical Therapist Services (HOD P06-19-20-47), Principle I. Access to Physical Therapist Services, A., be amended by inserting a new bullet 6 and renumbering the remaining.

* * *

PRINCIPLE I. ACCESS TO PHYSICAL THERAPIST SERVICES

A. REDUCING BARRIERS TO PHYSICAL THERAPIST SERVICES

1. APTA supports the inclusion of physical therapist services as an essential health benefit in all appropriate health services policies, including, but not limited to:
    a. Insurance policies by third-party payers and state, federal, or any other regulatory agencies.
    b. Title XIX of the Social Security Act (the Medicaid program) at the state and federal levels.
    c. State and federal workers' compensation programs.
2. APTA supports cost-sharing legislation, regulations, and policies that prevent cost-shifting by insurance carriers and intermediaries. APTA opposes cost-shifting models that result in patient or client copayment or coinsurance obligations that equal or exceed the rate paid by the carrier or intermediary for physical therapist services.
3. APTA supports state and federal legislation that requires payers to develop and use consistent terminology regarding coverage of physical therapist services.[4] APTA supports the inclusion of physical therapist services in all appropriate telehealth policies, regulations, and legislation by third-party payers and state, federal, and other regulatory agencies.

4. APTA supports the inclusion of physical therapist services in all appropriate telehealth policies, regulations, and legislation by third-party payers and state, federal, and other regulatory agencies.
5. APTA recognizes direct-pay (also referred to as cash-based or fee-for-service) models as a viable and valuable option for the delivery of physical therapist services. These models promote transparency in pricing, empower patients to make informed decisions about their care, and reduce administrative barriers that may delay or limit access to timely, evidence-based services. Direct-pay models support access to high-quality, patient-centered care across diverse populations and practice settings, and reflect an important component of practice model diversity within the profession.
6. APTA supports initiatives to promote a value-based system for physical therapist services that uses evidence, best practice, and outcomes for meeting the needs of individuals and the public.

PART B

That Delivery of Value-Based Physical Therapist Services (HOD P06-19-20-47), Principle III. Accountability for Physical Therapist Services, B., be amended by inserting a new bullet 2 and renumbering the remaining.

* * *

PRINCIPLE III. ACCOUNTABILITY FOR PHYSICAL THERAPIST SERVICES

* * *

B. REASONABLE FEES FOR PHYSICAL THERAPIST SERVICES

1. APTA supports charging reasonable fees for physical therapist services. APTA encourages physical therapists to:
   a. Be knowledgeable of practice or institutional fee schedules, contractual relationships, and payment methodologies used in relation to physical therapist services.
   b. Participate in establishing practice or institutional fee schedules and contractual relationships and attempt to ensure that providers, agencies, or other employers adopt physical therapy fee schedules and contractual relationships that are reasonable and encourage access to necessary services.
   c. Seek guidance from the Code of Ethics for the Physical Therapist and Guide for Professional Conduct, applicable state law, and other institutional or payer policies if any question or disagreement arises regarding professional fees.
2. APTA supports direct-pay (cash-based or fee-for-service) models.
3. APTA opposes any acts by physical therapists or physical therapist assistants that place financial interest above the welfare of patients and clients, including but not limited to:
   a. Overutilization or underutilization of services for institutional or personal gain.
   b. Participating in services that are linked in any way to the financial gain of the referral source.

Support Statement

Motion Concept:

This amendment is not intended to replace or criticize in-network models of care. Rather, it seeks to clarify that the physical therapy profession encompasses multiple pathways to access and that APTA must represent and uplift the diversity of care delivery models practiced across settings and populations. Direct-pay models are increasingly used not only in traditional outpatient practices, but also in home health, concierge, performance, sports, pelvic health, and mobile clinic settings—often where insurance reimbursement is limited or inaccessible.

Importantly, this motion centers the patient experience and societal benefit: direct-pay models empower patients to make informed decisions about their care, improve access in underserved niches, and reduce the complexity and cost often associated with insurance-based care. At the same time, they provide physical therapists with a sustainable and rewarding practice model, reducing burnout associated with excessive administrative tasks and declining reimbursements.

Finally, this amendment aligns with APTA's mission to advance the profession to improve the health of society. By formally recognizing this model and promoting awareness of its value, APTA strengthens its role as a forward-thinking association that embraces innovation, supports professional autonomy, and centers patient choice and access. This is not a request for resources or implementation support, but a call for inclusion and formal acknowledgment of a care model already serving countless patients and clinicians across the country.

What is this motion seeking to achieve?

This motion seeks to achieve formal recognition—within an existing House-adopted policy—of direct-pay (cash-based or fee-for-service) physical therapy models as a viable and valuable care delivery option. This recognition ensures that APTA's policy platform reflects the full scope of how physical therapist services are currently delivered.

The amendment does not propose new resources or directives. Its core intent is to ensure that APTA reflects the realities of modern practice—where direct-pay models are widely used across outpatient, mobile, concierge, and specialized care settings. These models are no longer niche; they are growing and responsive to today's healthcare environment.

By adding a dedicated paragraph under the "Access to Services" section of *HOD P06-19-20-47*, APTA can explicitly acknowledge that physical therapist services are delivered not only through traditional payer models but also through patient-driven, transparent, and flexible care structures. Just as APTA has formally supported telehealth, employer-based care, and value-based reimbursement systems, this motion ensures direct-pay is reflected alongside other modern delivery frameworks.

This is not a Private Practice Section issue. While many direct-pay clinics operate independently, this model also appears in:

- Hospital-affiliated clinics offering cash-based services

- Concierge or mobile providers working in underserved communities
- Clinicians treating uninsured, underinsured, or denied patients

Limiting this conversation to a section undermines its relevance to access, autonomy, and public trust. This amendment clarifies that APTA's national platform should reflect the diversity of how care is delivered across the profession.

In summary, this motion ensures that APTA policy reflects the legitimacy of direct-pay care and affirms that therapists delivering high-value, patient-centered care through this model are recognized and supported.

How does this motion contribute to achieving the Vision?

This motion directly supports APTA's Vision Statement—"Transforming society by optimizing movement to improve the human experience"—by formally recognizing direct-pay (cash-based or fee-for-service) physical therapy models as a viable and valuable option for delivering physical therapist services.

Direct-pay models enhance patient access to care by reducing administrative barriers, promoting transparency in pricing, and empowering patients to make informed decisions about their care that align with their individual goals and movement-related needs. This aligns with the Vision's emphasis on optimizing movement and improving the human experience through accessible and patient-centered care.

Furthermore, this motion aligns with APTA's Mission Statement—"Building a community that advances the profession of physical therapy to improve the health of society"—by acknowledging and supporting diverse practice models that meet the evolving needs of society. By promoting awareness and understanding of direct-pay models, APTA reinforces its commitment to advancing the profession and improving societal health outcomes.

In summary, this motion contributes to achieving APTA's Vision and Mission by endorsing practice models that enhance patient autonomy, improve access to care, and support the sustainability and growth of the physical therapy profession.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?

This motion directly supports all four priorities of APTA's Strategic Plan 2022–2025 by affirming that direct-pay (cash-based or fee-for-service) physical therapy models are a viable and valuable option for delivering physical therapist services. It reinforces APTA's commitment to a sustainable profession, enhanced member value, high-quality care, and expanded access to physical therapy.

1. Sustainable Profession

By formally recognizing direct-pay models, this motion promotes care delivery approaches that reduce administrative burden, minimize payer-related constraints, and allow therapists to spend

more time in meaningful patient care. These models support clinician well-being and professional sustainability—aligning with APTA's goal to strengthen the health of providers and secure the future of the profession.

2. Member Value

This motion increases member value by ensuring APTA recognizes and supports the diversity of modern practice models. As more physical therapists engage in hybrid, mobile, telehealth, and niche service lines—many operating outside of traditional third-party payer systems—this motion reinforces that APTA is an inclusive community where all members, regardless of setting or payment structure, are represented and valued.

3. Quality of Care

Direct-pay models enable clinicians to practice at the top of their scope and deliver evidence-based, individualized, and patient-centered care. By removing payer restrictions that can delay or limit optimal treatment, these models contribute to improved outcomes and continuity of care, directly supporting APTA's priority to elevate the quality of physical therapy services across all settings.

4. Demand and Access

Promoting awareness and understanding of direct-pay models helps increase public and professional demand for physical therapy by highlighting flexible, transparent, and accessible ways to receive care. These models offer unique value in underserved areas, emerging niches, and populations who face insurance-related access barriers—helping APTA fulfill its commitment to expanding access and improving the human experience through physical therapy.

In summary, this motion advances APTA's Strategic Plan by recognizing an evidence-supported, patient-centered, and professionally empowering care model. It affirms APTA's role as a forward-looking organization that embraces innovation, values all members, and adapts to the evolving needs of society and the profession.

How is this motion's subject national in scope and importance?

This motion addresses a model of care delivery—direct-pay physical therapy—that is being used across all 50 states and in a growing number of clinical settings, specialties, and communities. While commonly associated with private practice, direct-pay models are now present in hospital-affiliated clinics, hybrid telehealth platforms, mobile and concierge services, and outpatient specialty programs, including pelvic health, performance, and chronic pain. It is not limited to one segment of the profession or geographic region—it is a nationally relevant and increasingly common approach to accessing physical therapist services.

The importance of this motion lies in its affirmation of practice diversity and patient access at the national level. By recognizing direct-pay as a viable and valuable option, APTA affirms that this model is consistent with the profession's values and worthy of inclusion in our national dialogue.

Without such recognition, thousands of physical therapists—and the patients they serve—remain underrepresented in formal policy statements, despite contributing meaningfully to access, autonomy, and quality of care.

The scope is also national because it relates directly to how patients engage with the profession. Direct-pay models respond to widespread public demand for price transparency, simplified care access, and personalized services—issues not confined to any one state or practice environment. These models have also grown in response to national challenges, such as administrative burden, declining reimbursement, and payer-imposed restrictions that limit the delivery of timely, effective care. By supporting this model, APTA affirms that the profession is prepared to meet patients where they are—whether inside or outside of traditional third-party payment structures.

Importantly, this motion speaks to the evolving identity of the profession. Many new and emerging physical therapists are building hybrid, mobile, or specialized practices that do not rely on insurance contracts. Formal national support helps ensure that APTA remains relevant and inclusive to this growing part of the workforce. At the same time, it positions APTA to better advocate for innovation, access, and autonomy across all models—not just those historically recognized in payer-focused policy frameworks.

While some may view this as a topic better suited to the Private Practice Section, doing so would inappropriately narrow its scope. This motion is not about business operations—it is about care delivery, patient access, and professional representation, all of which are foundational to APTA's national leadership role.

In summary, this motion's subject is national in both relevance and impact. It addresses a widespread and growing model of care, aligns with societal needs and expectations, and ensures that APTA's policy positions reflect the full spectrum of evidence-based, patient-centered physical therapist services available in today's healthcare landscape.

What federal or state laws and regulations also address this topic?

Direct-pay physical therapy models operate within the existing legal framework that governs health care payment and licensure but are not directly regulated by specific federal or state laws as a separate category of practice. Rather, they represent an approach to delivering services that occurs outside the constraints of third-party payer systems, including Medicare, Medicaid, and private insurance.

At the state level, physical therapists must comply with licensure laws, scope of practice acts, and direct access regulations—most of which already allow for direct interaction with patients and collection of out-of-pocket payments. Currently, all 50 states and the District of Columbia allow some form of direct access to physical therapy, which provides the legal foundation for direct-pay models to function. However, these laws vary in terms of visit limits, referral requirements, and plan

of care certification, which can affect the practical implementation of direct-pay services.

At the federal level, physical therapists are restricted from collecting out-of-pocket payment from Medicare beneficiaries for covered services unless very specific rules are followed (e.g., Advance Beneficiary Notices, opting out of Medicare for non-covered services only, etc.). These limitations apply only to Medicare beneficiaries and are a source of ongoing administrative complexity and legal caution for many providers exploring or operating in direct-pay frameworks.

In short, while no federal or state law prohibits direct-pay models, existing laws and payer regulations do create barriers or constraints, particularly when attempting to serve federally insured populations. These limitations further reinforce the need for APTA to take a formal position on the value of direct-pay models—not to circumvent laws, but to advocate for clearer policy guidance, greater provider autonomy, and broader patient access.

This motion does not propose changes to these laws or regulations. Instead, it aims to ensure that APTA's policy platform acknowledges and supports the model within the legal landscape that already permits its use, while also strengthening the association's ability to engage in future policy and advocacy conversations where clarification or reform may be warranted.

What previous or current initiatives and positions of the Association address this topic?
While APTA has not yet adopted a position specifically supporting direct-pay (cash-based or fee-for-service) physical therapy models, several existing House-adopted positions and association initiatives address principles that are directly relevant. These policies support elements such as practice autonomy, administrative burden reduction, alternative care delivery models, and expanded patient access—all of which are central to the intent of this motion.

1. Delivery of Value-Based Physical Therapist Services (HOD P06-19-20-47)
This position emphasizes the importance of high-value care—care that is safe, effective, patient-centered, timely, efficient, and equitable. This amendment expands the scope of HOD P06-19-20-47 to explicitly recognize direct-pay (cash-based or fee-for-service) models as one pathway to delivering high-value physical therapist services. While the original policy primarily focused on value-based reimbursement structures through third-party payers, this update ensures that patient-driven models—such as direct-pay—are formally acknowledged as aligned with APTA's mission, values, and commitment to access and autonomy.

2. Direct-to-Employer Services (HOD P08-22-13-15)
This position acknowledges alternative models that bypass traditional insurance pathways. Like direct-pay, direct-to-employer services improve access and lower barriers. The existence of this policy signals precedent for recognizing payer-alternative care delivery.

3. Affirmation of Jurisdictional Authority Over Third-Party Payer Policies (RC 27-23)

This motion, passed in 2023, opposes the use of third-party payer policies as de facto regulation. This reflects APTA's stance that clinical judgment and access to care should not be dictated by payer systems—an idea that resonates strongly with the rationale behind many direct-pay practices.

4. Telehealth and Digital Health Technologies
APTA has formally supported the integration of telehealth, often delivered through direct-pay or hybrid models, further underscoring the association's openness to flexible, innovative care delivery frameworks.

5. APTA Resources on Cash-Based Practice
While APTA provides practical resources for members exploring cash-based practice, the association has not yet adopted a formal position statement affirming the value of these models. This motion would fill that gap, offering clarity, legitimacy, and support for members and patients engaging in this care structure.

In summary, this motion does not conflict with existing positions—it complements and builds upon them. It ensures that APTA's House of Delegates formally acknowledges direct-pay as a legitimate, mission-aligned care model, alongside other evolving delivery methods already recognized in policy.

What interested parties will be impacted by this motion?
This motion addresses a long-standing and increasingly visible gap between how many physical therapists are practicing and what is formally acknowledged in APTA's policy platform. While direct-pay (cash-based or fee-for-service) models are widely used by clinicians across settings—including mobile practices, niche outpatient specialties, and hybrid care structures—these providers often feel overlooked or marginalized within the association's governance and community spaces.

A growing number of practice owners have either let their APTA membership lapse or chosen not to join at all because they feel that the association does not represent their values, delivery model, or patient population. Some have reported feeling dismissed or even vilified in national and component-level conversations—particularly at networking events and forums where in-network providers perpetuate common myths about direct-pay practice, including the false assumptions that it only serves wealthy patients or lacks scalability. These dynamics not only damage internal unity but risk limiting the association's ability to retain and re-engage members who are otherwise deeply committed to advancing the profession.

This motion is intended, in part, to rebuild that bridge. It affirms that APTA sees and values all legitimate, patient-centered models of care. It helps restore trust among clinicians who have opted out, and creates a more inclusive space for dialogue, collaboration, and growth across diverse practice types. Recognizing direct-pay as a viable and valuable option sends a powerful message to clinicians, especially early-career professionals and practice innovators, that their approach to serving patients is not only accepted—but respected.

Beyond the profession, this motion also offers an important opportunity to educate the public. Many consumers still have limited understanding of the role of physical therapy, particularly outside of physician referrals and insurance billing. APTA's formal support of direct-pay care models can help promote the profession as flexible, accessible, and aligned with evolving expectations for price transparency, choice, and patient autonomy. This recognition empowers patients to make informed decisions and encourages broader awareness that physical therapy is not a one-size-fits-all service bound to a single reimbursement model.

Finally, while the Private Practice Section (PPS) offers valuable business and operational resources, it currently lacks a strong presence of cash-based education or support. In fact, some PPS discussions unintentionally reinforce the very stigma this motion seeks to counter. For this reason, a national position is not only appropriate—it is necessary. It ensures that APTA, as the voice of the entire profession, leads with clarity, unity, and a commitment to supporting all members, regardless of how they deliver care.

In summary, this motion is about visibility, inclusion, and restoring alignment between APTA's values and the lived experience of its members. It is a forward-looking step toward a more representative, responsive, and resilient profession.

Additional background information.

This amendment responds to a significant and timely gap in APTA's policy landscape. While direct-pay models have existed for years, their growth in response to administrative burden, patient demand for transparency, and systemic reimbursement challenges has accelerated rapidly. Thousands of clinicians now practice in full or hybrid direct-pay settings, yet until now, APTA has not formally recognized this model within its core policy documents.

This omission has contributed to a perception among many members—particularly early-career professionals, practice owners, and those in underserved communities—that their practice model is not represented or supported by their national association. A number of current or former APTA members have cited this disconnect as a reason for disengaging from association membership. Formal inclusion of direct-pay within *HOD P06-19-20-47* can help rebuild those relationships and invite these professionals back into the APTA community.

This motion also offers an opportunity for APTA to lead in shaping public understanding of physical therapist services. Many consumers still associate PT with physician referral, post-surgical rehab, or services limited by insurance authorization. By recognizing direct-pay care as a legitimate, high-value, and patient-centered model, APTA affirms that physical therapy is an accessible, proactive, and flexible option for managing a broad range of movement and health needs.

Finally, while some stakeholders may believe this issue belongs within the Private Practice Section, it is important to reiterate: this is not about business operations. It is about delivery of care, public

access, professional autonomy, and national identity. Direct-pay models exist across multiple settings—including mobile services, home-based care, hospital-affiliated clinics, and niche specialties—and affect members in nearly every section of APTA. This is a matter of representation and alignment for the entire association.

This motion creates no mandates and requires no new resources. It simply ensures that APTA policy reflects the lived realities of its members and affirms the full spectrum of ethical, evidence-based practice models shaping the future of the profession.

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Motion to 2025 House of Delegates

Main Motion

Proposed by: Virginia
Motion Contact: Cameron Massumi, PT, DPT, Chief Delegate, Virginia
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Required for Adoption: Majority Vote

RC 48-25 AMEND: EDUCATIONAL DEGREE QUALIFICATIONS AND NOMENCLATURE FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

That Educational Degree Qualifications and Nomenclature for Physical Therapists and Physical Therapist Assistants (HOD P06-18-33-38) be amended by substitution.

Consistent with current Commission on Accreditation in Physical Therapy Education criteria, the American Physical Therapy Association shall consider attainment of a Doctor of Physical Therapy degree the minimum professional education qualification for physical therapists who graduate from a program accredited by CAPTE in 2018 or thereafter and is considered "physical therapist professional education."

The Doctor of Physical Therapy is the terminal professional degree for the professional practice of physical therapy. APTA supports recognition of DPT as the terminal professional degree by institutions, accrediting bodies, and regulatory agencies, particularly as it relates to professional credentialing, title use, and public representation of the profession.

~~When the DPT degree is awarded, it represents professional (entry-level) qualifications only, whether obtained following a professional (entry-level) education program or as part of a transition program, and is considered "physical therapist professional education".~~ The term "physical therapist post-professional education" is used to refer to degree- and nondegree-based professional development for the physical therapist to enhance professional knowledge, skills, and abilities.

APTA shall consider attainment of an associate degree from a program accredited by CAPTE the minimum educational qualification for a physical therapist assistant.

Support Statement

Motion Concept:

This motion proposes amending APTA's existing position titled *"Educational Degree Qualifications and Nomenclature for Physical Therapists and Physical Therapist Assistants"* (HOD P06-18-33-38) to formally affirm that the Doctor of Physical Therapy (DPT) is the terminal professional degree for the profession of physical therapy.

The DPT is currently the degree awarded by all accredited entry-level physical therapist education programs in the United States. It encompasses rigorous academic coursework, advanced clinical reasoning, and over 30 weeks of supervised clinical education—preparing graduates for autonomous practice in a variety of settings. While the DPT has become the universal standard for educational preparation of new U.S.-trained physical therapists, APTA's current position language reflects only that the DPT is the minimum required degree—not its standing as the terminal professional degree. This lack of explicit recognition contributes to inconsistencies in licensure messaging, academic hiring practices, and public understanding.

This motion brings APTA policy into alignment with that educational reality by affirming the DPT as the terminal professional degree—complementing, not replacing, the association's current language on degree qualifications. It aligns physical therapy with other doctoral-level health professions such as medicine (MD), pharmacy (PharmD), dentistry (DDS/DMD), and nursing (DNP)—all of which recognize their respective professional doctorates as terminal degrees, even when post-professional academic or clinical training is pursued.

Amending the existing position in this way will:

- Clarify the educational endpoint for professional clinical preparation;
- Support consistency in how institutions evaluate faculty qualifications;
- Align APTA's terminology with that of other health professions;
- Reinforce public understanding of physical therapists as doctoral-level providers;
- Strengthen APTA's advocacy efforts related to licensure, regulation, and interprofessional recognition.

This amendment does not diminish the value of post-professional academic or clinical credentials such as PhD, EdD, ScD, residencies, or fellowships. Rather, it affirms the DPT as the foundational professional degree while encouraging academic and clinical advancement for those seeking roles in research, teaching, or specialty care. Importantly, it is not intended to prescribe hiring criteria or override institutional or accreditor autonomy.

Ultimately, this policy refinement is not symbolic—it is strategic. It closes a gap in APTA's language, strengthens our public and academic posture, and positions physical therapy in line with its peer professions in title, recognition, and advocacy impact.

What is this motion seeking to achieve?

This motion seeks to establish formal recognition by the American Physical Therapy Association (APTA) of the Doctor of Physical Therapy (DPT) as the terminal professional degree for the profession of physical therapy.

The primary objective is to align APTA's policy language with the current educational structure and the credentialing frameworks used in other doctoral-level health professions such as medicine (MD), pharmacy (PharmD), dentistry (DDS/DMD), and nursing (DNP). In these professions, the professional doctorate is formally recognized as the terminal degree for professional practice—even when post-professional academic or clinical training is pursued.

By formally recognizing the DPT as the terminal professional degree, APTA will position the profession to advance in four strategic domains:

1) Academic Alignment Without Compromising Faculty Quality: This motion supports academic institutions that choose to recognize the DPT as a terminal degree for faculty roles related to clinical education and professional instruction. It reflects the educational structure used in all current accredited entry-level DPT programs. However, this recognition is not intended to override or replace the role of post-professional academic doctorates. The motion does not advocate for DPT-only faculties, nor does it diminish the value of PhD-, EdD-, or ScD-trained educators. Research-intensive and tenure-track faculty positions will and should continue to be filled by individuals with academic doctoral preparation, consistent with the scholarly mission of higher education. The motion complements existing CAPTE standards and aligns with ACAPT's position supporting institutional autonomy and faculty diversity, including both clinical and academic expertise. This policy promotes clarity—not substitution—by affirming the DPT as the terminal professional degree for practice, while continuing to uphold and value academic scholarship.

2) Public Recognition and Interprofessional Equity: The motion reinforces that physical therapists are doctoral-level providers, helping the profession gain parity in how it is viewed by patients, healthcare systems, and other professions. This recognition strengthens public trust, enhances interprofessional credibility, and clarifies the level of expertise DPT graduates bring to professional practice.

3) Regulatory Clarity and Credential Standardization: APTA's formal recognition of the DPT as terminal will bolster advocacy efforts aimed at regulatory standardization—specifically, recognizing "DPT" as the professional designator in licensure and documentation (similar to "MD" for physicians). This supports a shift away from confusing or redundant usage like "PT, DPT," and instead toward consistent, nationally recognized use of "DPT" as the regulatory credential for licensed physical therapists.

4) Respect for Post-Professional Scholarship and Specialization: This motion explicitly affirms the continued importance of academic doctorates, residency and fellowship training, and clinical board

certification. It distinguishes between the professional degree required for practice (DPT) and the advanced credentials professionals may pursue based on career goals. This layered approach mirrors that of other health professions and promotes academic and professional excellence without conflating degree levels.

In short, this motion is both practical and aspirational. It provides clarity and credibility to the DPT designation, strengthens APTA's policy infrastructure, and supports advocacy efforts related to licensure, academic alignment, and public trust. It does not restrict institutional autonomy or diminish the value of academic scholarship—instead, it affirms the strength and evolution of the DPT as the professional identity of our field.

How does this motion contribute to achieving the Vision?

The APTA Vision—Transforming society by optimizing movement to improve the human experience—calls on the profession to lead with clarity, consistency, and credibility across all areas of practice, education, and public service. This motion advances that vision by affirming the Doctor of Physical Therapy (DPT) as the terminal professional degree for the profession, helping to position physical therapists as fully recognized movement experts across society.

First, the motion strengthens public trust in the profession. By clearly establishing the DPT as the terminal professional degree, APTA will improve how the public understands who physical therapists are and the level of education they receive. In a healthcare environment where degrees like MD, DNP, and PharmD are universally recognized and associated with authority and competence, a lack of clarity around the DPT risks marginalizing physical therapy's role in patient care. This motion ensures that patients, families, communities, and policymakers view physical therapists as highly trained, autonomous movement professionals—fostering greater confidence and utilization of our services.

Second, it supports equitable access to movement optimization. By bolstering advocacy for standardized credentialing—such as consistent use of "DPT" in public-facing contexts and regulatory documentation—this motion contributes to reducing confusion across jurisdictions. It supports consistent identity and communication across direct access environments, interprofessional teams, and care delivery models, making physical therapy more approachable and easier to navigate for the individuals and communities we serve.

Third, the motion accelerates alignment with other movement-related and doctoral-level professions. As physical therapists increasingly operate in primary care environments, integrative teams, and community health initiatives, our degree structure and professional identity must match the expectations of collaborators and institutions. This clarity helps eliminate barriers to participation in public health efforts, research, leadership, and advocacy roles—enabling physical therapists to fully contribute to transforming societal health through movement.

Finally, this motion empowers future generations of physical therapists. By affirming the DPT as the terminal professional degree, we reinforce the value of the education that students and academic programs commit to. It signals to aspiring physical therapists—and the patients they will one day serve—that this profession is unified, respected, and aligned with APTA's vision of improving the human experience at scale.

In essence, this motion strengthens the profession's ability to lead movement transformation by ensuring that who we are, what we are called, and how we are perceived fully reflect the expertise we bring to society.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
This motion aligns with and advances several key priorities outlined in APTA's 2022–2025 Strategic Plan, specifically in the areas of sustaining the profession, enhancing member value, and increasing demand and access to physical therapy services.

Sustainable Profession:
By formally recognizing the Doctor of Physical Therapy (DPT) as the terminal professional degree, this motion reinforces the profession's commitment to high educational standards. This acknowledgment supports efforts to ensure fair compensation and reduce administrative burdens, contributing to the long-term sustainability of the profession. It also aids in addressing workforce challenges by clarifying the professional identity of physical therapists, which is essential for recruitment and retention.

Member Value:
Clarifying the DPT as the terminal professional degree enhances the professional identity of physical therapists, which can lead to increased recognition and respect within the healthcare system. This recognition supports career advancement opportunities and professional development, thereby increasing the value of APTA membership. It also aligns with APTA's goal to provide unmatched opportunities for members to belong, engage, and contribute.

Demand and Access:
Establishing the DPT as the terminal professional degree strengthens advocacy efforts aimed at increasing public awareness and understanding of physical therapy services. This clarity can lead to greater consumer confidence and utilization of physical therapy as a primary entry point for care, thereby driving demand and improving access to services.

In summary, this motion supports APTA's strategic priorities by enhancing the profession's sustainability, increasing member value, and promoting greater demand and access to physical therapy services.

How is this motion's subject national in scope and importance?

This motion addresses a policy gap that affects the physical therapy profession at a national level. While the Doctor of Physical Therapy (DPT) is now the standard degree awarded by all accredited entry-level physical therapist education programs in the United States, APTA has not formally recognized the DPT as the terminal professional degree for the profession. This absence of a unified national position leads to inconsistencies in licensure communication, academic credentialing, and public representation of the profession.

Across all 50 states and U.S. territories, this issue intersects with three critical domains: licensure and regulatory consistency, academic recognition and hiring practices, and public trust in the profession.

Licensure and Regulatory Clarity:

Physical therapists are licensed in every jurisdiction, yet there is no consistent designation of "DPT" as the regulatory credential. Many physical therapists use varying combinations of credentials (e.g., PT, DPT; DPT only; or legacy degrees), creating confusion for consumers, referral sources, and health systems. Recognizing the DPT as the terminal professional degree would support national efforts to streamline and standardize professional designation—similar to how "MD" is recognized in medicine—allowing "DPT" to stand as the clear, unified title for licensed physical therapists.

Academic Recognition and Institutional Variability:

Currently, institutions across the country vary in how they classify the DPT. Some consider it a terminal degree for faculty hiring in clinical education, while others require academic doctorates regardless of teaching focus. This inconsistency limits opportunities for well-qualified DPTs to contribute meaningfully in academic settings and weakens the faculty pipeline. National recognition from APTA would give academic institutions a credible, policy-backed reference point to support equitable evaluation of DPT-prepared educators for clinical and professional teaching roles, without infringing on institutional autonomy or existing CAPTE standards.

Public Trust and National Messaging:

From a public standpoint, a lack of clarity around the DPT can dilute the profession's identity. While other healthcare providers are consistently introduced and perceived by their terminal professional credentials (e.g., MD, DNP, PharmD), physical therapists often face misunderstandings about their level of training. APTA's recognition of the DPT as the terminal professional degree would help establish a more consistent, nationally aligned public message—ensuring that patients and the broader healthcare system fully understand the expertise physical therapists bring to movement optimization, pain management, injury prevention, and functional recovery.

Finally, this motion positions the profession to lead with one voice in national conversations. Without clear APTA policy recognizing the DPT as the terminal professional degree, physical therapy remains vulnerable to fragmented messaging—whether in federal advocacy, payer negotiations, workforce development policy, or interprofessional collaboration. By adopting this motion, APTA equips its

leaders, members, and academic institutions with a unified statement of professional identity that reflects the current educational landscape and enables stronger engagement at every level of the healthcare system.

What federal or state laws and regulations also address this topic?

There is currently no federal law or regulation that defines the Doctor of Physical Therapy (DPT) as the terminal professional degree for the profession of physical therapy. Licensure of physical therapists is governed at the state level, and while all U.S.-educated applicants must graduate from a CAPTE-accredited program to sit for the National Physical Therapy Examination (NPTE), most state practice acts do not explicitly reference the DPT or define it as the terminal degree. This results in inconsistent terminology and credentialing practices across jurisdictions.

At the state level, licensure eligibility includes individuals who graduate from CAPTE-accredited programs. Because all currently accredited entry-level programs now confer the DPT, this degree functions as the standard for all new U.S. graduates. However, the Federation of State Boards of Physical Therapy (FSBPT) does not require the DPT specifically: individuals with legacy degrees (e.g., MPT, BSPT) and foreign-trained professionals may still qualify through approved equivalency pathways. This is appropriate and necessary for licensure inclusivity, but it also reveals a disconnect—regulatory frameworks have not fully caught up with the profession's educational evolution.

This motion fills that gap by offering national policy leadership from APTA. Recognizing the DPT as the terminal professional degree will:

-Provide a clear, profession-driven standard that state licensing boards and academic institutions can reference;

-Support consistency in licensure language and professional credentialing, while maintaining eligibility pathways for legacy and foreign-trained professionals;

-Strengthen long-term advocacy for credential standardization, particularly the use of "DPT" as the public-facing professional designator—similar to "MD" or "PharmD";

-Reinforce APTA's ability to lead on matters of professional identity and regulation, rather than leaving those decisions solely to external entities.

This motion does not propose any changes to licensure eligibility or regulatory policy. Instead, it provides APTA with a strategic position that can guide future advocacy and reduce fragmentation in how the profession is represented in legal, academic, and public-facing contexts. It offers clarity without exclusion, consistency without rigidity, and a unified voice to support the continued advancement of the profession at the federal and state levels.

What previous or current initiatives and positions of the Association address this topic?

The American Physical Therapy Association (APTA) has a longstanding history of initiatives and policies that support the recognition of the Doctor of Physical Therapy (DPT) as the terminal professional degree for physical therapists. These efforts have been instrumental in shaping the

profession's educational standards and public identity.

In 2000, APTA's House of Delegates adopted Vision 2020, which articulated the goal that by the year 2020, physical therapy would be provided by physical therapists who are doctors of physical therapy. This vision emphasized the importance of the DPT in advancing the profession and enhancing patient care.

To support this transition, APTA developed resources for postprofessional education, enabling licensed physical therapists with bachelor's or master's degrees to attain the DPT credential through structured programs. These programs were designed to bridge the gap between previous educational models and the current DPT standards, ensuring consistency in the profession's qualifications.

Furthermore, APTA has advocated for the use of "DPT" as a professional designation. While recognizing the importance of state regulations, APTA supports the use of "DPT" in jurisdictions where it is authorized, promoting uniformity in professional titles and enhancing public recognition of the physical therapist's role.

The Commission on Accreditation in Physical Therapy Education (CAPTE), APTA's accrediting body, requires that accredited programs award the DPT as the entry-level degree for physical therapists. This standardization ensures that new graduates possess the competencies necessary for contemporary practice.

While APTA has long supported the DPT as the standard for entry-level education, the association has not yet included language identifying it as the terminal professional degree within its formal policy structure. This motion amends the existing position to close that gap. Adopting this motion would align APTA's policies with the current educational landscape, providing clarity and reinforcing the profession's commitment to excellence.

By formally recognizing the DPT as the terminal professional degree, APTA would solidify its leadership in defining professional standards, support consistent credentialing practices, and enhance the public's understanding of the physical therapist's qualifications and expertise.

What interested parties will be impacted by this motion?
This motion will have a positive, clarifying impact on a wide range of stakeholders across the physical therapy profession and healthcare ecosystem by aligning policy with the profession’s current educational standard and reinforcing a consistent professional identity.

Physical Therapists (DPTs, legacy degree holders, and foreign-trained clinicians):
For DPT-prepared physical therapists, this motion affirms the degree they earned as the terminal professional degree for the profession—supporting consistency in professional identity, advocacy,

and credential recognition. It strengthens how physical therapists are represented in interprofessional environments and public-facing roles. The motion does not change licensure eligibility for those with legacy degrees (e.g., MPT, BSPT) or foreign-trained professionals. Instead, it clarifies that the DPT is the standard for new U.S. graduates while preserving inclusivity in existing licensure pathways.

Academic Institutions and Faculty:
This motion offers academic programs and hiring committees a clear, policy-backed foundation for recognizing the DPT as the terminal professional degree for roles focused on clinical instruction and professional preparation. It does not diminish the value of academic doctorates (e.g., PhD, EdD, ScD), which remain essential for research-intensive and tenure-track positions. Institutions benefit from added flexibility and clarity in faculty recruitment, while CAPTE standards remain unchanged. Clinician-educators—particularly those entering academia—will face fewer arbitrary barriers tied to degree designation.

Licensure Boards and Regulatory Bodies:
State licensure boards will gain a credible association-level reference to guide decisions on credential display and professional title use. While this motion does not alter licensure requirements, it provides a unified position that can support future efforts to standardize regulatory language, improve transparency, and reinforce the public-facing identity of licensed physical therapists.

Patients and the Public:
The motion helps patients and consumers better understand the level of education and expertise physical therapists possess. By recognizing the DPT as the terminal professional degree, APTA strengthens the visibility and trustworthiness of physical therapists as doctoral-level providers. This improves transparency, enhances credibility, and promotes equitable recognition alongside other doctorally trained healthcare professionals.

Employers and Payers:
Health systems, clinics, academic institutions, and payers will benefit from greater consistency in how physical therapists are credentialed and presented in documentation, electronic health records, and professional directories. This clarity can reduce administrative confusion, strengthen interprofessional communication, and support more streamlined recognition of DPT-prepared professionals.

APTA and Its Components:
This motion reinforces APTA's leadership in defining and advocating for the standards of the profession. It equips national and component leaders with clear policy language that supports efforts related to professional recognition, title protection, faculty development, and public education. By affirming the DPT's status, APTA ensures that its messaging and advocacy efforts reflect the reality of contemporary physical therapist education and practice.

In summary, this motion supports clinicians, educators, academic leaders, regulators, employers, and patients by providing a consistent, forward-looking statement of professional identity—one that strengthens alignment across all areas of the profession.

Additional background information.

APTA has long recognized the DPT as the standard degree for entry-level physical therapist education. However, the current position does not explicitly state that the DPT is the terminal professional degree for the profession. This omission has led to unintended consequences in academic hiring, regulatory clarity, and public-facing communication.

This motion seeks to build upon APTA's existing policy infrastructure by affirming what has become the educational reality: the DPT is both the minimum qualification for U.S. entry-level practice *and* the terminal professional degree for the field. Clarifying this distinction helps align APTA's language with that of other healthcare professions and provides clarity for employers, institutions, and licensing bodies.

Importantly, this motion does not attempt to diminish the role of post-professional academic or clinical education. It affirms that academic doctorates (e.g., PhD, EdD, ScD), residencies, fellowships, and board certifications continue to serve a vital role in professional development, scholarship, and specialty practice. The motion ensures that while those credentials represent advancement beyond entry-level practice, they do not displace the DPT's standing as the professional endpoint for those entering the field.

This clarification is particularly important in regulatory and academic contexts. Licensing boards vary in their treatment of professional credentials, and some academic institutions still do not consider the DPT a terminal degree for hiring or promotion purposes. APTA's formal policy recognition will provide a clear and consistent reference to support alignment across jurisdictions and institutions—without prescribing specific hiring criteria or interfering with academic governance.

Public-facing title confusion (e.g., "PT, DPT" vs. "DPT") has also contributed to uncertainty about physical therapists' qualifications, especially compared to other doctoral-level providers. While this motion does not dictate credential formatting, it lays the foundation for future efforts related to credential clarity, title protection, and consumer trust.

This concept has received broad support from clinicians, educators, and professional leaders who view this amendment as a logical next step following the successful implementation of Vision 2020. The profession has already transitioned to the DPT; this motion simply ensures that APTA's policy language reflects that evolution in a way that supports academic legitimacy, public trust, and long-term advocacy success.

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