



Call to Order – Allen R. Jones, Jr., PT, DPT, Board President

- Welcome and Introductions
- Mission of the Board

Approval of Minutes (p. 5-27)

- Board Meeting – November 17, 2020
- Formal Hearings – November 17, 2020 and February 16, 2021
- For informational purposes – Informal Conferences April 20, 2021

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

******For more information and instructions related to public comment, please refer to page 3 of the Agenda******

Agency Report – David E. Brown, DC, Director, and Barbara Allison-Bryan, MD, Deputy Director

Presentation (p. 29-86)

- 2020 Workforce Reports – Physical Therapist and Physical Therapist Assistant – **Yetty Shobo, Ph.D., Healthcare Workforce Data Center Deputy Director**

Staff Reports

- Executive Director’s Report – **Corie E. Tillman Wolf, JD, Executive Director** (p. 88-101)
- Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Manager**

Board Counsel Report - Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- Board President Report – **Allen R. Jones, Jr., PT, DPT**
- Board of Health Professions Report – **Allen R. Jones, Jr., PT, DPT** (p. 103-108)

Legislative and Regulatory Report - Elaine Yeatts, Senior Policy Analyst

- Report on Status of Regulations (p. 110)
 - Report on 2021 General Assembly
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Board Discussion and Actions - Elaine Yeatts and Corie E. Tillman Wolf

- Adoption of Fast-Track Regulation: Clarification of Credentialing Requirement for Graduates of Non-approved Schools (18VAC112-20-50)
 - Repeal of Guidance Documents (p. 115-118)
 - 112-10, Board guidance on credit for continuing education
 - 112-20, Guidance on Supervising Students in Non-Approved Programs
 - 112-24, Supervision of physical therapy student in clinical settings
 - Review and Readopt Guidance Document 112-2, Board guidance on the use of confidential consent agreements
 - Consideration of Revisions to Guidance Document 112-13, Approval of a Traineeship
 - Review of Revisions to Direct Access Patient Attestation and Medical Release Form
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New Business

Next Meeting - August 10, 2021

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707 (F).

Virginia Board of Physical Therapy
Instructions for Accessing May 25, 2021 Virtual Quarterly Board
Meeting and Providing Public Comment

- **Access:** Perimeter Center building access for this meeting remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be received by email to Corie.Wolf@dhp.virginia.gov no later than 12:00 noon on May 24, 2021. The written comments will be made available to the Board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to Corie.Wolf@dhp.virginia.gov no later than 12:00 noon on May 24, 2021 indicating that they wish to offer oral comment. Comment may be offered by these individuals when their name is announced by the Board President. Comments will be restricted to 2 minutes each; the maximum allotted time for public comment will be 30 minutes.
- Public participation connections will be muted following the public comment period.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the discussions will be restored.
- Please call from a location without background noise.
- Dial (804) 367-4674 to report an interruption during the broadcast.
- FOIA Council Electronic Meetings Public Comment form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

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Access code: 178 897 2723

JOIN THE INTERACTIVE MEETING:

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APPROVAL OF MINUTES

November 17, 2020

The Virginia Board of Physical Therapy convened virtually via WebEx for a full board meeting on Tuesday, November 17, 2020, with staff coordination on-site at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

BOARD MEMBERS PRESENT

Allen R. Jones, Jr., PT, DPT, President (On-site)
Mira H. Mariano, PT, PhD, OCS, Vice-President (Virtual)
Elizabeth Locke, PT, PhD (Virtual)
Tracey Adler, PT, DPT, CMTPT (Virtual)
Rebecca Duff, PTA, DHSc (Virtual)
Susan Palmer, MLS (Virtual)

BOARD MEMBERS ABSENT

Arkena L. Dailey, PT, DPT

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Barbara Allison-Bryan, MD, DHP Deputy Director (Virtual)
Erin Barrett, Assistant Attorney General, Board Counsel (On-site)
David Brown, DC, DHP Director (Virtual)
Sarah Georgen, Licensing and Operations Manager (Virtual)
Laura Mueller, Program Manager (Virtual)
Kelley Palmatier, Deputy Executive Director (Virtual)
Corie Tillman Wolf, Executive Director (On-Site)
Angela Pearson, Discipline Operations Manager (On-Site)
Elaine Yeatts, Senior Policy Analyst (Virtual)

OTHER GUESTS PRESENT

Richard Grossman, American Physical Therapy Association – Virginia

**participant indicates attendance to count toward continuing education requirements*

CALL TO ORDER

Dr. Jones called the meeting to order at 9:30 a.m.

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of the Freedom of Information Act including Virginia Code § 2.2-3708.2, the Board convened a virtual meeting to consider such regulatory and business matters

as was presented on the agenda necessary for the Board to discharge its lawful purposes, duties, and responsibilities.

Dr. Jones provided the Board members, staff, and the public with contact information should the electronic meeting be interrupted.

Dr. Jones provided reminders to the Board and public regarding WebEx functions. He completed a roll call of the Board members and staff.

With six Board members present at the meeting, a quorum was established.

Dr. Jones read the mission of the Board, which is also the mission of the Department of Health Professions.

APPROVAL OF MINTUES

Dr. Locke requested an amendment to the Board meeting minutes on August 11, 2020 to include the word “upcoming” to her resignation announcement.

Upon a **MOTION** by Ms. Palmer, and properly seconded by Dr. Adler, the Board voted to accept the August 11, 2020 to November 9, 2020 minutes in block, including minutes from the Board meeting on August 11, 2020 as amended, Public Hearing on October 20, 2020, Legislative/Regulatory Committee meeting on November 9, 2020, and informal conferences held on August 11, 2020 and October 20, 2020. The motion passed unanimously (6-0).

ORDERING OF THE AGENDA

Ms. Tillman Wolf requested a change to the agenda in relation to Guidance Document 112-14 regarding Electromyography (EMG) and Sharp Debridement to be stricken from the agenda.

Additionally, Ms. Tillman Wolf requested a change to the agenda noting that Dr. Dailey would not be in attendance at the meeting. Ms. Tillman Wolf stated that Dr. Jones would provide the Legislative/Regulatory Committee Meeting Report, and Dr. Locke would provide the FSBPT Annual Meeting Report in Dr. Dailey’s absence.

Upon a **MOTION** by Dr. Mariano, and properly seconded by Dr. Duff, the Board voted to accept the agenda as amended. The motion passed unanimously (6-0).

PUBLIC COMMENT

The Board did not receive any written public comment or request to provide verbal public comment.

AGENCY REPORT

Dr. Brown spoke to the necessary precautions of COVID-19 during the holiday season.

Dr. Brown provided an update to the Board of the legalization of recreational and medical marijuana. He encouraged Board members to review the JLARC report in the Governor's recent press release.

Dr. Allison-Bryan reported on the COVID-19 vaccines, including the effectiveness, logistics, and distribution of the vaccinations to the citizens of the Commonwealth.

With no questions, Dr. Brown and Dr. Allison-Bryan concluded their reports.

PRESENTATION

Dr. Allison-Bryan provided a presentation on the Health Practitioner's Monitoring Program.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Announcements

Ms. Tillman Wolf congratulated Dr. Locke's designation by Old Dominion University's Board of Visitors as Senior Lecturer Emerita of Rehabilitation Sciences for meritorious service to the University.

COVID Response

Ms. Tillman Wolf provided an overview of the continued actions taken in response to and consequences of the COVID-19 pandemic. She reported that Board staff has prepared for the 2020 license renewals and has sent out messages regarding the reduction of fees, the waiver of continuing education requirements, and the suspension of active practice requirements.

Ms. Tillman Wolf also discussed the National Physical Therapy Examination (NPTE) through the Federation of State Boards of Physical Therapy (FSBPT) which continues to provide some allowances for the scheduling of examinations. Ms. Tillman Wolf provided an update to the Board regarding the Alternate Approval Process (AAP) that began on November 2, 2020. She also stated that licensees have contacted the Board regarding telehealth and renewals. She stated that Board operations are ongoing with Board staff teleworking.

Board Updates

Ms. Tillman Wolf provided an update that the final Dry Needling Regulations became effective on October 29, 2020. She reported that the Legislative/Regulatory Committee met on November 9, 2020. She discussed e-mail blasts to licensees and preparation for licensure renewals.

FSBPT Updates

Ms. Tillman Wolf stated that the FSBPT Delegate Assembly meeting was held on October 24, 2020, with Dr. Dailey serving as Delegate and Dr. Locke as Alternate Delegate. Ms. Tillman Wolf served as a "back-

up Teller.” She reported that the FSBPT has provided several web education sessions and encouraged the Board members to attend. She also reported that Dr. Dailey continues to serve on the Ethics and Legislation Committee and the Boundary Violations Task Force.

Ms. Tillman Wolf reported that the Board continues to have a 5-star rating for the Exam License Discipline Database (ELDD). She mentioned available FSBPT resources available including the Bar Assessment Resource (BAR), Criminal Background Check Resource, and task forces for impaired practice, boundary violations, artificial intelligence, and re-entry to practice.

She stated that a Regulatory Training for Board members and staff is anticipated to be held in 2021.

PT Compact – Updates

Ms. Tillman Wolf provided updates from the virtual Compact Commission meeting held on October 25, 2020. She announced that she was elected to the Member-at-Large position on the Compact Commission Executive Board and appointed to the Rules and Bylaws Committee. She reported continuation of efforts regarding data sharing at the Board level with the FSBPT and the Compact Commission.

Ms. Tillman Wolf stated that as of November 13, 2020, 160 compact privileges had been issued (136 Physical Therapists and 24 Physical Therapy Assistants; 150 new privileges, and 10 through renewal) in Virginia. Ms. Tillman Wolf said that 144 Virginia home state licensees had obtained 146 Compact Privileges for other Compact states (111 Physical Therapists and 33 Physical Therapy Assistants) as of November 13, 2020. Ms. Tillman Wolf provided an overview of the Compact Privileges issued by month in 2020.

Ms. Tillman Wolf reported that, on the national level, more than 1,800 Compact Privileges have been issued through September 2020.

Expenditure and Revenue Summary as of September 30, 2020

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of September 30, 2020.

Cash Balance as of June 30, 2020	\$1,496,604
YTD FY20 Revenue	\$ 42,196
<u>Less FY20 Direct & In-Direct Expenditures</u>	<u>\$ 171,539</u>
Cash Balance as of September 30, 2020	\$1,367,261

2020 Year in Review

Ms. Tillman Wolf provided an overview of the Board’s accomplishments in 2020. She highlighted the following actions in 2020:

- Implementation of the PT Compact and Criminal Background Checks
- Responding to the COVID Pandemic and its impact on telehealth, practice, continuing education
- Adoption of Final Regulations from the Periodic Review (review in progress)
- Finalization of regulations for Dry Needling
- Adoption and implementation of the Alternate Approval Process

- Participation on the National Stage by Board members
- Preparation and processing of biennial renewals

Board Meeting Dates

Ms. Tillman Wolf announced the tentative upcoming 2021 Board meeting dates.

- February 16, 2021
- May 25, 2021
- August 10, 2021
- November 9, 2021

Notes and Reminders

Ms. Tillman Wolf provided reminders to the Board regarding out-of-state travel and contact information. She thanked the Board members for their continued hard work, dedication, and patience during the pandemic.

Dr. Locke requested and received clarification on how individuals who participate virtually are captured for the minutes.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Kelley Palmatier, JD, Deputy Executive Director

As of November 6, 2020, Ms. Palmatier reported the following disciplinary statistics:

- 27 Patient Care cases
 - 3 at Informal Conferences
 - 1 at Formal Hearing
 - 6 at Enforcement
 - 14 at Probable Cause
 - 3 at APD
- 6 Non Patient Care Cases
 - 0 at Informal
 - 0 at Formal
 - 3 at Enforcement
 - 3 at Probable Cause
- 7 cases at Compliance

Ms. Palmatier reported the following Total Cases Received and Closed:

- Q4 2018 – 4/4
- Q1 2019 – 13/15
- Q2 2019 – 10/11
- Q3 2019 – 9/17
- Q4 2019 – 7/12
- Q1 2020 – 26/13
- Q2 2020 – 4/12
- Q3 2020 – 13/18
- Q4 2020 – 7/6

Ms. Palmatier reported the following Virginia Performs statistics for Q4 2020:

- Clearance Rate – 133% Received 3 patient cases and closed 4 cases
- Pending Caseload
 - 36% - 12 cases pending over 250 days
 - 3% - 1 case pending over 415 days
- Time to Disposition
 - 100% - 4 cases closed within 250 days
 - 100% - 4 cases closed within 415 days

Ms. Palmatier reported on the percentage of all cases closed in one year and on average days to close a case for the last five quarters.

Ms. Tillman Wolf stated that throughout the pandemic, there has been a 130% clearance rate on discipline cases and that the Board has continued to process more cases than are received. She thanked Dr. Mariano and Dr. Duff for their help in processing a number of cases following the conclusion of informal conferences. She also thanked Board staff for their continued efforts and hard work.

With no questions, Ms. Palmatier concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Manager

Ms. Georgen presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	November 16, 2020	August 4, 2020	Change +/-
Physical Therapist	9,432	9,167	265
Physical Therapist Assistant	3,960	3,791	169
Total PT’s and PTA’s	13,392	12,958	434
Direct Access Certification	1,315	1,302	13

Ms. Georgen presented the PT and PTA exam statistics from the July/August administrations of the exams.

Licensure Statistics – Customer Satisfaction

Ms. Georgen provided the following statistics regarding the Virginia Performs – Customer Satisfaction Survey Results:

- Q2 2020 – 97.7% (43/44 responses)
- Q3 2020 – 97.4% (38/39 responses)
- Q4 2020 – 89.6% (48/53 responses)
- Q1 2021 – 100% (66/66 responses)

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett did not have a report to provide.

COMMITTEE AND BOARD MEMBER REPORTS

Board President Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones thanked the Board for his election to the position of Board President and discussed logistics of the Board meetings. Dr. Jones thanked the staff for their hard work for meetings.

With no questions, Dr. Jones concluded his report.

Legislative/Regulatory Committee Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones provided an overview of the Legislative/Regulatory Committee meeting held on November 9, 2020. He stated that the main discussion focused on telehealth requirements and updates to the guidance document.

FSBPT Annual Meeting Report –Elizabeth Locke, PT, PhD

Dr. Locke provided a report of the FSBPT Annual Meeting held on October 24, 2020. Dr. Locke reported that representatives from 48 states attended. Dr. Locke reported on the outcome of elections at the Delegate Assembly, as well as award recipients.

Board of Health Professions Report – Allen R. Jones, PT, DPT

Dr. Jones stated that the Board of Health Professions met on August 20, 2020 and that the meeting minutes from the meeting were included in the agenda packet.

BREAK

The Board took a break at 10:48 a.m. and returned at 11:00 a.m.

LEGISLATION AND REGULATORY ACTIONS

Legislation/Regulatory Updates

Ms. Yeatts provided an update regarding the current status of pending Board regulations.

BOARD DISCUSSIONS AND ACTIONS

Adoption of Final Regulations for Implementation of Physical Therapy Compact – To Replace Emergency Regulations Currently in Effect

The Board discussed the adoption of final regulations for implementation of the Physical Therapy Compact to replace the emergency regulations currently in effect.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Mariano, the Board voted to adopt the final regulations (18VAC112-20-10 et seq.) for implementation of the Physical Therapy Compact to replace the emergency regulations currently in effect as presented. The motion passed unanimously (6-0).

Consideration of Action – Recommendations from Legislative/Regulatory Committee

- *Guidance Document 112-21, Guidance on Telehealth*

Ms. Tillman Wolf provided an overview of the changes recommended by the Legislative/Regulatory Committee. The Board discussed the changes to Guidance Document 112-21, Guidance on Telehealth.

Upon a **MOTION** by Dr. Duff, and properly seconded by Dr. Mariano, the Board voted to adopt the recommended revisions to Guidance Document 112-21, Guidance on Telehealth, as presented. The motion passed unanimously (6-0).

- *Guidance Document 112-14, Electromyography (EMG) and Sharp Debridement in Practice of Physical Therapy*

Ms. Tillman Wolf stated that since the Legislative/Regulatory Committee did not make any recommendations for changes to this Guidance Document, Ms. Tillman Wolf requested that this item to be stricken from the agenda during the Ordering of the Agenda portion of the meeting.

She stated that there were two scope of practice questions presented at the Legislative/Regulatory meeting in regards to plasma skin tightening and the removal of a surgical drain. The Committee recommended that both questions were outside of the scope of practice of physical therapy.

Upon a **MOTION** by Dr. Adler, and properly seconded by Dr. Duff, the Board voted that plasma skin tightening and the removal of a surgical drain were outside of the scope of practice of physical therapy. The motion passed unanimously (6-0).

Consideration of Revisions to Guidance Document 112-1, Bylaws of the Board of Physical Therapy

Ms. Tillman Wolf provided an overview of the recommended changes to Guidance Document 112-1, Bylaws of the Board of Physical Therapy.

The Board discussed the recommendations and decided not to change the Guidance Document at this time.

NEXT MEETING

The next meeting date is February 16, 2021.

CONTINUING EDUCATION CREDIT:

Dr. Jones provided the steps necessary to be awarded continuing education for the attendance at the meeting pursuant to 18 VAC 112-20-131. He announced that continuing education would be awarded to those participants who provided their first name, last name, license number, and the meeting code by email to ptboard@dhp.virginia.gov by September 24, 2020.

ADJOURNMENT

With all business concluded, the meeting adjourned at 11:48 a.m.

Allen R. Jones, Jr., PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING - VIRTUAL
MINUTES

November 17, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 1:37 p.m.

MEMBERS PRESENT: Dr. Allen Jones, Jr. PT, DPT, President (In-Person)
Dr. Mira Mariano, PT, PhD (Virtual)
Dr. Elizabeth Locke, PT, PhD (Virtual)
Dr. Rebecca Duff, PTA, DHSc (Virtual)
Susan Palmer, MLS, Citizen Member (Virtual)

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General (In-person)

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director, (In-Person)
Sarah Georgen, Licensing and Operations Manager (Virtual)

COURT REPORTER: County Court Reporters (In-Person)

PARTIES ON BEHALF OF COMMONWEALTH: Claire Foley, Adjudication Specialist (Virtual)

COMMONWEALTH'S WITNESSES: Stephen Shirley, Senior Investigator, DHP (Virtual)

OTHERS PRESENT: Kelley Palmatier (Virtual)
Angela Pearson (In-Person)

MATTER: Johna Herbert Davis, P.T.
License #2305-003657
Case #192400

ESTABLISHMENT OF A QUORUM:

With five (5) members present, a quorum was established.

DISCUSSION:

Johna Herbert Davis did not appear before the Board in accordance with a Notice of Formal Hearing dated September 22, 2020. Mr. Davis was not represented by legal counsel.

Based upon the representation of the Commonwealth, Mr. Jones ruled that proper notice of the hearing was provided to Johna Herbert Davis and the Board proceeded in his absence. The Board received evidence and sworn testimony on behalf of the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

Upon a motion by Dr. Mira Mariano and duly seconded by Dr. Elizabeth Locke, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Johna Herbert Davis, PT. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Dr. Mira Mariano certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Mira Mariano and duly seconded by Dr. Rebecca Duff, the Board moved to suspend the license of Johna Herbert Davis, P.T. indefinitely. The motion carried.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 2:30 p.m.

Dr. Allen Jones, Jr., PT, DPT, President

Corie Tillman Wolf, JD, Executive Director

Date

Date

An audio recording of this meeting can be accessed at:
https://www.dhp.virginia.gov/PhysicalTherapy/physther_calendar.htm

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING - VIRTUAL
MINUTES

February 16, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 11:03 a.m.

MEMBERS PRESENT: Dr. Allen Jones, Jr. PT, DPT, Chair (Virtual)
Dr. Tracey Adler, PT, DPT, CMTPT (Virtual)
Dr. Elizabeth Locke, PT, PhD (Virtual)
Susan Palmer, MLS, Citizen Member (Virtual)

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General (Virtual)

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director (Virtual)
Sarah Georgen, Licensing and Operations Manager (Virtual)

COURT REPORTER: Able Forces Court Reporters (Virtual)

PARTIES ON BEHALF OF COMMONWEALTH: Claire Foley, Adjudication Specialist (Virtual)

COMMONWEALTH'S WITNESSES: Ashley Hester, Senior Investigator, DHP (Virtual)
Patsy Ray, P.T., Director of Operations, Southeastern Home Health (Virtual)

OTHERS PRESENT: Kelley Palmatier (Virtual)
Angela Pearson (Virtual)

MATTER: **Julie Dyan Fulp, P.T.A.**
License No.: 2306-000876
Case #203314

ESTABLISHMENT OF A QUORUM:

With five (4) members present, a quorum was established.

DISCUSSION:

Julie Dyan Fulp did not appear before the Board in accordance with a Notice of Formal Hearing dated January 6, 2021. Ms. Fulp was not represented by legal counsel.

Based upon the representation of the Commonwealth, Mr. Jones ruled that proper notice of the hearing was provided to Julie Dyan Fulp and the Board proceeded in her absence. The Board received evidence and sworn testimony on behalf of the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

Upon a motion by Dr. Tracey Adler and duly seconded by Dr. Elizabeth Locke, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Julie Dyan Fulp, P.T.A. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Tracey Adler and duly seconded by Dr. Elizabeth Locke, the Board moved to indefinitely suspend the right to renew the license of Julie Dyan Fulp, P.T.A. for a period of not less than 12 months. The motion carried.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 11:50 a.m.

Dr. Allen Jones, Jr., PT, DPT, President

Corie Tillman Wolf, JD, Executive Director

Date

Date

An audio recording of this meeting can be accessed at:

https://www.dhp.virginia.gov/PhysicalTherapy/physther_calendar.htm

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE - VIRTUAL
MINUTES

April 20, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 9:32 a.m.

MEMBERS PRESENT:

Arkena Dailey, PT, DPT, Chair (Virtual)
Mira Mariano PT, PhD, Vice President (Virtual)

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director (Virtual)
Angela Pearson, Senior Discipline Manager (In-Person)
Claire Foley, Adjudication Specialist (Virtual)

**RESPONDENT'S
WITNESSES:**

Rita Brereton (Virtual)
Marie Bailey, P.T. (Virtual)

OTHERS PRESENT:

Jennifer Krippendorf (By Phone & Virtual)

MATTER:

Phillip Sebastian May, P.T.
License #2305-203018
Case #202757

DISCUSSION:

Mr. May was represented by counsel, Douglas Penner, Esquire and both appeared virtually before the Committee in accordance with the Board's Notice of Informal Conference dated October 28, 2020.

The Committee fully discussed the allegations as referenced in the October 28, 2020 Notice of Informal Conference with Mr. May.

CLOSED SESSION: Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Phillip Sebastian May, P.T. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION: Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted and ordered continuing education. The motion carried.

ADJOURNMENT: The Committee adjourned at 11:53 a.m.

Arkena Dailey, PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



An audio recording of this meeting can be accessed at:

https://www.dhp.virginia.gov/PhysicalTherapy/physther_calendar.htm

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE - VIRTUAL
MINUTES

April 20, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 11:58 a.m.

MEMBERS PRESENT: Arkena Dailey, PT, DPT, Chair (Virtual)
Mira Mariano PT, PhD, Vice President (Virtual)

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director (Virtual)
Angela Pearson, Senior Discipline Manager (In-Person)
Claire Foley, Adjudication Specialist (Virtual)

MATTER: **Carlo Mikhail L. Capulong, P.T.**
License No.: 2305-207622
Case No.: 197609

DISCUSSION: Mr. Capulong was represented by counsel, Nicholas Balland, Esquire and both appeared virtually before the Committee in accordance with the Board's Notice of Informal Conference dated December 15, 2020.

The Committee fully discussed the allegations as referenced in the December 15, 2020 Notice of Informal Conference with Mr. Capulong.

CLOSED SESSION: Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Carlo Mikhail L. Capulong, P.T. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION: Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted and ordered that this case be referred to a Formal Hearing. The motion carried.

ADJOURNMENT: The Committee adjourned at 1:24 p.m.

Arkena Dailey, PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date

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An audio recording of this meeting can be accessed at:

https://www.dhp.virginia.gov/PhysicalTherapy/physther_calendar.htm

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE - VIRTUAL
MINUTES

April 20, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 2:00 p.m.

MEMBERS PRESENT:

Arkena Dailey, PT, DPT, Chair (Virtual)
Mira Mariano PT, PhD, Vice President (Virtual)

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director (Virtual)
Angela Pearson, Senior Discipline Manager (In-Person)
Claire Foley, Adjudication Specialist (Virtual)

MATTER:

Ashley Duncan, P.T.A.
License #2306-604916
Case #207326

DISCUSSION:

Ms. Duncan appeared **virtually** before the Committee in accordance with the Board's Notice of Informal Conference dated January 11, 2021 and she was not represented by counsel.

The Committee fully discussed the allegations as referenced in the January 11, 2021 Notice of Informal Conference with Ms. Duncan.

CLOSED SESSION:

Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Ashley Duncan, P.T.A. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION: Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted and ordered entry into and compliance with the Health Practitioners' Monitoring Program, (HPMP), within 30 days of entry of the Board order. The motion carried.

ADJOURNMENT: The Committee adjourned at 3:06 p.m.

Arkena Dailey, PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



An audio recording of this meeting can be accessed at:

https://www.dhp.virginia.gov/PhysicalTherapy/physther_calendar.htm

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VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE - VIRTUAL
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April 20, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 3:12 p.m.

MEMBERS PRESENT:

Arkena Dailey, PT, DPT, Chair (Virtual)
Mira Mariano PT, PhD, Vice President (Virtual)

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director (Virtual)
Angela Pearson, Senior Discipline Manager (In-Person)
Claire Foley, Adjudication Specialist (Virtual)

MATTER:

Randi Dunbar Donaho, P.T.A.
License #2306-602608
Case #202757

DISCUSSION:

Ms. Donaho appeared virtually before the Committee in accordance with the Board's Notice of Informal Conference dated April 6, 2021 and she was not represented by counsel.

The Committee fully discussed Ms. Donaho's Petition for Modification of a Board Order as referenced in the April 6, 2021 Notice of Informal Conference with Ms. Donaho.

CLOSED SESSION:

Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Randi Dunbar Donaho, P.T.A. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed

necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Mariano and duly seconded by Dr. Dailey, the Committee voted and ordered that the terms and conditions of the September 30, 2019 Board order be terminated and Ms. Donaho shall be issued a full and unrestricted license. The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:06 p.m.

Arkena Dailey, PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



An audio recording of this meeting can be accessed at:

https://www.dhp.virginia.gov/PhysicalTherapy/physther_calendar.htm

PRESENTATION

DRAFT

Virginia's Physical Therapist Workforce: 2020

Healthcare Workforce Data Center

March 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-597-4213, 804-527-4466 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 8,000 Physical Therapists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Physical Therapy express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
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Executive Director

Corie E. Tillman Wolf, JD

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The Physical Therapy Workforce At a Glance:

The Workforce

Licensees:	9,518
Virginia's Workforce:	7,903
FTEs:	6,449

Background

Rural Childhood:	27%
HS Degree in VA:	42%
Prof. Degree in VA:	41%

Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	66%
Satisfied?:	93%

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	98%

Education

Doctorate:	69%
Masters:	16%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	59%

Demographics

% Female:	73%
Diversity Index:	33%
Median Age:	39

Finances

Median Income:	\$70k-\$80k
Health Insurance:	62%
Under 40 w/ Ed. Debt:	64%

Primary Roles

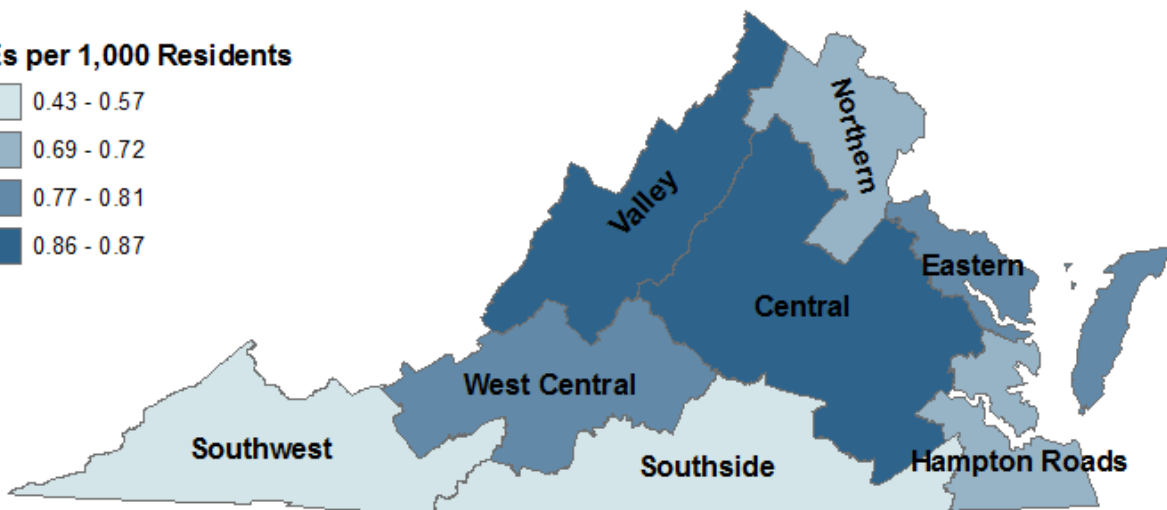
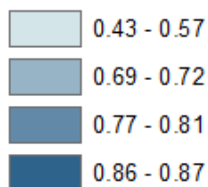
Patient Care:	85%
Administration:	5%
Education:	1%

Source: Va. Healthcare Workforce Data Center

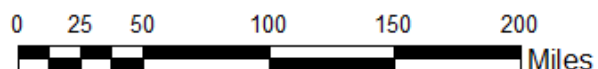
Full-Time Equivalency Units Provided by Physical Therapists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2020 Physical Therapy (PT) Workforce survey. Nearly 8,000 PTs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place in December of even-numbered years. These respondents represents 83% of the 9,518 PTs who are licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 7,903 PTs participated in Virginia's workforce during the survey period, which is defined as those PTs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a PT at some point in the future. This workforce provided 6,449 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly three-quarters of all PTs are female, and the median age of this workforce is 39. In a random encounter between two PTs, there is a 33% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those PTs who are under the age of 40, this diversity index falls to 32%. Both of these values are well below the comparable diversity index of 57% for Virginia's population as a whole. Meanwhile, more than one-quarter of all PTs grew up in rural areas, and 17% of this group of professionals currently work in non-metro areas of the state. In total, 8% of all PTs work in non-metro areas of Virginia.

Among all PTs, 95% are currently employed in the profession, 66% hold one full-time job, and 50% work between 40 and 49 hours per week. Meanwhile, 13% of PTs have experienced involuntary unemployment at some point in the past year, and 7% have experienced underemployment. More than 90% of all PTs are employed in the private sector, including 62% who work in for-profit establishments. The median annual income for Virginia's PTs is between \$70,000 and \$80,000. In addition, nearly 80% of PTs receive at least one employer-sponsored benefit, including 62% who have access to health insurance. Overall, 93% of PTs indicated that they are satisfied with their current employment situation, including 60% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2012 Physical Therapy workforce. The number of licensed PTs has increased by 43% (9,518 vs. 6,663). In addition, the size of Virginia's PT workforce has increased by 45% (7,903 vs. 5,434), and the number of FTEs provided by this workforce has increased by 35% (6,449 vs. 4,788). Virginia's renewing PTs are more likely to respond to this survey (98% vs. 89%).

The percentage of Virginia's PTs who are female has fallen (73% vs. 77%), and the median age of this workforce has declined as well (39 vs. 41). At the same time, the diversity index of Virginia's overall PT workforce has increased slightly (33% vs. 32%). However, the diversity index among those PTs who are under the age of 40 has declined (32% vs. 38%). This has occurred at a time when the diversity index of Virginia's overall population has increased (57% vs. 54%). There has been no change in the percentage of PTs who grew up in rural areas (27%), but this group of professionals is less likely to work in non-metro areas of the state (17% vs. 19%). In total, the percentage of all PTs who work in non-metro counties of Virginia has fallen (8% vs. 10%).

PTs are more likely to hold a doctoral degree (69% vs. 41%). Consequently, fewer PTs hold either a bachelor's degree (15% vs. 29%) or a master's degree (16% vs. 30%). At the same time, PTs are more likely to carry education debt (43% vs. 38%), and the median debt amount among those PTs with education debt has increased (\$80k-\$90k vs. \$50k-\$60k).

PTs are more likely to hold one full-time job (66% vs. 60%) and work between 40 and 49 hours per week (50% vs. 48%). Meanwhile, the one-year rates of involuntary unemployment (13% vs. 2%) and underemployment (7% vs. 2%) have both increased considerably. This increased employment instability is most likely due to the negative economic effects of the coronavirus pandemic. Although there has been no change in the median annual income of PTs (\$70k-\$80k), they are slightly more likely to receive at least one employer-sponsored benefit (79% vs. 77%). The percentage of PTs who indicated that they are satisfied with their current employment situation has fallen (93% vs. 97%), and this decline is even greater among those who indicated that they are "very satisfied" (60% vs. 70%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	7,728	81%
New Licensees	735	8%
Non-Renewals	1,055	11%
All Licensees	9,518	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing PTs submitted a survey. These represent 83% of all PTs who held a license at some point in 2020.

Definitions

- The Survey Period:** The survey was conducted in December 2020.
- Target Population:** All PTs who held a Virginia license at some point in 2020.
- Survey Population:** The survey was available to PTs who renewed their licenses online. It was not available to those who did not renew, including some PTs newly licensed in 2020.

Response Rates

Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	614	1,023	63%
30 to 34	378	1,479	80%
35 to 39	171	1,168	87%
40 to 44	107	997	90%
45 to 49	68	944	93%
50 to 54	69	792	92%
55 to 59	70	662	90%
60 and Over	175	801	82%
Total	1,652	7,866	83%
New Licenses			
Issued in 2020	484	251	34%
Metro Status			
Non-Metro	87	527	86%
Metro	731	5,604	89%
Not in Virginia	834	1,735	68%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	7,866
Response Rate, All Licensees	83%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed PTs

Number:	9,518
New:	8%
Not Renewed:	11%

Response Rates

All Licensees:	83%
Renewing Practitioners:	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2020 PT Workforce: 7,903
 FTEs: 6,449

Utilization Ratios

Licensees in VA Workforce: 83%
 Licensees per FTE: 1.48
 Workers per FTE: 1.23

Source: Va. Healthcare Workforce Data Center

Definitions

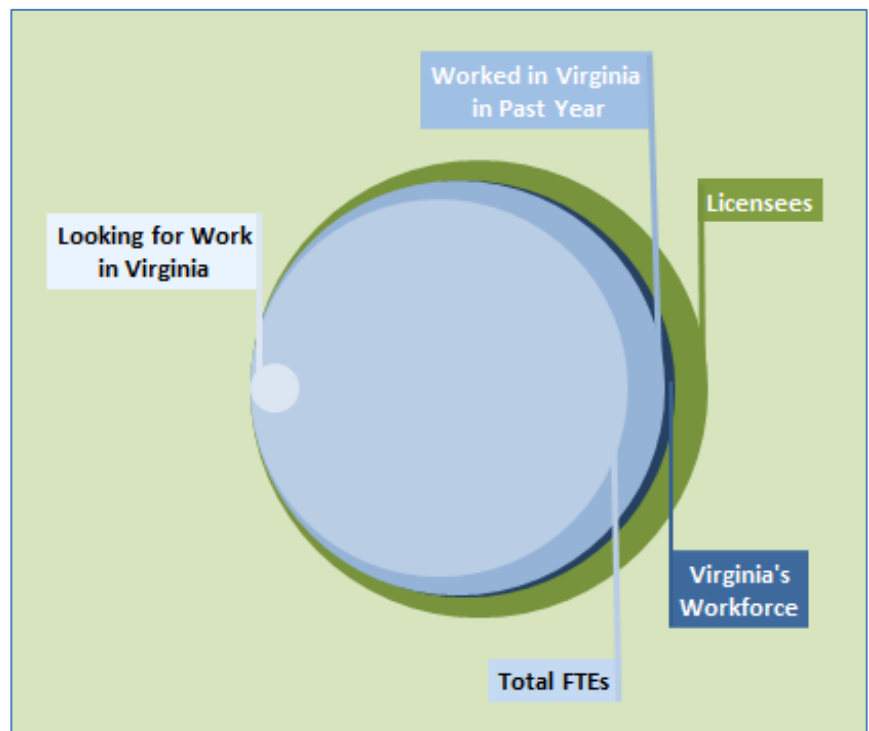
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 hours (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's PT Workforce

Status	#	%
Worked in Virginia in Past Year	7,798	99%
Looking for Work in Virginia	106	1%
Virginia's Workforce	7,903	100%
Total FTEs	6,449	
Licensees	9,518	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	374	28%	982	72%	1,356	19%
30 to 34	397	27%	1,050	73%	1,446	20%
35 to 39	261	26%	763	75%	1,024	14%
40 to 44	201	25%	604	75%	805	11%
45 to 49	219	29%	531	71%	751	10%
50 to 54	150	25%	455	75%	605	8%
55 to 59	125	24%	401	76%	525	7%
60 and Over	200	30%	471	70%	671	9%
Total	1,927	27%	5,257	73%	7,184	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	PTs		PTs Under 40	
	%	#	%	#	%
White	61%	5,797	81%	3,112	82%
Black	19%	283	4%	143	4%
Hispanic	10%	196	3%	109	3%
Asian	7%	647	9%	317	8%
Two or More Races	3%	160	2%	101	3%
Other Race	0%	80	1%	32	1%
Total	100%	7,164	100%	3,814	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

More than half of all PTs are under the age 40, and 73% of these professionals are female. In addition, there is a 32% chance that two randomly chosen PTs from this group would be of different races or ethnicities.

At a Glance:

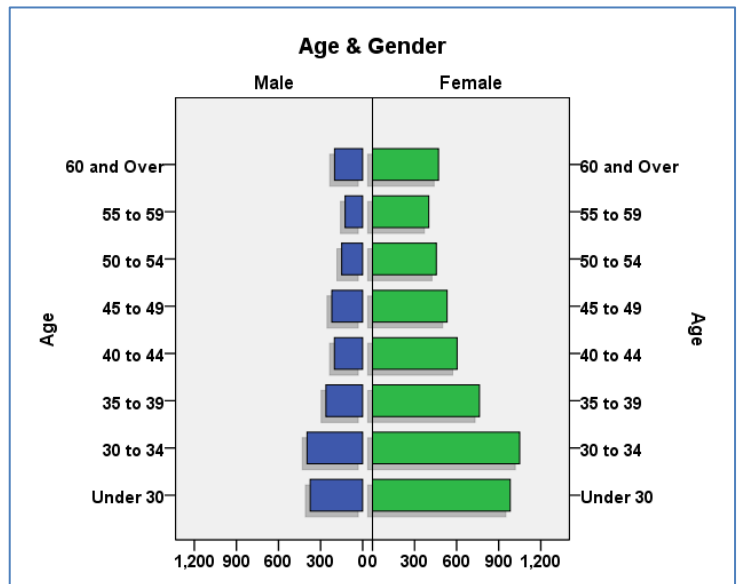
Gender
 % Female: 73%
 % Under 40 Female: 73%

Age
 Median Age: 39
 % Under 40: 53%
 % 55 and Over: 17%

Diversity
 Diversity Index: 33%
 Under 40 Div. Index: 32%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two PTs, there is a 33% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 57%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 11%
 Rural Childhood: 27%

Virginia Background

HS in Virginia: 42%
 Professional Edu. in VA: 41%
 HS/Prof. Edu. in VA: 51%

Location Choice

% Rural to Non-Metro: 17%
 % Urban/Suburban to Non-Metro: 5%

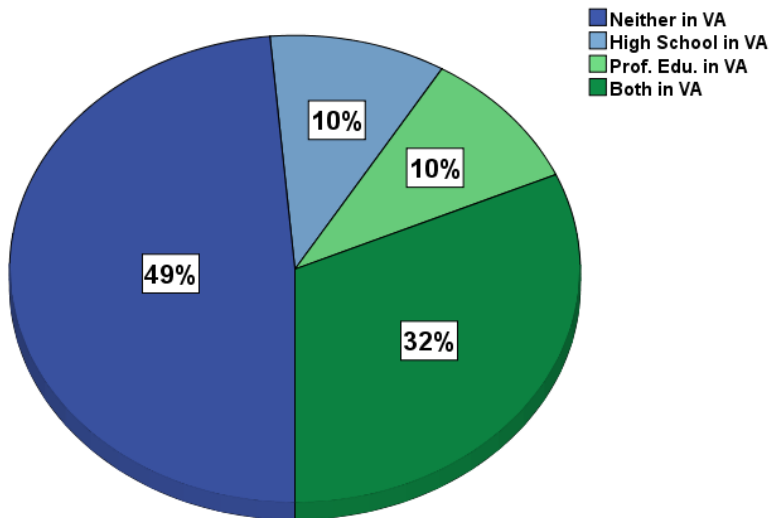
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	20%	69%	12%
2	Metro, 250,000 to 1 Million	37%	55%	8%
3	Metro, 250,000 or Less	39%	53%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	59%	31%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	49%	39%	12%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	65%	29%	6%
8	Rural, Metro Adjacent	50%	42%	8%
9	Rural, Non-Adjacent	46%	43%	10%
Overall		27%	63%	11%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-quarter of all PTs grew up in rural areas, and 17% of these professionals currently work in non-metro counties. Overall, 8% of Virginia's PTs work in non-metro counties of the state.

Top Ten States for Physical Therapist Recruitment

Rank	All Physical Therapists			
	High School	#	Professional School	#
1	Virginia	2,977	Virginia	2,929
2	Outside U.S./Canada	643	Pennsylvania	537
3	New York	515	New York	514
4	Pennsylvania	513	Outside U.S./Canada	478
5	Maryland	382	North Carolina	327
6	New Jersey	246	Florida	301
7	North Carolina	169	Washington, D.C.	199
8	Ohio	150	Massachusetts	199
9	Florida	143	Maryland	168
10	Massachusetts	116	California	115

Source: Va. Healthcare Workforce Data Center

Among all PTs, 42% received their high school degree in Virginia, while 41% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	1,072	Virginia	1,089
2	Pennsylvania	182	Pennsylvania	199
3	Outside U.S./Canada	165	New York	161
4	New York	155	Florida	121
5	Maryland	128	Outside U.S./Canada	117
6	New Jersey	76	North Carolina	112
7	North Carolina	68	Washington, D.C.	72
8	Florida	56	Maryland	57
9	Ohio	54	Massachusetts	35
10	Georgia	34	West Virginia	35

Source: Va. Healthcare Workforce Data Center

Among PTs who have been licensed in the past five years, 44% received their high school degree in Virginia, and 45% received their initial professional degree in the state.

Nearly one out of every five licensed PTs did not participate in Virginia's workforce in 2020. More than 90% of these professionals worked at some point in the past year, including 87% who currently work as PTs.

At a Glance:

Not in VA Workforce

Total:	1,631
% of Licensees:	17%
Federal/Military:	6%
VA Border State/DC:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Baccalaureate	1,072	15%
Masters	1,158	16%
Doctorate	4,892	69%
Total	7,122	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Doctorate: 69%

Masters: 16%

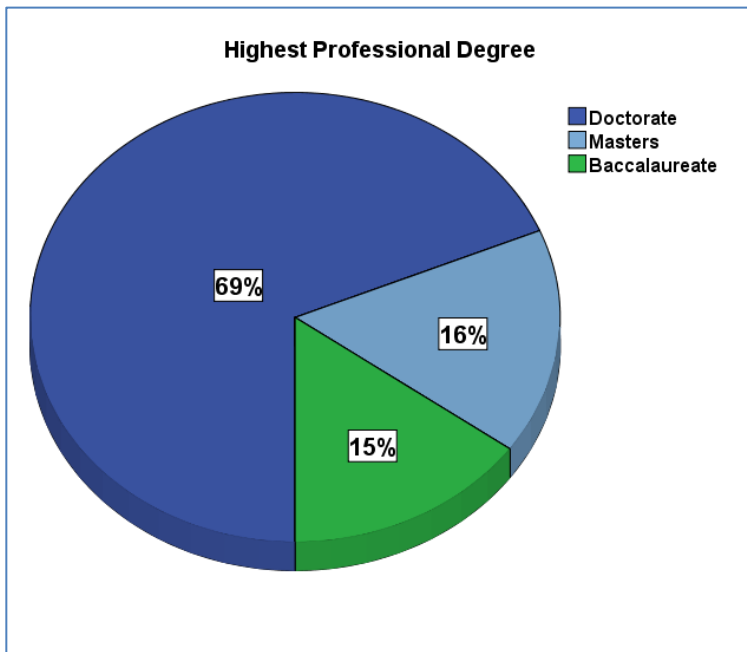
Education Debt

With Debt: 43%

Under Age 40 w/ Debt: 64%

Median Debt: \$80k-\$90k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly 70% of all PTs hold a doctoral degree as their highest professional degree.

More than 40% of all PTs carry education debt, including 64% of those who are under the age of 40. For those with education debt, the median debt amount is between \$80,000 and \$90,000.

Amount Carried	All PTs		PTs Under 40	
	#	%	#	%
None	3,701	57%	1,263	36%
Less than \$20,000	353	5%	179	5%
\$20,000-\$39,999	388	6%	234	7%
\$40,000-\$59,999	334	5%	252	7%
\$60,000-\$79,999	296	5%	239	7%
\$80,000-\$99,999	308	5%	268	8%
\$100,000-\$119,999	260	4%	233	7%
\$120,000 or More	868	13%	821	24%
Total	6,508	100%	3,489	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

Orthopaedics:	7%
Clinical Instructor (APTA):	4%
Geriatrics:	2%

Top Credentials:

Dry Needling:	16%
Exercise Therapy:	4%
Athletic Training:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

APTA Recognition of Advanced Proficiency		
Proficiency Area	#	% of Workforce
Orthopaedics	540	7%
Clinical Instructor (APTA)	343	4%
Geriatrics	120	2%
Neurology	112	1%
Sports	79	1%
Pediatrics	66	1%
Women's Health	27	0%
Cardiovascular & Pulmonary	20	0%
Clinical Electrophysiology	6	0%
Other	222	3%
At Least One Certification	1,353	17%

Source: Va. Healthcare Workforce Data Center

Credentials		
Area	#	% of Workforce
Dry Needling	1,260	16%
Exercise/Physical Therapy	329	4%
Athletic Training	210	3%
Lymphedema Therapy	202	3%
Early Intervention	170	2%
Massage Therapy	55	1%
Wound Care	45	1%
Orthotics	28	0%
Assistive Technology	21	0%
Nursing	9	0%
Art/Dance Therapy	8	0%
Occupational Therapy	8	0%
Prosthetics	6	0%
Chiropractry	2	0%
Other	633	8%
At Least One Credential	2,421	31%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five PTs hold at least one APTA certification, while 31% of PTs hold at least one credential. Orthopaedics (APTA) is the most common certification proficiency area, while Dry Needling is the most common credentialed proficiency area.

At a Glance:

Employment

Employed in Profession: 95%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 66%
 2 or More Positions: 14%

Weekly Hours:

40 to 49: 50%
 60 or More: 3%
 Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	2	0%
Employed in a Physical Therapy-Related Capacity	6,810	95%
Employed, NOT in a Physical Therapy-Related Capacity	89	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	67	1%
Voluntarily Unemployed	158	2%
Retired	26	0%
Total	7,151	100%

Source: Va. Healthcare Workforce Data Center

More than nine out of every ten PTs are currently employed in the profession, two-thirds hold one full-time job, and one-half work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	251	4%
One Part-Time Position	1,197	17%
Two Part-Time Positions	313	4%
One Full-Time Position	4,634	66%
One Full-Time Position & One Part-Time Position	527	7%
Two Full-Time Positions	13	0%
More than Two Positions	124	2%
Total	7,059	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	251	4%
1 to 9 Hours	178	3%
10 to 19 Hours	410	6%
20 to 29 Hours	538	8%
30 to 39 Hours	1,348	19%
40 to 49 Hours	3,523	50%
50 to 59 Hours	562	8%
60 to 69 Hours	124	2%
70 to 79 Hours	35	0%
80 or More Hours	38	1%
Total	7,007	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	22	0%
Less than \$30,000	366	6%
\$30,000-\$39,999	196	3%
\$40,000-\$49,999	279	5%
\$50,000-\$59,999	436	7%
\$60,000-\$69,999	714	12%
\$70,000-\$79,999	1,309	22%
\$80,000-\$89,999	996	17%
\$90,000-\$99,999	644	11%
\$100,000-\$109,999	470	8%
\$110,000-\$119,999	207	4%
\$120,000 or More	269	5%
Total	5,907	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,185	60%
Somewhat Satisfied	2,317	33%
Somewhat Dissatisfied	365	5%
Very Dissatisfied	100	1%
Total	6,966	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$70k-\$80k

Benefits

Health Insurance: 62%

Retirement: 65%

Satisfaction

Satisfied: 93%

Very Satisfied: 60%

Source: Va. Healthcare Workforce Data Center

The median annual income of Virginia's PTs is between \$70,000 and \$80,000. In addition, nearly 80% of PTs receive at least one employer-sponsored benefit, including 62% of PTs who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	4,862	71%	76%
Retirement	4,417	65%	70%
Health Insurance	4,234	62%	66%
Dental Insurance	3,941	58%	62%
Paid Sick Leave	3,428	50%	54%
Group Life Insurance	2,711	40%	43%
Signing/Retention Bonus	762	11%	12%
At Least One Benefit	5,411	79%	84%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	1,185	15%
Experience Involuntary Unemployment?	1,017	13%
Switch Employers or Practices?	584	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	556	7%
Experience Voluntary Unemployment?	507	6%
Experienced At Least One	2,852	36%

Source: Va. Healthcare Workforce Data Center

More than one out of every ten PTs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 6.3% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	171	2%	113	7%
Less than 6 Months	523	8%	264	17%
6 Months to 1 Year	536	8%	162	11%
1 to 2 Years	1,616	24%	337	22%
3 to 5 Years	1,484	22%	274	18%
6 to 10 Years	1,065	16%	188	12%
More than 10 Years	1,466	21%	172	11%
Subtotal	6,861	100%	1,511	100%
Did Not Have Location	131		6,368	
Item Missing	912		24	
Total	7,903		7,903	

Source: Va. Healthcare Workforce Data Center

More than half of all PTs receive a salary at their primary work location, while 36% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 13%

Underemployed: 7%

Turnover & Tenure

Switched Jobs: 7%

New Location: 22%

Over 2 Years: 59%

Over 2 Yrs., 2nd Location: 42%

Employment Type

Salary/Commission: 53%

Hourly Wage: 36%

Source: Va. Healthcare Workforce Data Center

Among all PTs, nearly 60% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	3,022	53%
Hourly Wage	2,043	36%
By Contract	326	6%
Business/Practice Income	251	4%
Unpaid	28	0%
Subtotal	5,670	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 11.0%.

At a Glance:

Concentration

Top Region:	33%
Top 3 Regions:	75%
Lowest Region:	2%

Locations

2 or More (2020):	22%
2 or More (Now*):	20%

Source: Va. Healthcare Workforce Data Center

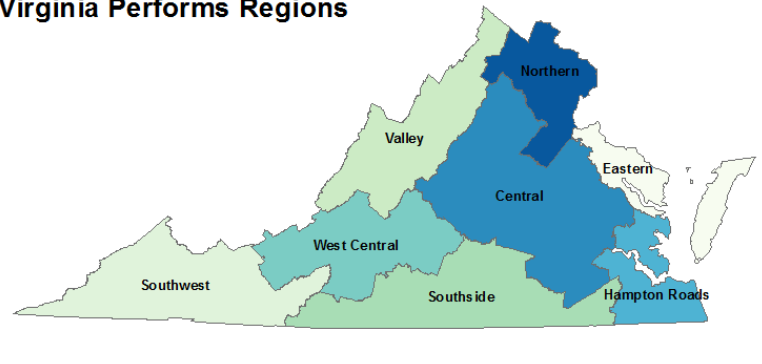
Three-quarters of all PTs work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	2,247	33%	480	32%
Central	1,624	24%	314	21%
Hampton Roads	1,296	19%	248	16%
West Central	637	9%	135	9%
Valley	430	6%	90	6%
Southwest	241	4%	67	4%
Southside	165	2%	39	3%
Eastern	108	2%	29	2%
Virginia Border State/D.C.	45	1%	43	3%
Other U.S. State	52	1%	70	5%
Outside of the U.S.	2	0%	2	0%
Total	6,847	100%	1,517	100%
Item Missing	927		19	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



While one out of every five PTs currently have multiple work locations, 22% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in 2020		Work Locations Now*	
	#	%	#	%
0	106	2%	244	4%
1	5,316	77%	5,304	76%
2	928	13%	912	13%
3	453	7%	400	6%
4	66	1%	39	1%
5	17	0%	10	0%
6 or More	67	1%	44	1%
Total	6,953	100%	6,953	100%

*At the time of survey completion, December 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,073	62%	1,066	74%
Non-Profit	2,095	32%	309	21%
State/Local Government	298	5%	61	4%
Veterans Administration	56	1%	0	0%
U.S. Military	64	1%	10	1%
Other Federal Gov't	11	0%	3	0%
Total	6,597	100%	1,449	100%
Did Not Have Location	131		6,368	
Item Missing	1,175		85	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

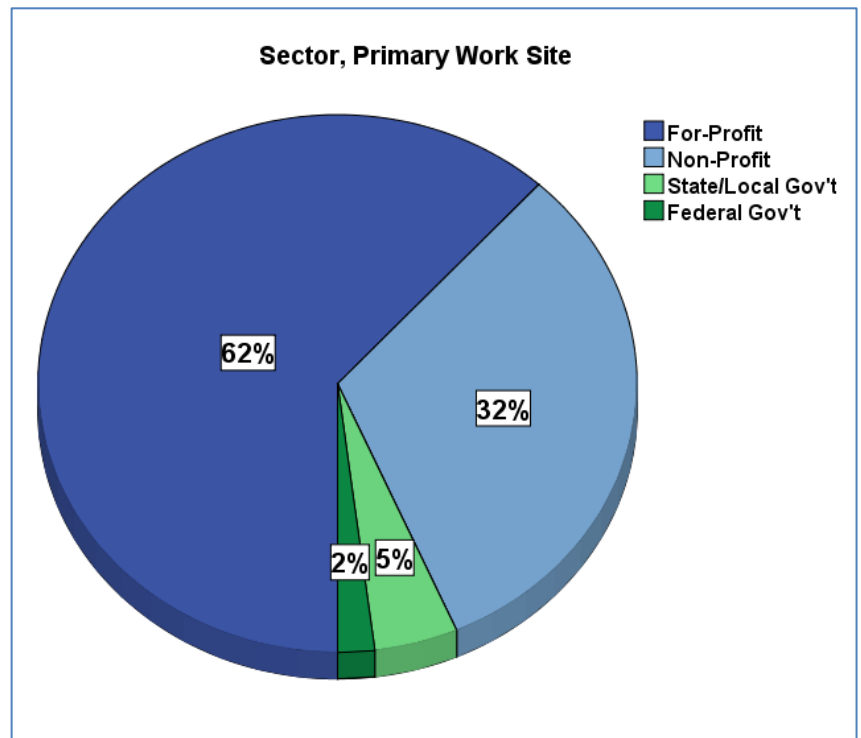
For-Profit:	62%
Federal:	2%

Top Establishments

Group Private Practice:	18%
Rehabilitation Facility:	15%
Home Health Care:	13%

Source: Va. Healthcare Workforce Data Center

More than 90% of all PTs work in the private sector, including 62% who work in for-profit establishments. Another 5% of PTs work for either state or local governments.



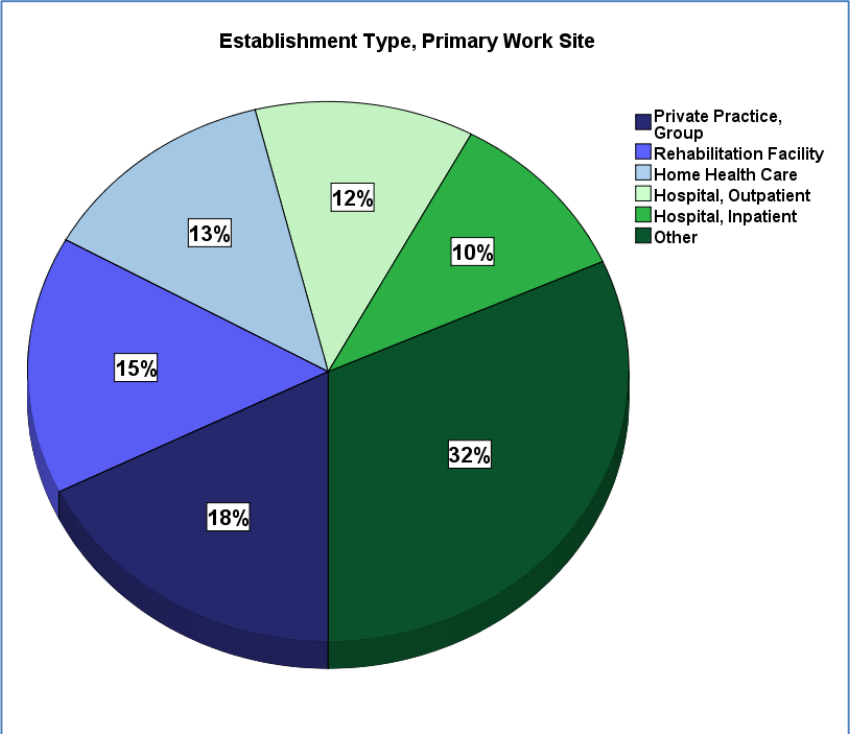
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	1,135	18%	169	12%
Rehabilitation Facility, Outpatient Clinic	994	15%	139	10%
Home Health Care	834	13%	261	19%
General Hospital, Outpatient Department	759	12%	73	5%
General Hospital, Inpatient Department	670	10%	170	12%
Private Practice, Solo	470	7%	114	8%
Skilled Nursing Facility	396	6%	142	10%
Rehabilitation Facility, Residential/Inpatient	251	4%	76	5%
Academic Institution	169	3%	76	5%
Physician Office	152	2%	12	1%
Assisted Living or Continuing Care Facility	143	2%	38	3%
K-12 School System	140	2%	19	1%
Other	317	5%	119	8%
Total	6,430	100%	1,408	100%
Did Not Have a Location	131		6,368	

Nearly half of all PTs work in group private practices, outpatient rehabilitation facilities, and home health care establishments as their primary work location.

Source: Va. Healthcare Workforce Data Center

Among those PTs who also have a secondary work location, more than 40% work in home health care establishments, the inpatient department of hospitals, and group private practices.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

A Typical PT's Time

Patient Care: 90%-99%
Administration: 1%-9%

Roles

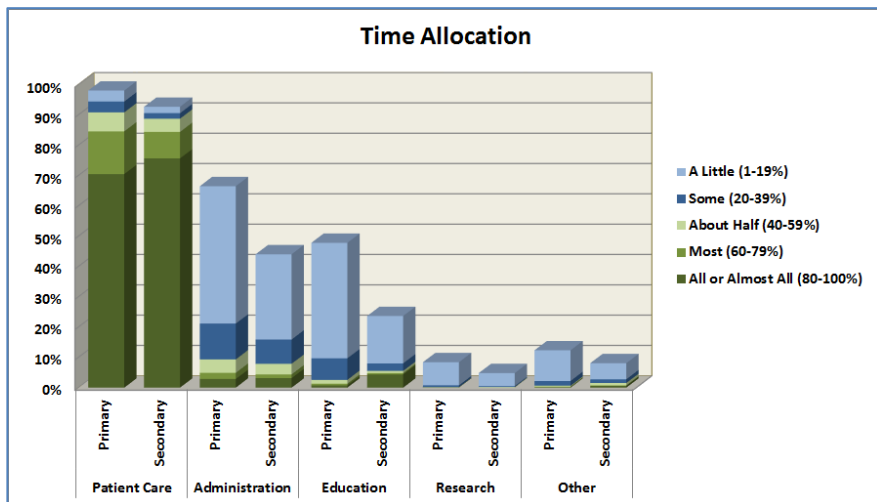
Patient Care: 85%
Administration: 5%
Education: 1%

Patient Care PTs

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

PTs spend most of their time performing patient care activities. In fact, 85% of all PTs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	70%	76%	3%	3%	1%	4%	0%	0%	0%	1%
Most (60-79%)	14%	9%	2%	1%	1%	0%	0%	0%	0%	0%
About Half (40-59%)	6%	4%	4%	3%	1%	1%	0%	0%	0%	1%
Some (20-39%)	4%	2%	12%	8%	7%	2%	1%	0%	2%	1%
A Little (1-19%)	4%	2%	45%	28%	38%	16%	8%	4%	10%	5%
None (0%)	2%	7%	34%	56%	52%	76%	92%	95%	88%	92%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All PTs		PTs 50 and Over	
	#	%	#	%
Under Age 50	243	4%	-	-
50 to 54	351	6%	12	1%
55 to 59	843	13%	115	7%
60 to 64	1,903	30%	434	28%
65 to 69	2,035	32%	608	39%
70 to 74	509	8%	239	15%
75 to 79	128	2%	49	3%
80 or Over	51	1%	14	1%
I Do Not Intend to Retire	274	4%	88	6%
Total	6,337	100%	1,559	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All PTs

Under 65: 53%
Under 60: 23%

PTs 50 and Over

Under 65: 36%
Under 60: 8%

Time Until Retirement

Within 2 Years: 4%
Within 10 Years: 15%
Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

More than half of all PTs expect to retire by the age of 65. Among those PTs who are age 50 and over, 36% still expect to retire by the age of 65.

Within the next two years, 25% of PTs expect to pursue additional educational opportunities, and 11% expect to increase their patient care hours.

Future Plans

Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	873	11%
Leave Virginia	341	4%
Leave Profession	132	2%
Decrease Teaching Hours	29	0%
Increase Participation		
Pursue Additional Education	1,956	25%
Increase Patient Care Hours	881	11%
Increase Teaching Hours	760	10%
Certify for Direct Access	565	7%
Return to Virginia's Workforce	73	1%

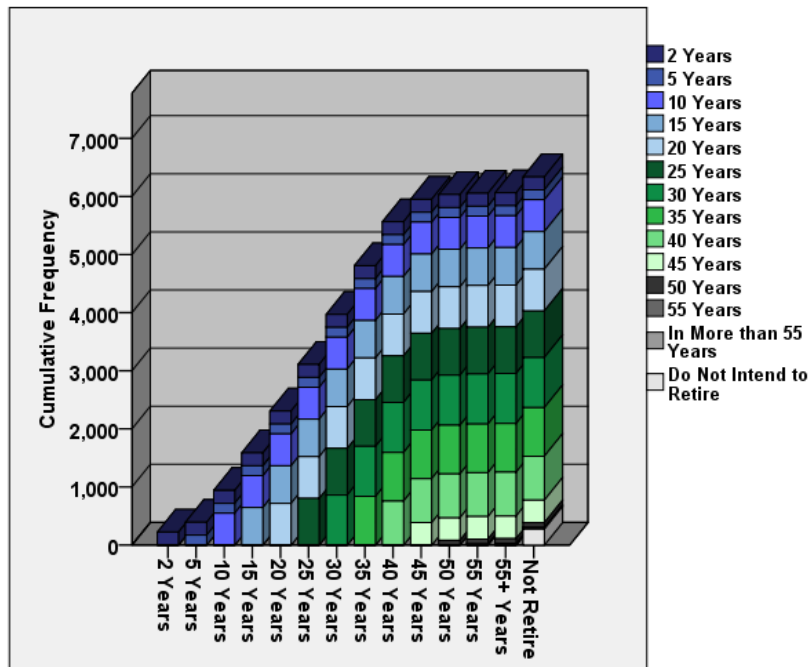
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for PTs. While only 4% of PTs expect to retire in the next two years, 15% expect to retire within the next decade. More than half of the current workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	223	4%	4%
5 Years	170	3%	6%
10 Years	548	9%	15%
15 Years	647	10%	25%
20 Years	719	11%	36%
25 Years	803	13%	49%
30 Years	861	14%	63%
35 Years	838	13%	76%
40 Years	756	12%	88%
45 Years	387	6%	94%
50 Years	81	1%	95%
55 Years	23	0%	96%
In More than 55 Years	8	0%	96%
Do Not Intend to Retire	274	4%	100%
Total	6,337	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2035. Retirement will peak at 14% of the current workforce in 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 6,449
 FTEs/1,000 Residents²: 0.756
 Average: 0.83

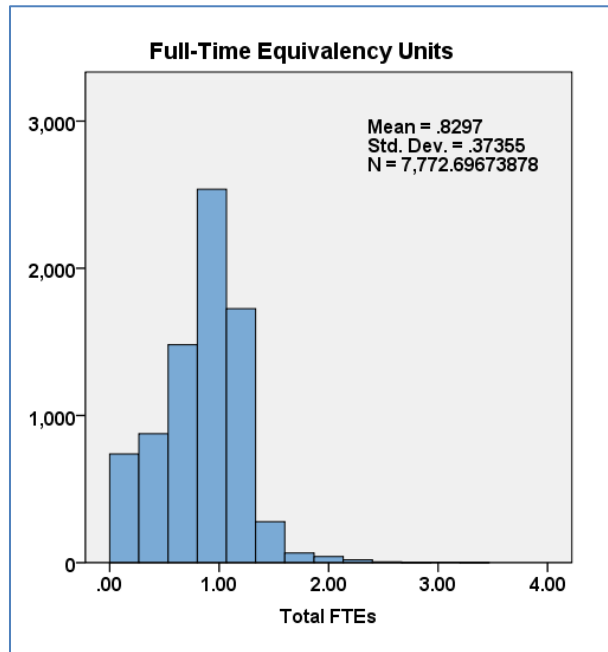
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

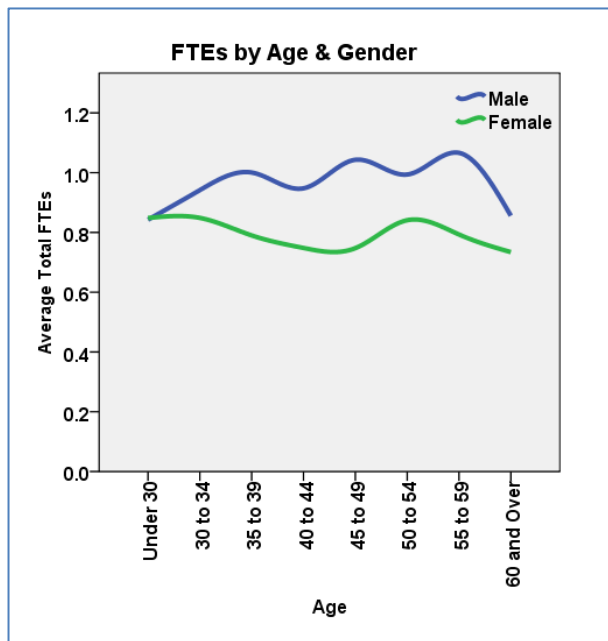


Source: Va. Healthcare Workforce Data Center

The typical PT provided 0.88 FTEs in 2020, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.84	0.96
30 to 34	0.87	0.96
35 to 39	0.85	0.88
40 to 44	0.78	0.80
45 to 49	0.80	0.80
50 to 54	0.87	0.84
55 to 59	0.86	0.87
60 and Over	0.74	0.67
Gender		
Male	0.95	1.03
Female	0.80	0.88

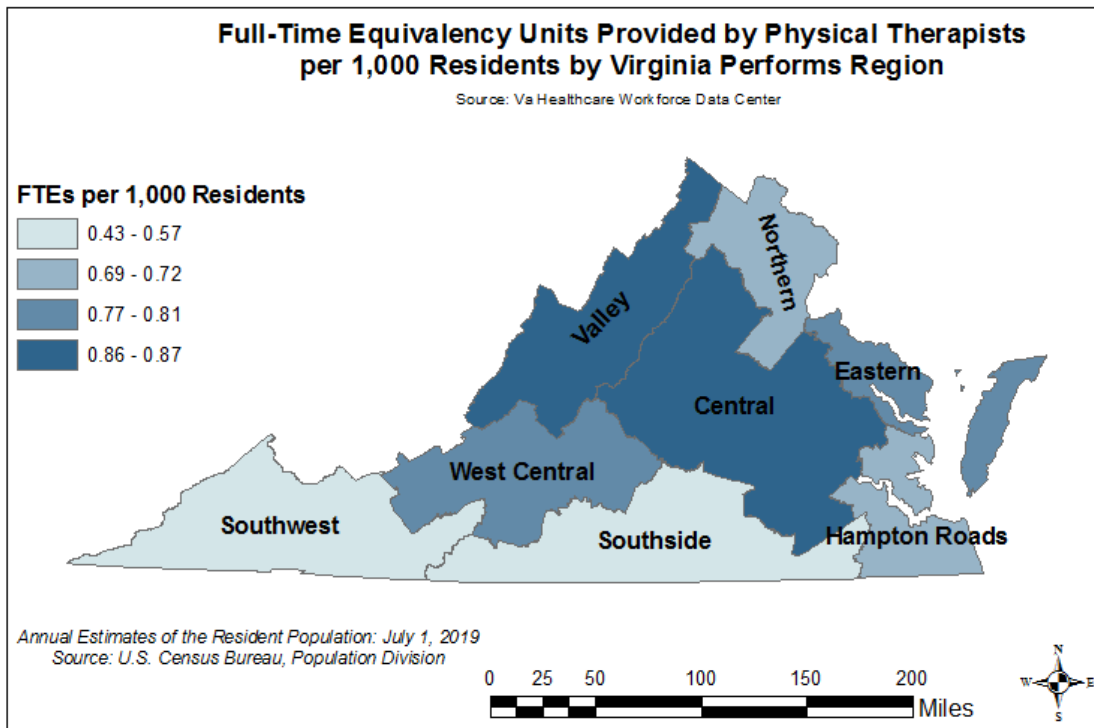
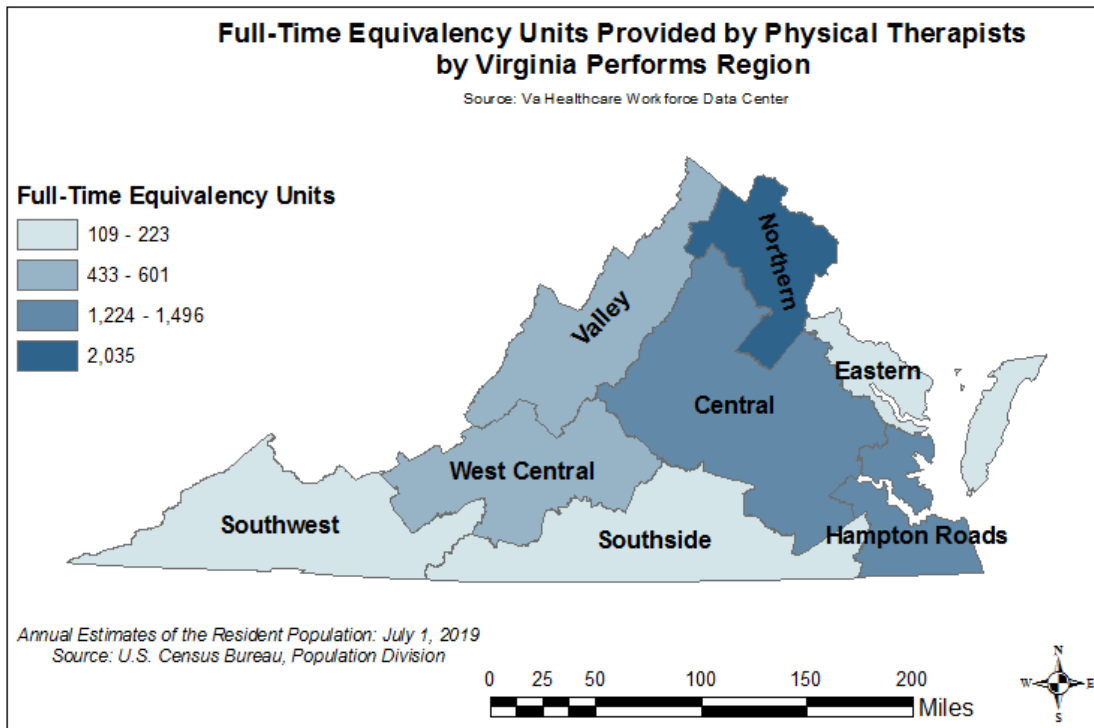
Source: Va. Healthcare Workforce Data Center

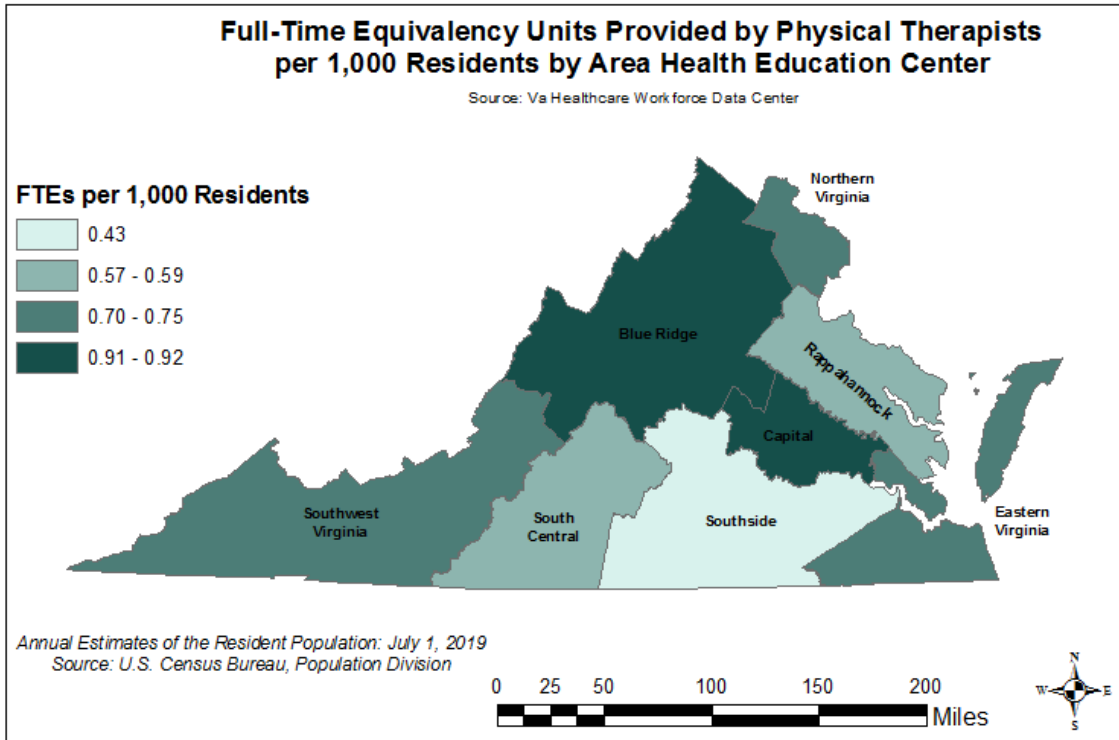
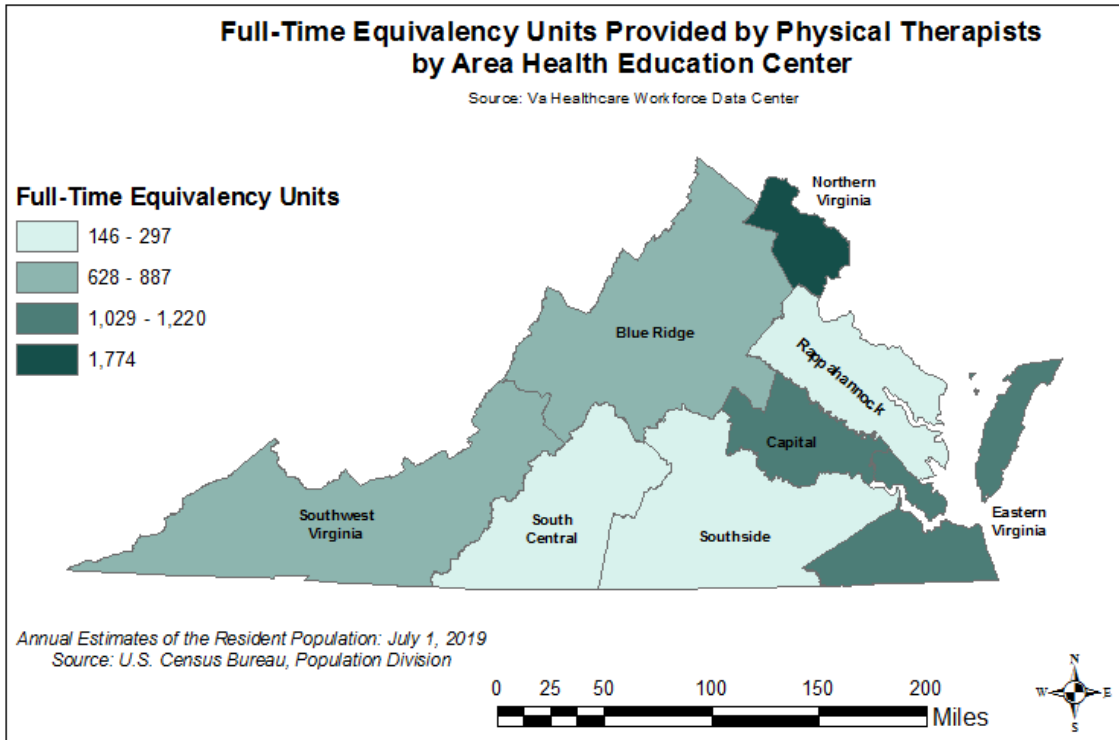


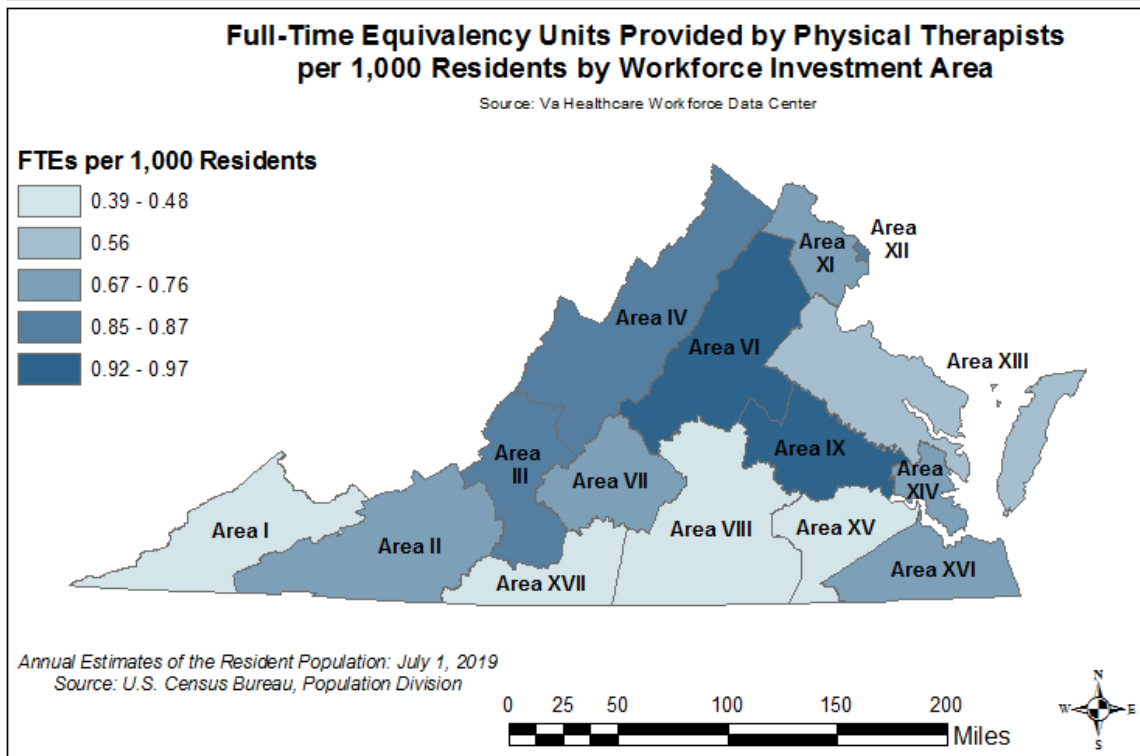
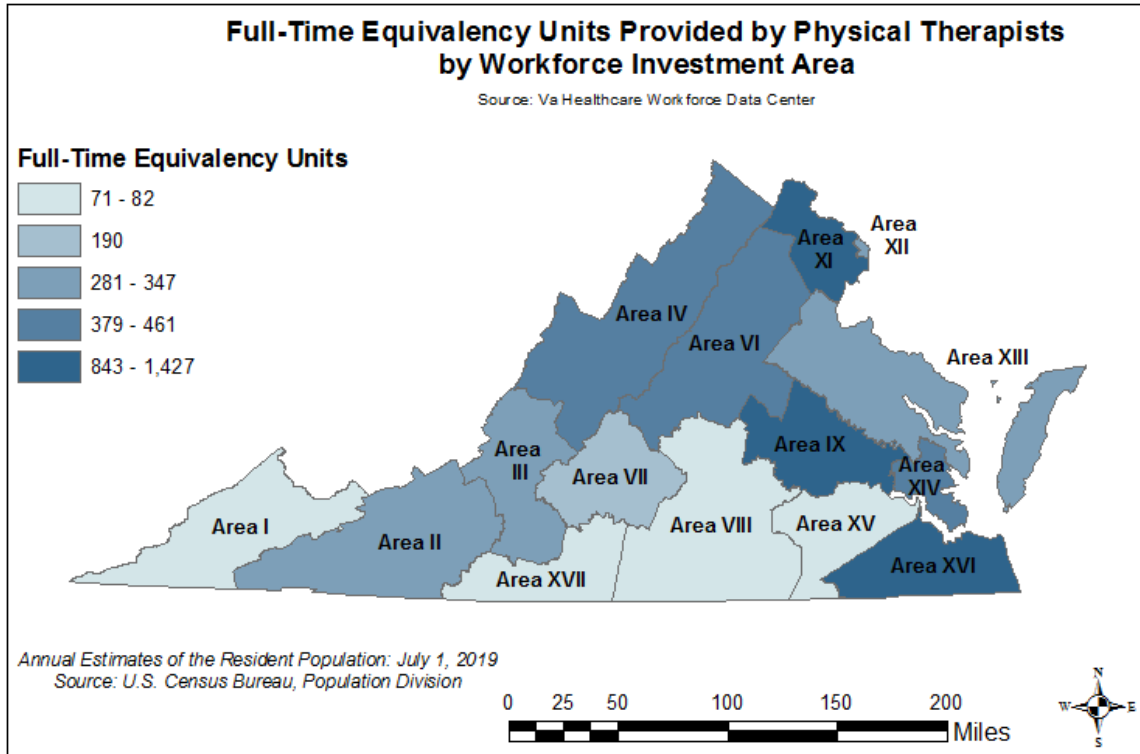
Source: Va. Healthcare Workforce Data Center

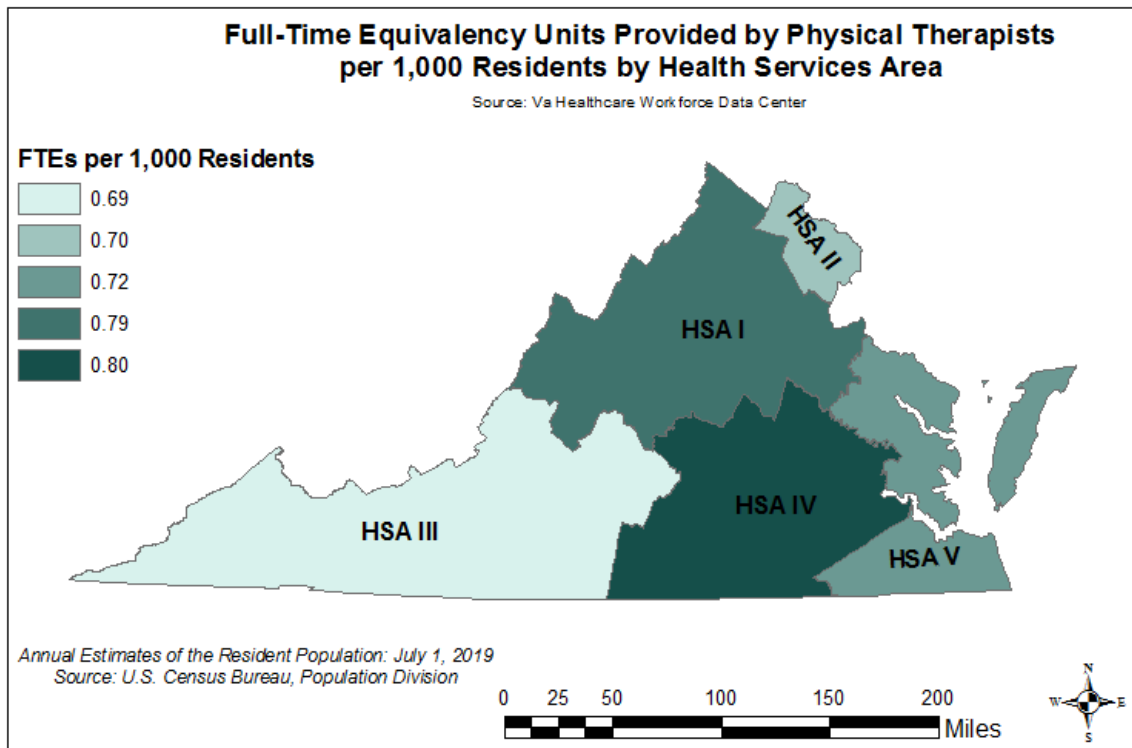
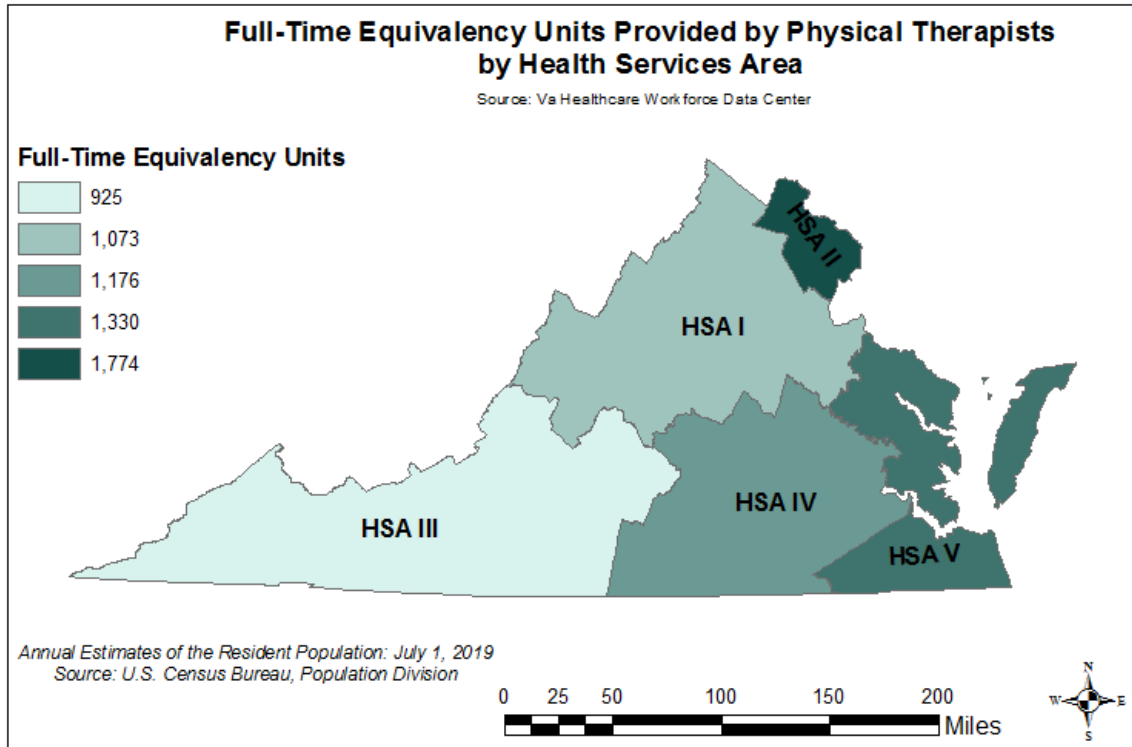
² Number of residents in 2019 was used as the denominator.

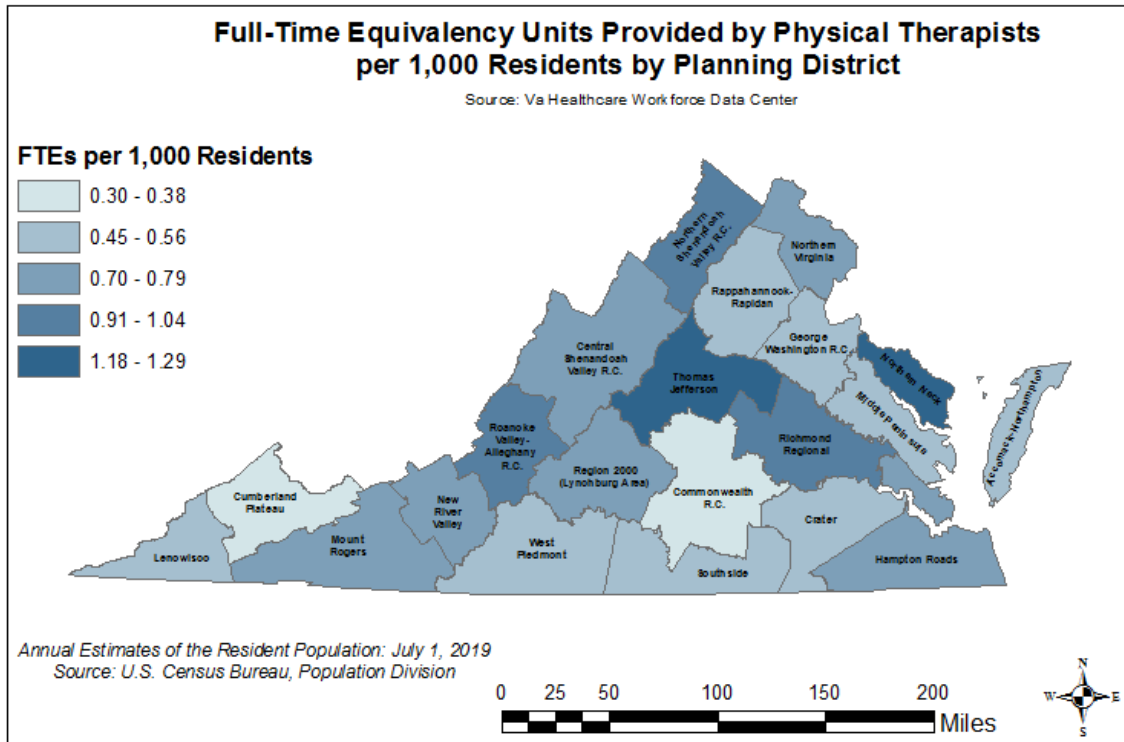
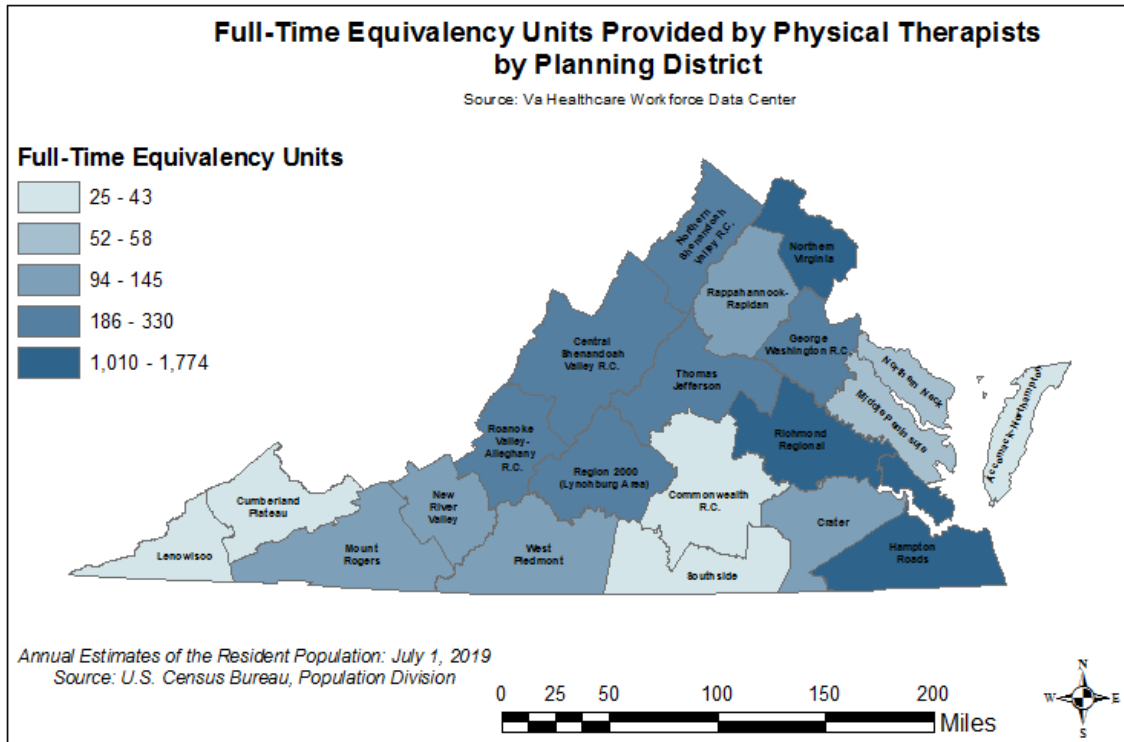
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	4,878	88.81%	1.126	0.998	1.489
Metro, 250,000 to 1 Million	613	86.95%	1.150	1.019	1.521
Metro, 250,000 or Less	844	87.56%	1.142	1.012	1.510
Urban, Pop. 20,000+, Metro Adj.	87	89.66%	1.115	0.988	1.475
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	221	86.88%	1.151	1.020	1.522
Urban, Pop. 2,500-19,999, Non-Adj.	108	90.74%	1.102	0.976	1.457
Rural, Metro Adj.	130	77.69%	1.287	1.140	1.702
Rural, Non-Adj.	68	85.29%	1.172	1.039	1.550
Virginia Border State/D.C.	947	67.16%	1.489	1.319	1.969
Other U.S. State	1,622	67.76%	1.476	1.308	1.952

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	1,637	62.49%	1.600	1.457	1.969
30 to 34	1,857	79.64%	1.256	1.144	1.545
35 to 39	1,339	87.23%	1.146	1.044	1.411
40 to 44	1,104	90.31%	1.107	1.009	1.363
45 to 49	1,012	93.28%	1.072	0.976	1.319
50 to 54	861	91.99%	1.087	0.990	1.338
55 to 59	732	90.44%	1.106	1.007	1.361
60 and Over	976	82.07%	1.218	1.110	1.499

Source: Va. Healthcare Workforce Data Center

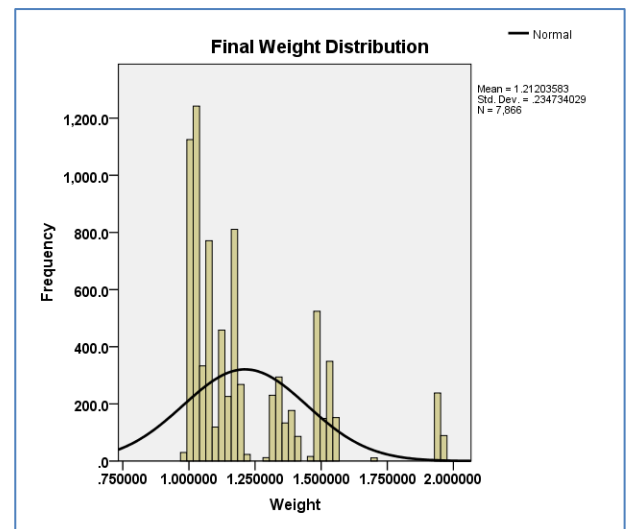
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate =
Final Weight.

Overall Response Rate: 0.826434



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Physical Therapist Assistant Workforce: 2020

Healthcare Workforce Data Center

March 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Henrico, VA 23233
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 3,300 Physical Therapist Assistants voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Physical Therapy express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Physical Therapist Assistant Workforce At a Glance:

The Workforce

Licensees:	3,979
Virginia's Workforce:	3,584
FTEs:	2,728

Background

Rural Childhood:	43%
HS Degree in VA:	65%
Prof. Degree in VA:	77%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	66%
Satisfied?:	91%

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	97%

Education

Associate:	97%
Baccalaureate:	1%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	60%

Demographics

% Female:	76%
Diversity Index:	34%
Median Age:	40

Finances

Median Income:	\$50k-\$60k
Health Insurance:	60%
Under 40 w/ Ed. Debt:	56%

Primary Roles

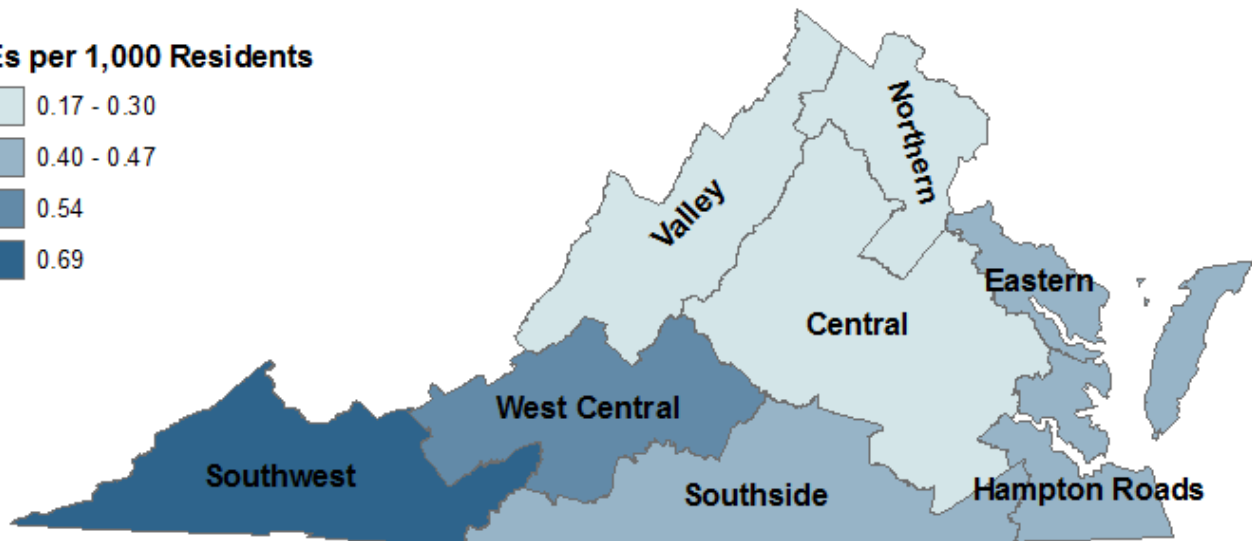
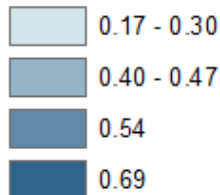
Patient Care:	86%
Administration:	3%
Other:	1%

Source: Va. Healthcare Workforce Data Center

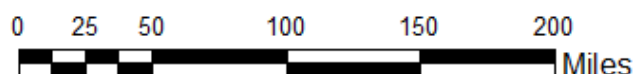
Full-Time Equivalency Units Provided by Physical Therapist Assistants per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



More than 3,300 physical therapist assistants (PTAs) took part in the 2020 Physical Therapist Assistant Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December on even-numbered years for PTAs. These respondents represent 83% of the 3,979 PTAs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 3,584 PTAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's PTA workforce provided 2,728 "full-time equivalency units" during the survey time period, which the HWDC defines simply as working 2,000 hours per year.

More than three-quarters of all PTAs are female, although this percentage falls to 73% for those PTAs who are under the age of 40. In a random encounter between two PTAs, there is a 34% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among those PTAs who are under the age of 40, this diversity index increases to 37%. Both of these values are well below the comparable diversity index of 57% for Virginia's population as a whole. Among all PTAs, 43% grew up in rural areas, and 34% of this group of professionals currently work in non-metro areas of the state. In total, 18% of all PTAs work in non-metro areas of Virginia.

More than 90% of all PTAs are currently employed in the profession, two-thirds hold one full-time job, and 38% work between 40 and 49 hours per week. Meanwhile, 17% of all PTAs have experienced involuntary unemployment at some point in the past year, and 9% have experienced underemployment. More than 90% of all PTAs work in the private sector, including 72% who are employed in for-profit establishments. The median annual income for Virginia's PTA workforce is between \$50,000 and \$60,000. In addition, more than four out of every five PTAs receive at least one employer-sponsored benefit, including 60% who have access to health insurance. More than 90% of all PTAs indicated that they are satisfied with their current work situation, including 58% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2012 Physical Therapist Assistant workforce. The number of licensed PTAs has increased by 50% (3,979 vs. 2,653). In addition, the size of Virginia's PTA workforce has increased by 51% (3,584 vs. 2,377), and the number of FTEs provided by this workforce has grown by 33% (2,728 vs. 2,046). Virginia renewing PTAs are more likely to respond to this survey (97% vs. 87%).

Although still a majority of all PTAs in the state, the percentage of PTAs who are female has declined (76% vs. 79%), and this decline is even greater among those PTAs who are under the age of 40 (73% vs. 80%). At the same time, the diversity index of this workforce has increased (34% vs. 28%) at a time when the state's overall population is also becoming more diverse (57% vs. 54%). Virginia's PTAs are less likely to have grown up in rural areas (43% vs. 46%), and this group of professionals is less likely to work in non-metro areas of the state (34% vs. 37%). In total, the percentage of all PTAs who work in non-metro areas of Virginia has fallen (18% vs. 22%).

Virginia's PTAs are more likely to pursue an Associate of Applied Science as their highest professional degree (82% vs. 78%) instead of an Associate of Science (15% vs. 19%). At the same time, PTAs are more likely to carry education debt (38% vs. 32%), and this is also the case among those PTAs who are under the age of 40 (56% vs. 49%). The median debt amount among those PTAs with education debt has doubled (\$22k-\$24k vs. \$10k-\$12k).

PTAs are less likely to be currently employed in the profession (91% vs. 95%), hold one full-time job (66% vs. 68%), or work between 40 and 49 hours per week (38% vs. 52%). Meanwhile, the one-year rates of involuntary unemployment (17% vs. 2%) and underemployment (9% vs. 4%) have both increased substantially. This increased employment instability is most likely due to the negative economic effects of the coronavirus pandemic. The percentage of PTAs who indicated that they are satisfied with their current work situation has fallen (91% vs. 97%), and this decline is even larger among those who indicated that they are "very satisfied" (58% vs. 72%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,323	84%
New Licensees	280	7%
Non-Renewals	376	9%
All Licensees	3,979	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing PTAs submitted a survey. These represent 83% of all PTAs who held a license at some point in 2020.

Definitions

- The Survey Period:** The survey was conducted in December 2020.
- Target Population:** All PTAs who held a Virginia license at some point in 2020.
- Survey Population:** The survey was available to PTAs who renewed their licenses online. It was not available to those who did not renew, including some PTAs newly licensed in 2020.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	229	491	68%
30 to 34	105	580	85%
35 to 39	72	481	87%
40 to 44	53	391	88%
45 to 49	49	406	89%
50 to 54	50	366	88%
55 to 59	34	299	90%
60 and Over	86	287	77%
Total	678	3,301	83%
New Licensees			
Issued in 2020	236	44	16%
Metro Status			
Non-Metro	78	530	87%
Metro	405	2,355	85%
Not in Virginia	195	416	68%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,301
Response Rate, All Licensees	83%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed PTAs

Number:	3,979
New:	7%
Not Renewed:	9%

Response Rates

All Licensees:	83%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2020 PTA Workforce: 3,584
 FTEs: 2,728

Utilization Ratios

Licensees in VA Workforce: 90%
 Licensees per FTE: 1.46
 Workers per FTE: 1.31

Source: Va. Healthcare Workforce Data Center

Definitions

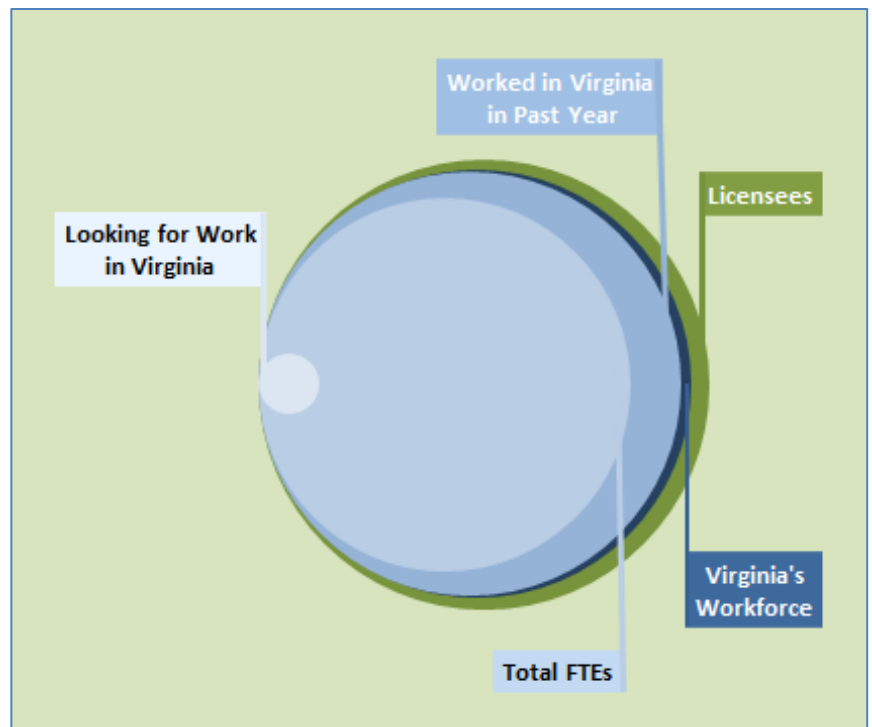
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's PTA Workforce

Status	#	%
Worked in Virginia in Past Year	3,513	98%
Looking for Work in Virginia	72	2%
Virginia's Workforce	3,584	100%
Total FTEs	2,728	
Licensees	3,979	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	152	24%	489	76%	642	19%
30 to 34	173	30%	404	70%	577	17%
35 to 39	123	27%	340	74%	463	14%
40 to 44	90	24%	290	76%	380	11%
45 to 49	87	24%	282	77%	369	11%
50 to 54	72	21%	266	79%	338	10%
55 to 59	44	17%	223	84%	267	8%
60 and Over	65	24%	206	76%	271	8%
Total	807	24%	2,499	76%	3,307	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	PTAs		PTAs Under 40	
	%	#	%	#	%
White	61%	2,673	81%	1,328	79%
Black	19%	264	8%	149	9%
Hispanic	10%	150	5%	85	5%
Asian	7%	101	3%	50	3%
Two or More Races	3%	100	3%	66	4%
Other Race	0%	28	1%	13	1%
Total	100%	3,315	100%	1,690	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

More than half of all PTAs are under the age of 40, and 73% of these professionals are female. In addition, the diversity index among this group of PTAs is 37%.

At a Glance:

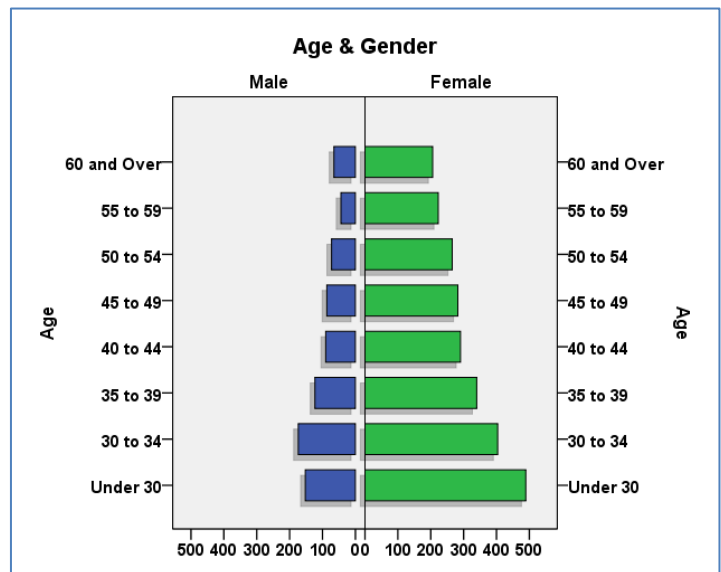
Gender
 % Female: 76%
 % Under 40 Female: 73%

Age
 Median Age: 40
 % Under 40: 51%
 % 55 and Over: 16%

Diversity
 Diversity Index: 34%
 Under 40 Div. Index: 37%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two PTAs, there is a 34% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 57%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 10%
 Rural Childhood: 43%

Virginia Background

HS in Virginia: 65%
 Professional Edu. in VA: 77%
 HS/Prof. Edu. in VA: 80%

Location Choice

% Rural to Non-Metro: 34%
 % Urban/Suburban to Non-Metro: 6%

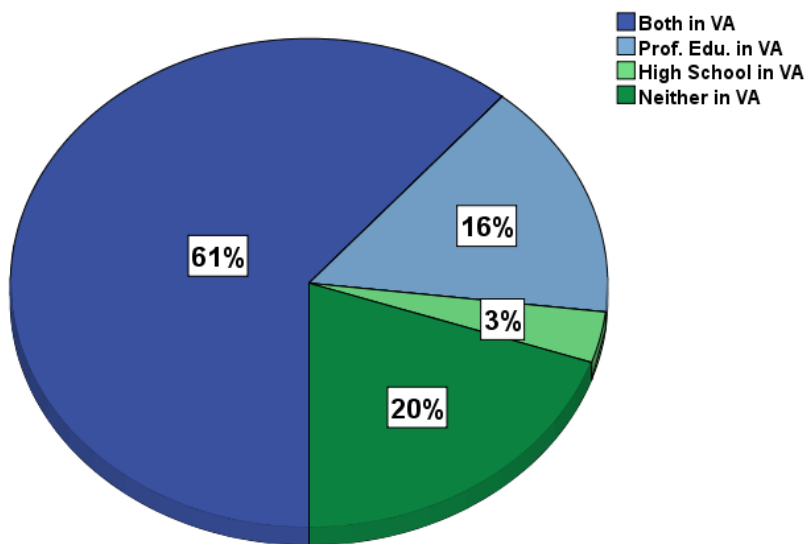
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	26%	62%	12%
2	Metro, 250,000 to 1 Million	58%	34%	8%
3	Metro, 250,000 or Less	57%	36%	7%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	79%	13%	8%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	79%	20%	2%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	92%	3%	5%
8	Rural, Metro Adjacent	62%	32%	6%
9	Rural, Non-Adjacent	73%	23%	3%
Overall		43%	47%	10%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than 40% of PTAs grew up in self-described rural areas, and 34% of these professionals currently work in non-metro counties of Virginia. In total, 18% of all PTAs work in non-metro counties of the state.

Top Ten States for Physical Therapist Assistant Recruitment

Rank	All Physical Therapist Assistants			
	High School	#	Professional School	#
1	Virginia	2,141	Virginia	2,480
2	Pennsylvania	130	West Virginia	94
3	Outside U.S./Canada	123	North Carolina	68
4	New York	106	Pennsylvania	68
5	West Virginia	85	New York	61
6	North Carolina	79	Ohio	54
7	Maryland	62	Florida	52
8	Ohio	61	Maryland	44
9	Florida	50	Tennessee	27
10	New Jersey	43	Kentucky	25

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of PTAs received their high school degree in Virginia, while 77% received their initial professional degree in the state.

Among PTAs who have been licensed in the past five years, 64% received their high school degree in Virginia, while 74% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	701	Virginia	798
2	Outside U.S./Canada	39	West Virginia	47
3	West Virginia	35	Ohio	26
4	Pennsylvania	33	North Carolina	23
5	Maryland	27	Florida	23
6	North Carolina	27	Maryland	21
7	Ohio	26	Pennsylvania	18
8	New York	24	New York	13
9	Florida	21	South Carolina	13
10	Michigan	15	Tennessee	8

Source: Va. Healthcare Workforce Data Center

One out of every ten licensed PTAs did not participate in Virginia's workforce in 2020. However, 84% of these PTAs worked at some point in the past year, including 70% who currently work as PTAs.

At a Glance:

Not in VA Workforce

Total:	394
% of Licensees:	10%
Federal/Military:	5%
VA Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate of Applied Science: 82%
 Associate of Science: 15%

Education Debt

Carry Debt: 38%
 Under Age 40 with Debt: 56%
 Median Debt: \$22k-\$24k

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Certificate	18	1%
Associate of Applied Science	2,698	82%
Associate of Science	506	15%
Baccalaureate	49	1%
Other	31	1%
Total	3,303	100%

Source: Va. Healthcare Workforce Data Center

More than 80% of all PTAs hold an Associate of Applied Science as their highest professional degree, while 15% hold an Associate of Science degree.

Highest Non-Professional Degree		
Degree	#	%
Certificate	242	8%
Associate of Applied Science	725	25%
Associate of Science	268	9%
Baccalaureate	1,234	43%
Masters	111	4%
Doctorate/Professional	15	1%
Other	271	9%
Total	2,866	100%

Source: Va. Healthcare Workforce Data Center

Nearly 40% of PTAs currently have education debt, including 56% of those under the age of 40. For those PTAs with education debt, the median debt amount is between \$22,000 and \$24,000.

Education Debt				
Amount Carried	All PTAs		PTAs Under 40	
	#	%	#	%
None	1,835	62%	667	44%
Less than \$4,000	90	3%	57	4%
\$4,000-\$7,999	93	3%	63	4%
\$8,000-\$11,999	122	4%	85	6%
\$12,000-\$15,999	99	3%	73	5%
\$16,000-\$19,999	74	2%	60	4%
\$20,000-\$23,999	108	4%	86	6%
\$24,000-\$27,999	81	3%	58	4%
\$28,000 or More	466	16%	371	24%
Total	2,968	100%	1,520	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

Geriatrics:	3%
Women’s Health:	2%
Neuromuscular:	1%

Top Credentials

Massage Therapy:	3%
Exercise Physiology:	3%
Athletic Training:	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

APTA Recognition of Advanced Proficiency Certificates		
Proficiency Area	#	% of Workforce
Geriatrics	101	3%
Women's Health	76	2%
Neuromuscular	35	1%
Education	34	1%
Aquatic	32	1%
Acute Care	24	1%
Cardiovascular & Pulmonary	15	0%
Pediatric	9	0%
Sports	9	0%
Oncology	7	0%
At Least One Certification	220	6%

Source: Va. Healthcare Workforce Data Center

Credentials		
Proficiency Area	#	% of Workforce
Massage Therapy	105	3%
Exercise Physiology	94	3%
Athletic Training	60	2%
Kinesiotherapy	38	1%
Nursing	23	1%
Medical Assistant	9	0%
Art/Dance Therapy	5	0%
Orthotic/Prosthetic Fitter	4	0%
Occupational Therapy	2	0%
Other	314	9%
At Least One Credential	605	17%

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia’s PTAs currently hold at least one APTA certificate, and 17% hold at least one credential. Geriatrics is the most common APTA certification, and massage therapy is the most common credential.

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: 3%

Positions Held

1 Full-Time: 66%
 2 or More Positions: 11%

Weekly Hours

40 to 49: 38%
 60 or More: 1%
 Less than 30: 17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	2	0%
Employed in a Physical Therapy-Related Capacity	2,984	91%
Employed, NOT in a Physical Therapy-Related Capacity	102	3%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	108	3%
Voluntarily Unemployed	86	3%
Retired	15	1%
Total	3,298	100%

Source: Va. Healthcare Workforce Data Center

More than 90% of PTAs are currently employed in the profession, two-thirds hold one full-time job, and 38% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	209	6%
One Part-Time Position	523	16%
Two Part-Time Positions	136	4%
One Full-Time Position	2,152	66%
One Full-Time Position & One Part-Time Position	197	6%
Two Full-Time Positions	3	0%
More than Two Positions	35	1%
Total	3,255	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	209	7%
1 to 9 Hours	121	4%
10 to 19 Hours	158	5%
20 to 29 Hours	268	8%
30 to 39 Hours	1,100	34%
40 to 49 Hours	1,233	38%
50 to 59 Hours	74	2%
60 to 69 Hours	17	1%
70 to 79 Hours	6	0%
80 or More Hours	19	1%
Total	3,205	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	13	1%
Less than \$10,000	108	4%
\$10,000-\$19,999	71	3%
\$20,000-\$29,999	123	5%
\$30,000-\$39,999	250	9%
\$40,000-\$49,999	606	23%
\$50,000-\$59,999	712	27%
\$60,000-\$69,999	460	17%
\$70,000-\$79,999	226	8%
\$80,000-\$89,999	83	3%
\$90,000-\$99,999	16	1%
\$100,000 or More	19	1%
Total	2,687	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$50k-\$60k

Benefits
Health Insurance: 60%
Retirement: 60%

Satisfaction
Satisfied: 91%
Very Satisfied: 58%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,862	58%
Somewhat Satisfied	1,047	33%
Somewhat Dissatisfied	203	6%
Very Dissatisfied	92	3%
Total	3,203	100%

Source: Va. Healthcare Workforce Data Center

The typical PTA earns between \$50,000 and \$60,000 per year. In addition, 82% of PTAs receive at least one employer-sponsored benefit, including 60% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,241	75%	74%
Retirement	1,789	60%	60%
Health Insurance	1,787	60%	60%
Dental Insurance	1,692	57%	57%
Paid Sick Leave	1,507	51%	51%
Group Life Insurance	1,073	36%	36%
Signing/Retention Bonus	147	5%	5%
At Least One Benefit	2,438	82%	81%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	613	17%
Work Two or More Positions at the Same Time?	485	14%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	336	9%
Experience Voluntary Unemployment?	236	7%
Switch Employers or Practices?	214	6%
Experienced At Least One	1,387	39%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five PTAs experienced involuntary unemployment at some point in 2020. By comparison, Virginia's average monthly unemployment rate was 6.3%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working At This Location	166	5%	69	10%
Less than 6 Months	179	6%	95	14%
6 Months to 1 Year	185	6%	62	9%
1 to 2 Years	730	23%	167	25%
3 to 5 Years	863	27%	146	21%
6 to 10 Years	459	14%	81	12%
More than 10 Years	588	19%	61	9%
Subtotal	3,170	100%	681	100%
Did Not Have Location	87		2,870	
Item Missing	327		33	
Total	3,584		3,584	

Source: Va. Healthcare Workforce Data Center

Three-fourths of all PTAs receive an hourly wage at their primary work location, while 16% either receive a salary or work on commission.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 17%
 Underemployed: 9%

Turnover & Tenure
 Switched Jobs: 6%
 New Location: 16%
 Over 2 Years: 60%
 Over 2 Yrs., 2nd Location: 42%

Employment Type
 Hourly Wage: 75%
 Salary/Commission: 16%

Source: Va. Healthcare Workforce Data Center

Three out of every five PTAs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	1,937	75%
Salary/Commission	419	16%
By Contract	183	7%
Business/Practice Income	30	1%
Unpaid	5	0%
Subtotal	2,574	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 11.0%.

At a Glance:

Concentration

Top Region:	25%
Top 3 Regions:	61%
Lowest Region:	2%

Locations

2 or More (Past Year):	22%
2 or More (Now*):	19%

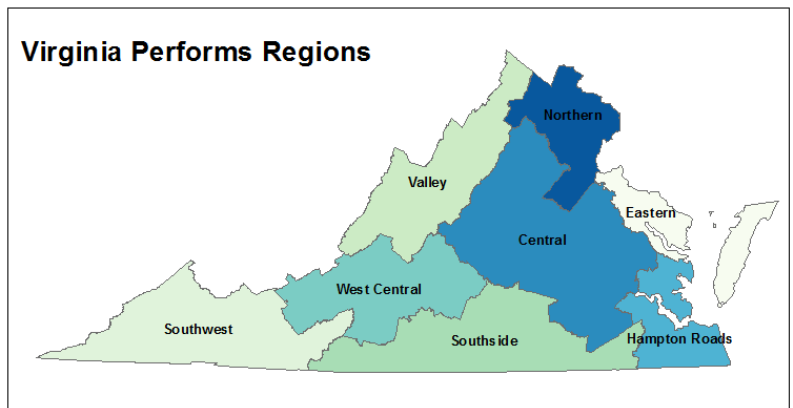
Source: Va. Healthcare Workforce Data Center

More than three out of every five PTAs work in Hampton Roads, Northern Virginia, and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Hampton Roads	796	25%	157	22%
Northern	586	19%	131	19%
Central	548	17%	121	17%
West Central	464	15%	98	14%
Southwest	310	10%	65	9%
Valley	185	6%	38	5%
Southside	180	6%	40	6%
Eastern	70	2%	18	3%
Virginia Border State/D.C.	7	0%	8	1%
Other U.S. State	14	0%	23	3%
Outside of the U.S.	1	0%	1	0%
Total	3,161	100%	700	100%
Item Missing	335		14	

Source: Va. Healthcare Workforce Data Center



Nearly one-fifth of all PTAs currently have multiple work locations, while 22% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in 2020		Work Locations Now*	
	#	%	#	%
0	72	2%	209	7%
1	2,443	76%	2,390	74%
2	388	12%	359	11%
3	237	7%	218	7%
4	24	1%	15	1%
5	20	1%	7	0%
6 or More	38	1%	23	1%
Total	3,221	100%	3,221	100%

*At the time of survey completion, December 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,175	72%	524	80%
Non-Profit	683	23%	105	16%
State/Local Government	96	3%	26	4%
Veterans Administration	18	1%	1	0%
U.S. Military	50	2%	2	0%
Other Federal Gov't	10	0%	1	0%
Total	3,032	100%	659	100%
Did Not Have Location	87		2,870	
Item Missing	465		56	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

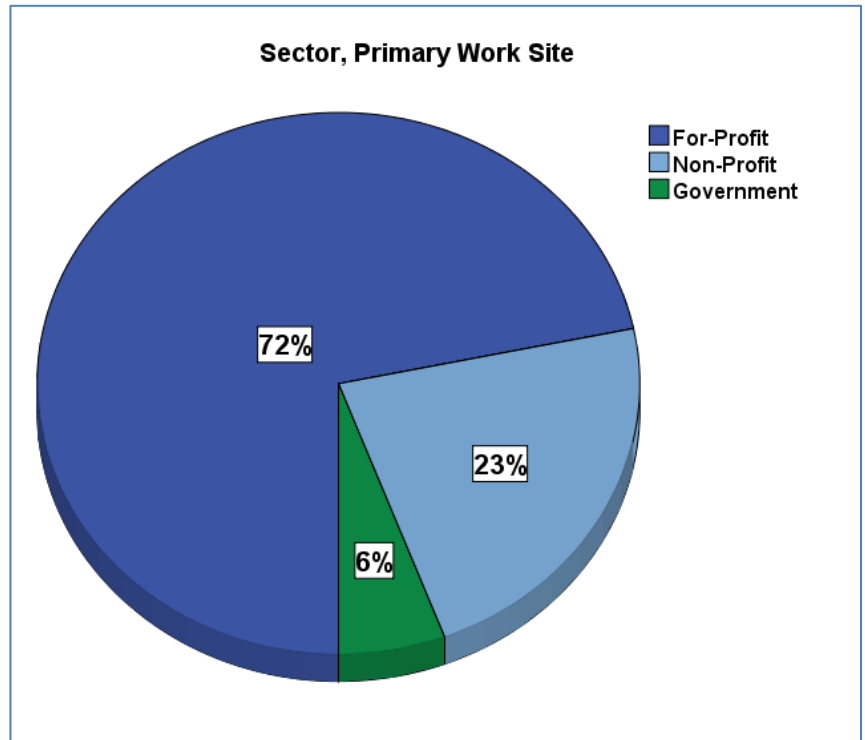
For-Profit:	72%
Federal:	3%

Top Establishments

Home Health Care:	24%
Skilled Nursing Facility:	20%
Outpatient Rehab.:	18%

Source: Va. Healthcare Workforce Data Center

More than 90% of all PTAs work in the private sector, including 72% who work in for-profit establishments. Another 3% of Virginia's PTAs work for state or local governments.



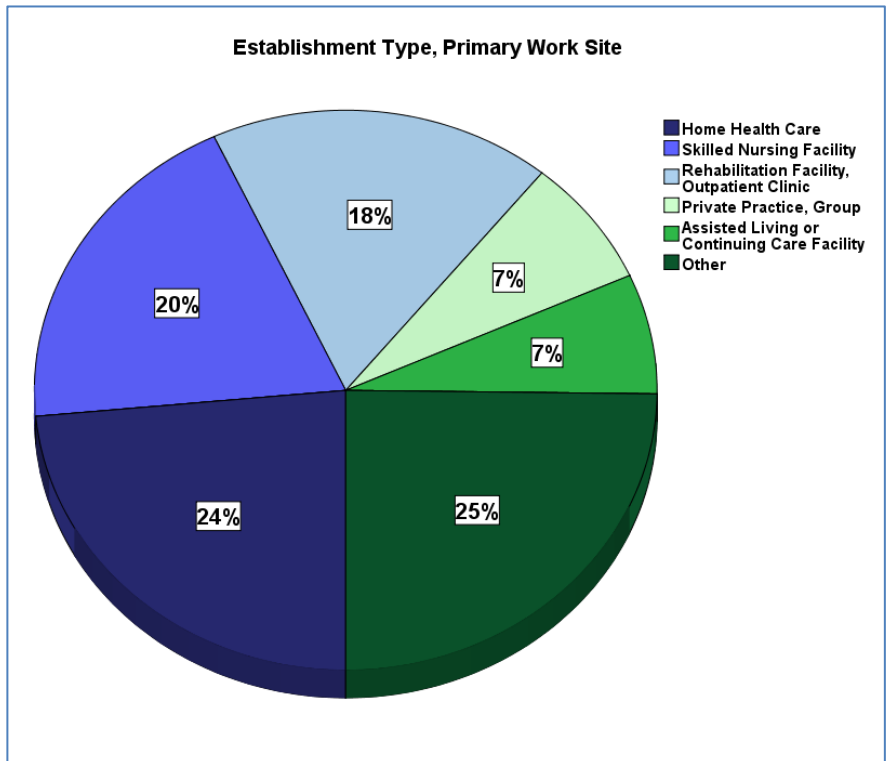
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Home Health Care	695	24%	170	27%
Skilled Nursing Facility	577	20%	144	23%
Rehabilitation Facility, Outpatient Clinic	526	18%	57	9%
Private Practice, Group	219	7%	37	6%
Assisted Living or Continuing Care Facility	205	7%	52	8%
General Hospital, Outpatient Department	163	6%	16	3%
General Hospital, Inpatient Department	158	5%	40	6%
Rehabilitation Facility, Residential/Inpatient	135	5%	47	7%
Private Practice, Solo	89	3%	14	2%
K-12 School System	36	1%	3	0%
Physician Office	29	1%	2	0%
Academic Institution	18	1%	13	2%
Other	103	3%	43	7%
Total	2,953	100%	638	100%
Did Not Have a Location	87		2,870	

Nearly one-quarter of all PTAs work in home health care establishments. Another 20% work in skilled nursing facilities.

Source: Va. Healthcare Workforce Data Center

Among PTAs who also have a secondary work location, 27% work in home health care establishments. Another 23% work in skilled nursing facilities.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

A Typical PTA's Time

Patient Care: 90%-99%

Roles

Patient Care: 86%

Administrative: 3%

Other: 1%

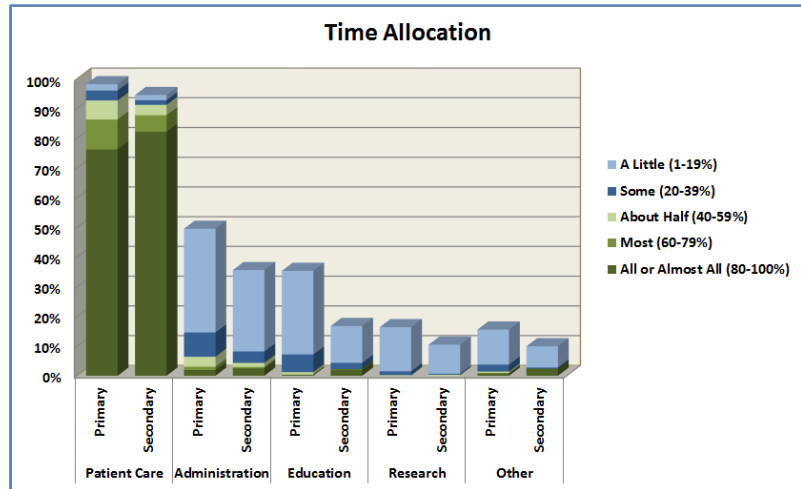
Patient Care PTAs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

PTAs typically spend nearly all of their time in patient care activities. In fact, 86% of all PTAs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	76%	82%	2%	2%	0%	2%	0%	0%	1%	2%
Most (60-79%)	10%	6%	1%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	6%	3%	3%	1%	1%	0%	0%	0%	0%	0%
Some (20-39%)	3%	2%	8%	4%	6%	2%	1%	0%	2%	0%
A Little (1-19%)	2%	2%	35%	27%	28%	12%	15%	10%	12%	7%
None (0%)	2%	6%	51%	64%	65%	83%	84%	89%	84%	90%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All PTAs		PTAs Over 50	
	#	%	#	%
Under Age 50	192	7%	-	-
50 to 54	174	6%	9	1%
55 to 59	329	12%	58	8%
60 to 64	805	28%	214	29%
65 to 69	940	33%	304	41%
70 to 74	223	8%	93	13%
75 to 79	29	1%	14	2%
80 or Over	22	1%	5	1%
I Do Not Intend to Retire	126	4%	41	6%
Total	2,842	100%	738	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All PTAs

Under 65: 53%
Under 60: 24%

PTAs 50 and Over

Under 65: 38%
Under 60: 9%

Time Until Retirement

Within 2 Years: 3%
Within 10 Years: 16%
Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

More than half of all PTAs expect to retire before the age of 65. Among PTAs who are age 50 and over, 38% still expect to retire by the age of 65.

Within the next two years, 23% of all PTAs expect to pursue additional educational opportunities, and 15% expect to increase their patient care hours.

Future Plans

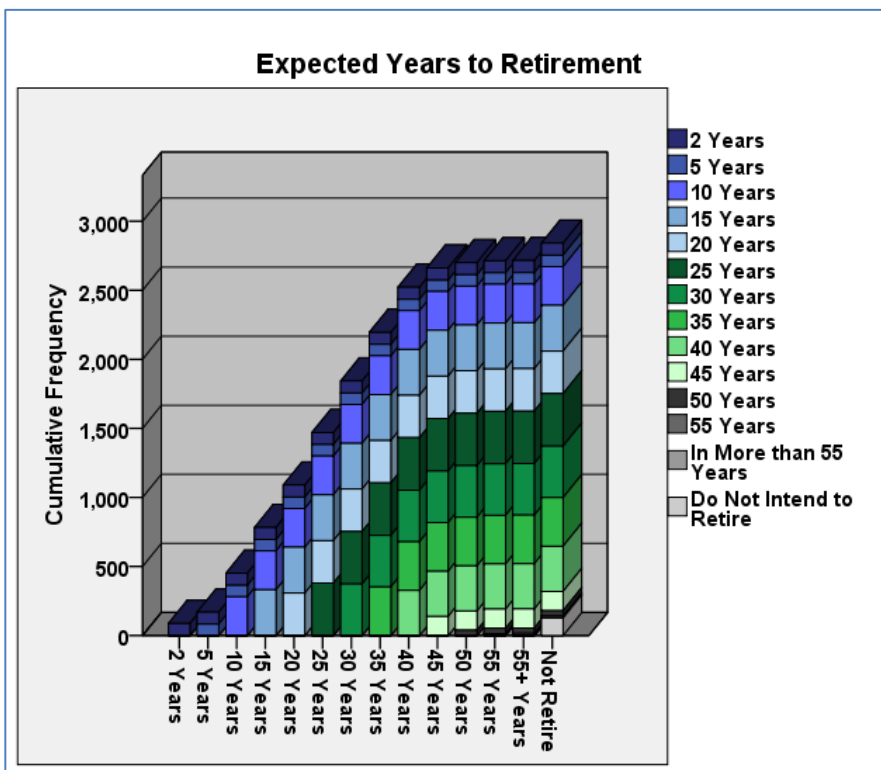
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	264	7%
Leave Virginia	166	5%
Leave Profession	112	3%
Decrease Teaching Hours	17	0%
Increase Participation		
Pursue Additional Education	812	23%
Increase Patient Care Hours	540	15%
Increase Teaching Hours	285	8%
Return to Virginia's Workforce	47	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for PTAs. Only 3% of PTAs expect to retire within the next two years, while 16% expect to retire in the next ten years. Half of the current PTA workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	88	3%	3%
5 Years	82	3%	6%
10 Years	281	10%	16%
15 Years	332	12%	28%
20 Years	307	11%	38%
25 Years	380	13%	52%
30 Years	373	13%	65%
35 Years	352	12%	77%
40 Years	327	12%	89%
45 Years	139	5%	94%
50 Years	39	1%	95%
55 Years	14	0%	95%
In More than 55 Years	2	0%	96%
Do Not Intend to Retire	126	4%	100%
Total	2,842	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2030. Retirement will peak at 13% of the current workforce around 2045 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 2,728
 FTEs/1,000 Residents²: 0.32
 Average: 0.78

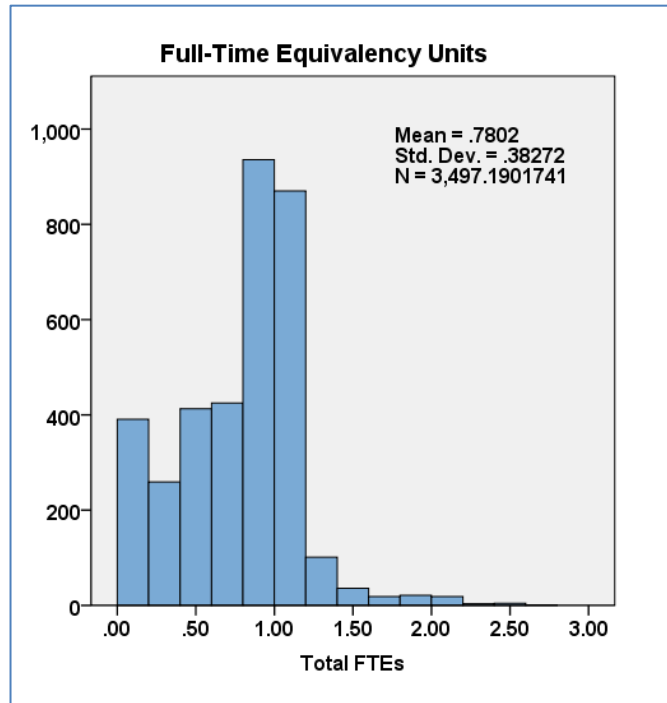
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

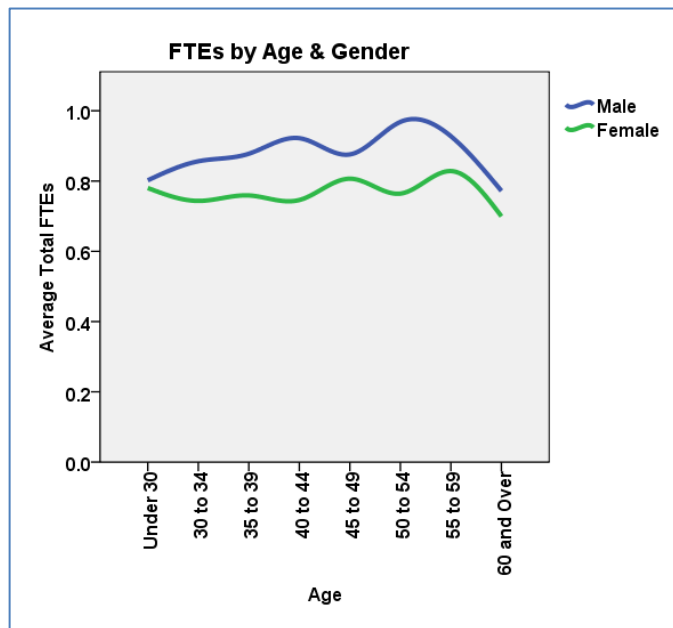


Source: Va. Healthcare Workforce Data Center

The typical PTA provided 0.85 FTEs in 2020, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.79	0.87
30 to 34	0.75	0.84
35 to 39	0.78	0.84
40 to 44	0.80	0.91
45 to 49	0.83	0.88
50 to 54	0.81	0.84
55 to 59	0.81	0.83
60 and Over	0.68	0.70
Gender		
Male	0.87	0.95
Female	0.77	0.84

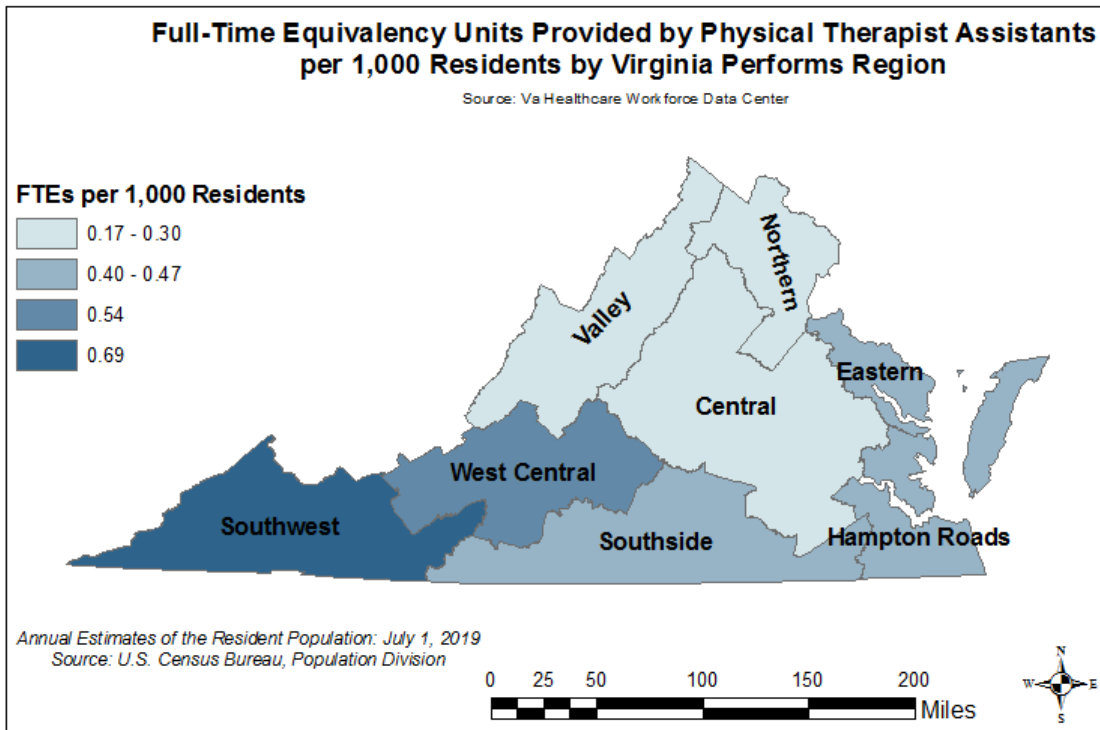
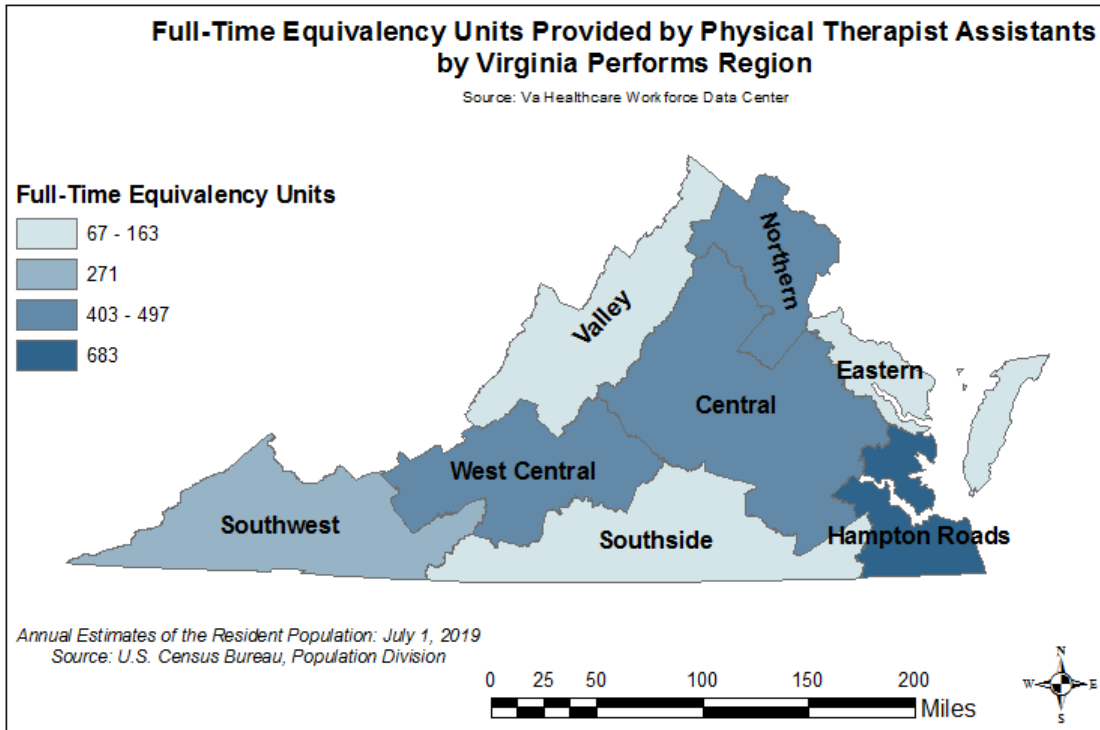
Source: Va. Healthcare Workforce Data Center

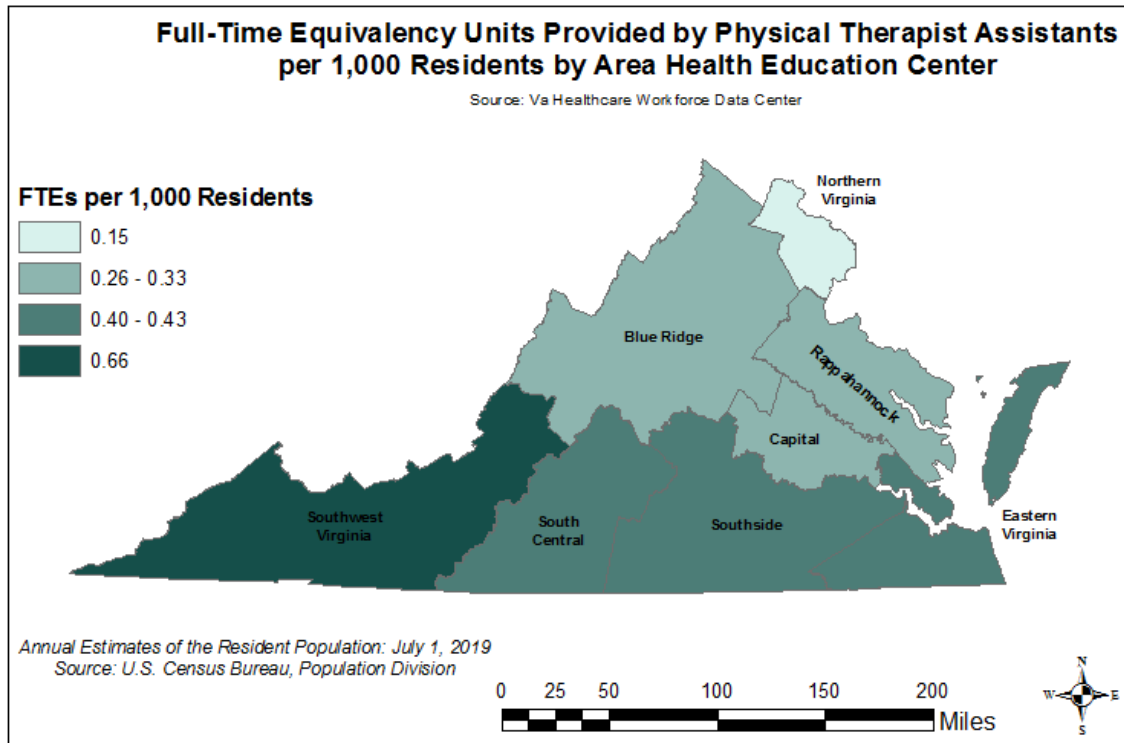
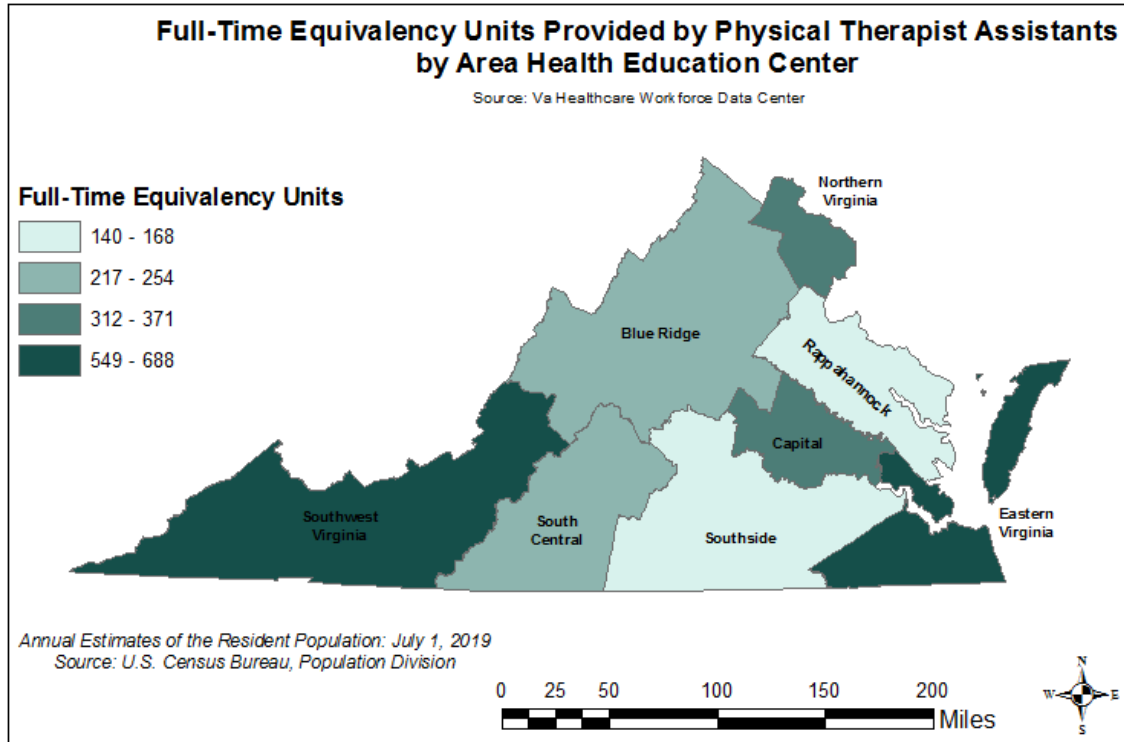


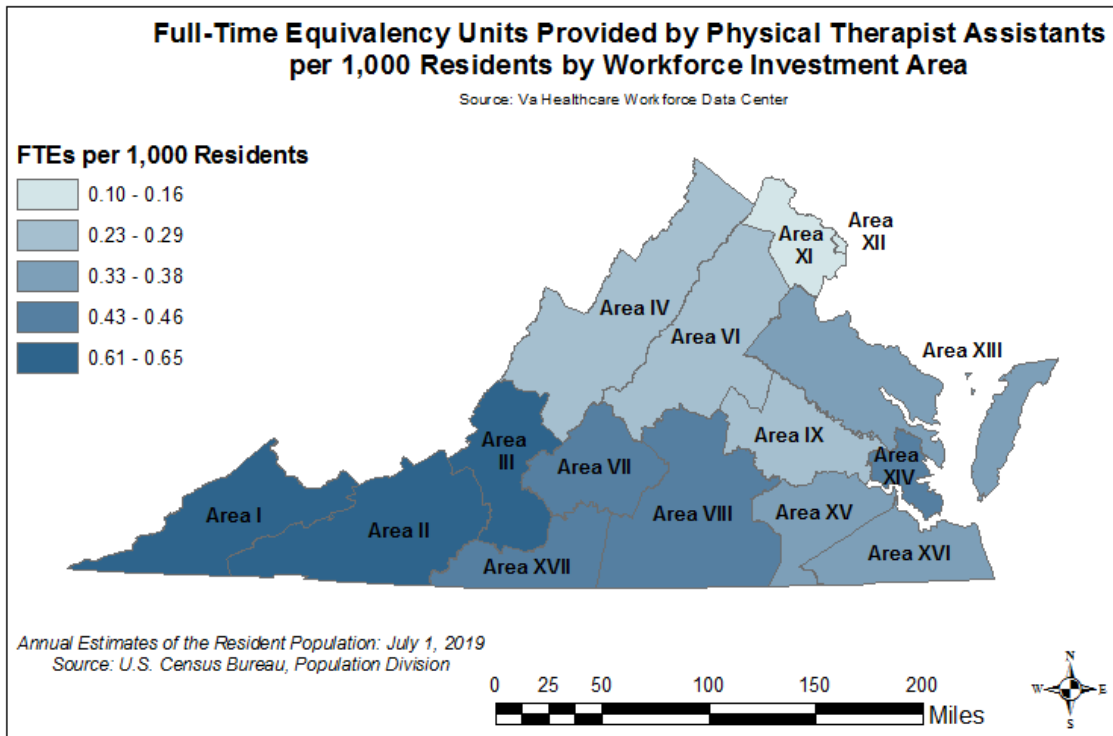
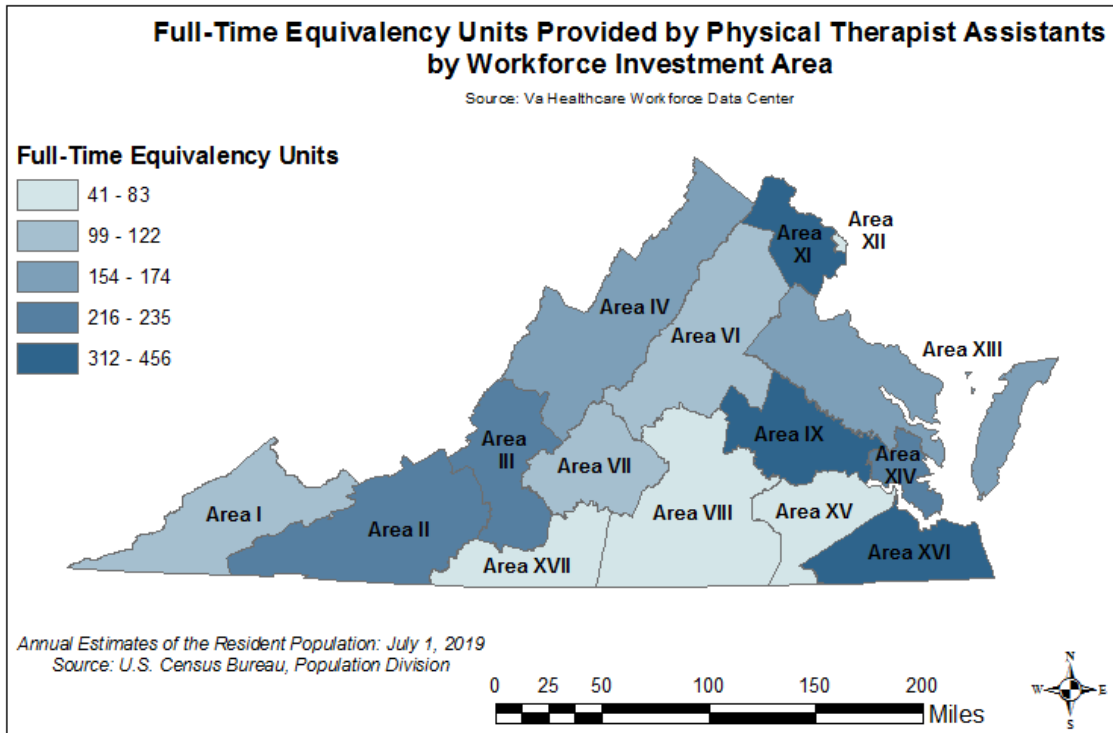
Source: Va. Healthcare Workforce Data Center

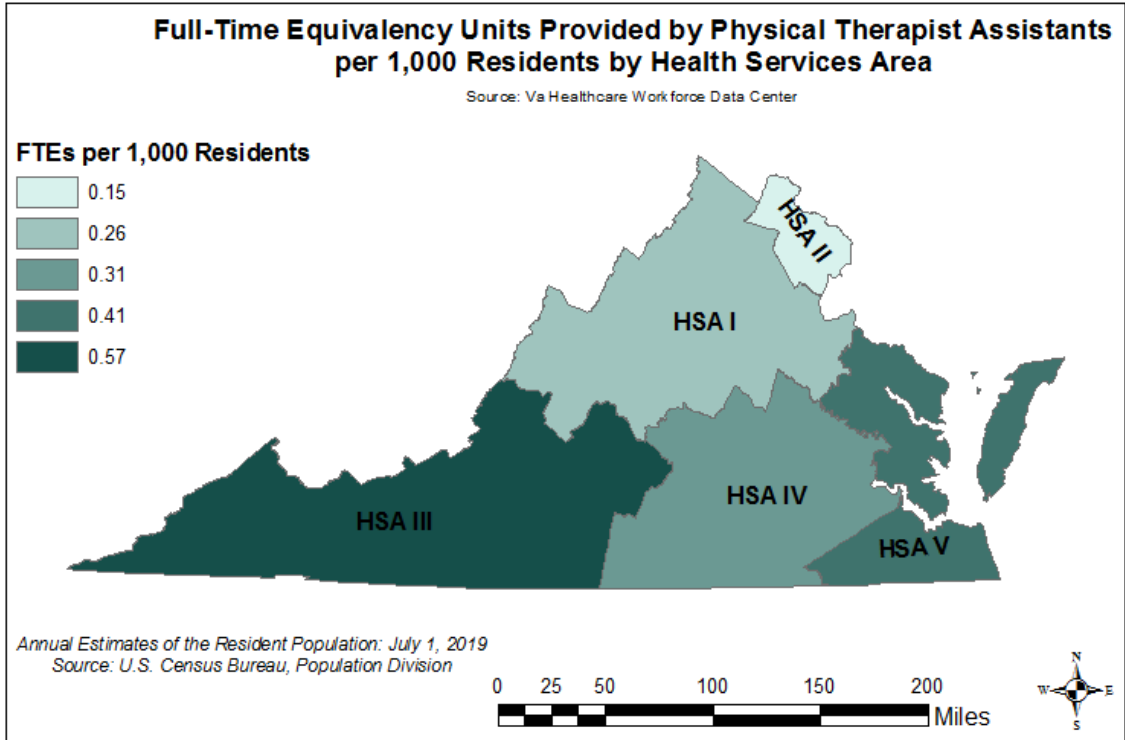
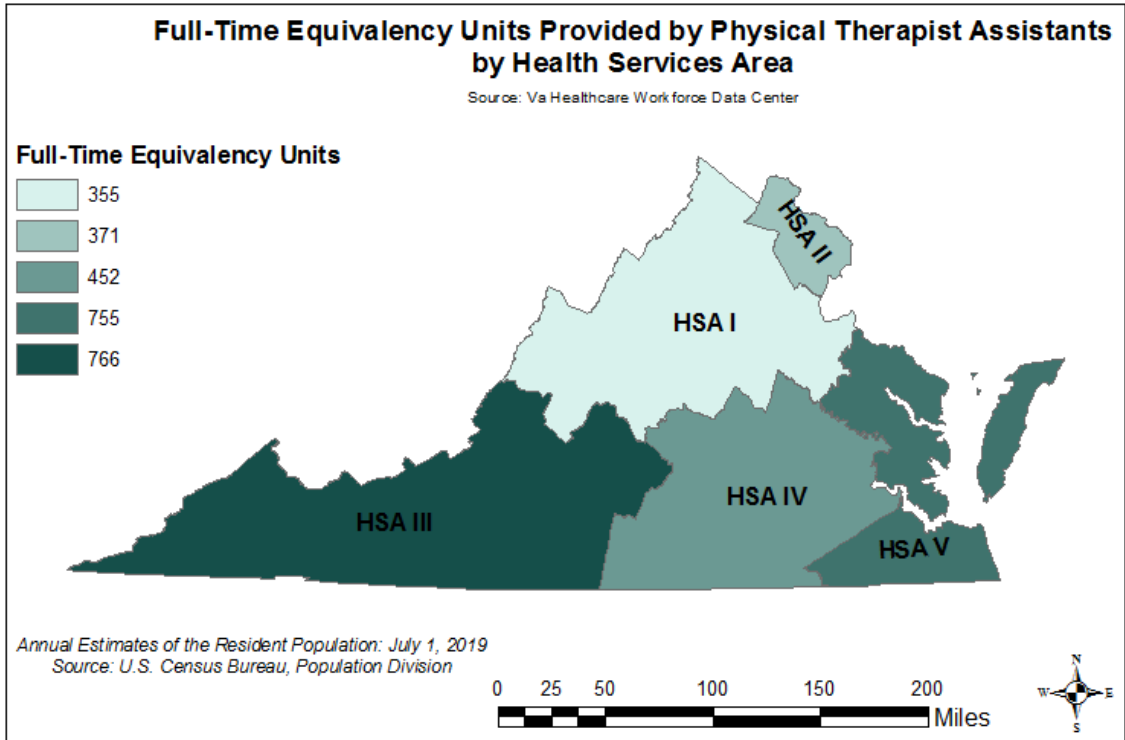
² Number of residents in 2019 was used as the denominator.

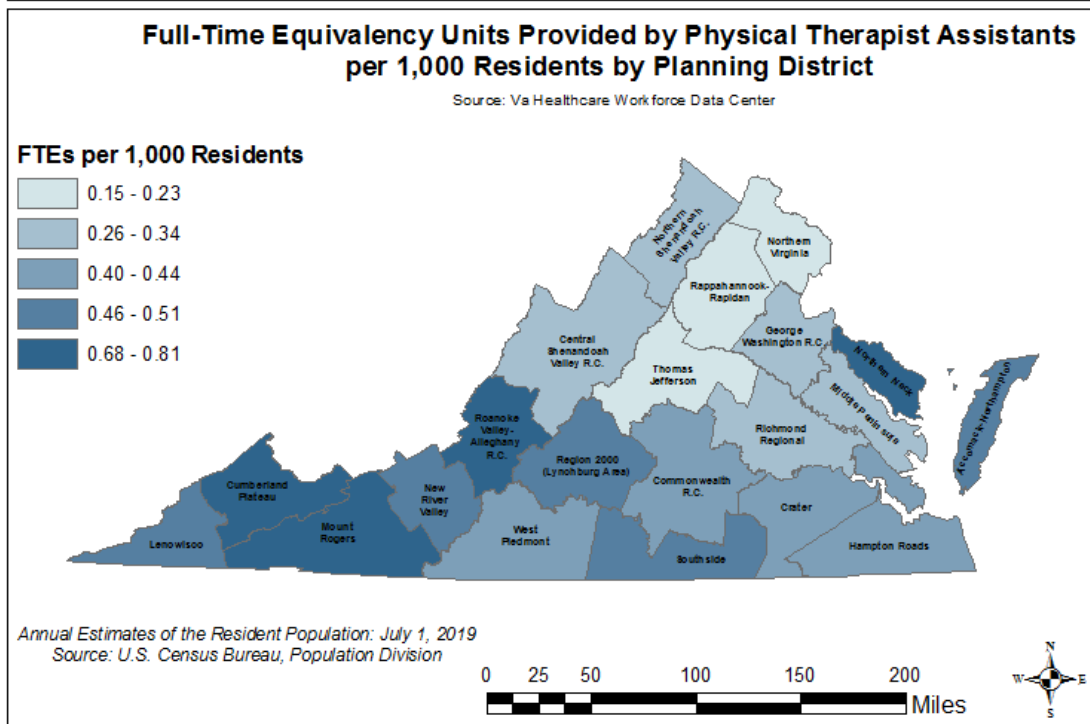
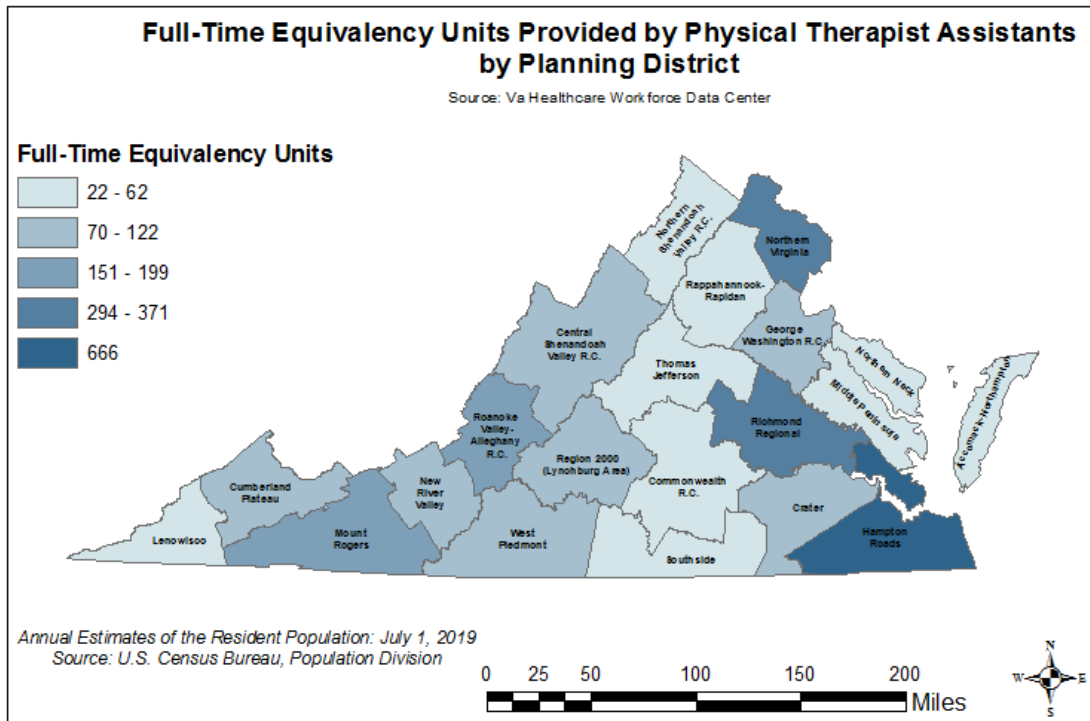
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,017	84.58%	1.182	1.092	1.438
Metro, 250,000 to 1 Million	484	87.60%	1.142	1.055	1.389
Metro, 250,000 or Less	259	86.87%	1.151	1.064	1.400
Urban, Pop. 20,000+, Metro Adj.	86	93.02%	1.075	0.993	1.308
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	197	84.26%	1.187	1.096	1.444
Urban, Pop. 2,500-19,999, Non-Adj.	163	90.80%	1.101	1.018	1.340
Rural, Metro Adj.	106	82.08%	1.218	1.126	1.482
Rural, Non-Adj.	56	87.50%	1.143	1.056	1.390
Virginia Border State/D.C.	298	69.46%	1.440	1.330	1.751
Other U.S. State	313	66.77%	1.498	1.384	1.822

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	720	68.19%	1.466	1.308	1.822
30 to 34	685	84.67%	1.181	1.053	1.467
35 to 39	553	86.98%	1.150	1.025	1.428
40 to 44	444	88.06%	1.136	1.013	1.411
45 to 49	455	89.23%	1.121	0.999	1.392
50 to 54	416	87.98%	1.137	1.014	1.412
55 to 59	333	89.79%	1.114	0.993	1.384
60 and Over	373	76.94%	1.300	1.159	1.615

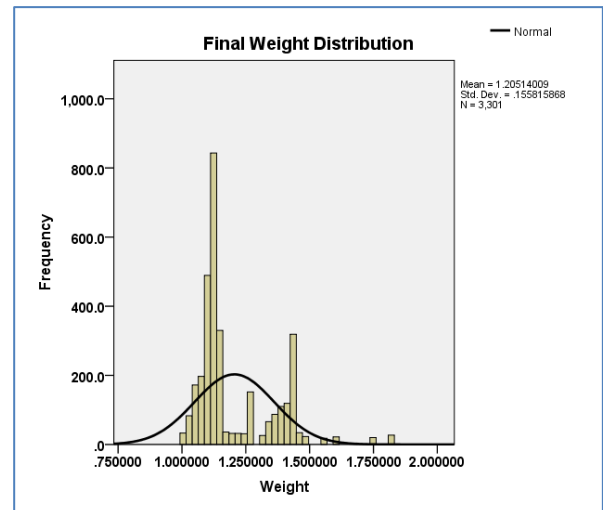
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.829605



Source: Va. Healthcare Workforce Data Center

STAFF REPORTS

Virginia Department of Health Professions
Cash Balance
As of March 31, 2021

	<u>116- Physical Therapy</u>
Board Cash Balance as June 30, 2020	\$ 1,496,604
YTD FY21 Revenue	783,404
Less: YTD FY21 Direct and Allocated Expenditures	<u>496,388</u>
Board Cash Balance as March 31, 2021	<u><u>\$ 1,783,620</u></u>

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11600 - Physical Therapy
 For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	92,867.00	159,125.00	66,258.00	58.36%
4002406	License & Renewal Fee	682,302.00	627,040.00	(55,262.00)	108.81%
4002407	Dup. License Certificate Fee	950.00	550.00	(400.00)	172.73%
4002409	Board Endorsement - Out	5,900.00	9,600.00	3,700.00	61.46%
4002421	Monetary Penalty & Late Fees	1,300.00	5,235.00	3,935.00	24.83%
4002432	Misc. Fee (Bad Check Fee)	50.00	35.00	(15.00)	142.86%
	Total Fee Revenue	783,369.00	801,585.00	18,216.00	97.73%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	35.00	-	(35.00)	0.00%
	Total Sales of Prop. & Commodities	35.00	-	(35.00)	0.00%
	Total Revenue	783,404.00	801,585.00	18,181.00	97.73%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	5,902.21	6,146.00	243.79	96.03%
5011140	Group Insurance	1,104.11	874.00	(230.11)	126.33%
5011150	Medical/Hospitalization Ins.	26,914.74	19,826.00	(7,088.74)	135.75%
5011160	Retiree Medical/Hospitalizatn	925.77	731.00	(194.77)	126.64%
5011170	Long term Disability Ins	503.74	398.00	(105.74)	126.57%
	Total Employee Benefits	47,146.58	37,409.00	(9,737.58)	126.03%
5011200	Salaries				
5011230	Salaries, Classified	82,483.94	65,240.00	(17,243.94)	126.43%
5011250	Salaries, Overtime	29.15	-	(29.15)	0.00%
	Total Salaries	82,513.09	65,240.00	(17,273.09)	126.48%
5011300	Special Payments				
5011310	Bonuses and Incentives	850.00	-	(850.00)	0.00%
5011340	Specified Per Diem Payment	1,050.00	-	(1,050.00)	0.00%
5011380	Deferred Compnstn Match Pmts	133.00	648.00	515.00	20.52%
	Total Special Payments	2,033.00	648.00	(1,385.00)	313.73%
5011400	Wages				
5011410	Wages, General	-	15,100.00	15,100.00	0.00%
	Total Wages	-	15,100.00	15,100.00	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	90.44	-	(90.44)	0.00%
	Total Terminatn Personal Svce Costs	90.44	-	(90.44)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	131,783.11	118,397.00	(13,386.11)	111.31%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	50.00	50.00	0.00%
5012120	Outbound Freight Services	79.72	-	(79.72)	0.00%
5012140	Postal Services	11,096.04	5,750.00	(5,346.04)	192.97%
5012150	Printing Services	2.45	600.00	597.55	0.41%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012160	Telecommunications Svcs (VITA)	202.19	1,000.00	797.81	20.22%
5012190	Inbound Freight Services	0.89	-	(0.89)	0.00%
	Total Communication Services	11,381.29	7,400.00	(3,981.29)	153.80%
5012200	Employee Development Services				
5012210	Organization Memberships	1,250.00	2,500.00	1,250.00	50.00%
5012240	Employee Training/Workshop/Conf	-	400.00	400.00	0.00%
5012250	Employee Tuition Reimbursement	-	3,875.00	3,875.00	0.00%
	Total Employee Development Services	1,250.00	6,775.00	5,525.00	18.45%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	300.00	300.00	0.00%
	Total Health Services	-	300.00	300.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	12,412.19	18,000.00	5,587.81	68.96%
5012440	Management Services	515.16	4,000.00	3,484.84	12.88%
5012470	Legal Services	989.00	300.00	(689.00)	329.67%
	Total Mgmnt and Informational Svcs	13,916.35	22,300.00	8,383.65	62.41%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	231.57	-	(231.57)	0.00%
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00	0.00%
5012530	Equipment Repair & Maint Srvc	890.09	600.00	(290.09)	148.35%
	Total Repair and Maintenance Svcs	1,121.66	625.00	(496.66)	179.47%
5012600	Support Services				
5012630	Clerical Services	-	19.00	19.00	0.00%
5012640	Food & Dietary Services	527.29	750.00	222.71	70.31%
5012660	Manual Labor Services	177.53	700.00	522.47	25.36%
5012670	Production Services	881.45	2,245.00	1,363.55	39.26%
5012680	Skilled Services	8,036.32	13,000.00	4,963.68	61.82%
	Total Support Services	9,622.59	16,714.00	7,091.41	57.57%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,258.10	3,500.00	2,241.90	35.95%
5012840	Travel, State Vehicles	-	500.00	500.00	0.00%
5012850	Travel, Subsistence & Lodging	253.45	1,500.00	1,246.55	16.90%
5012880	Trvl, Meal Reimb- Not Rprtbl	261.00	300.00	39.00	87.00%
	Total Transportation Services	1,772.55	5,800.00	4,027.45	30.56%
	Total Contractual Svcs	39,064.44	59,914.00	20,849.56	65.20%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	11.05	-	(11.05)	0.00%
5013120	Office Supplies	693.32	1,000.00	306.68	69.33%
	Total Administrative Supplies	704.37	1,000.00	295.63	70.44%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	50.00	50.00	0.00%
	Total Manufctrng and Merch Supplies	-	50.00	50.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	1.53	-	(1.53)	0.00%
	Total Medical and Laboratory Supp.	1.53	-	(1.53)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	4.03	-	(4.03)	0.00%
5013520	Custodial Repair & Maint Matrl	0.56	-	(0.56)	0.00%
5013530	Electrcal Repair & Maint Matrl	-	15.00	15.00	0.00%
	Total Repair and Maint. Supplies	4.59	15.00	10.41	30.60%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	200.00	200.00	0.00%
	Total Residential Supplies	-	200.00	200.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	710.49	1,275.00	564.51	55.72%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	29.00	29.00	0.00%
	Total Insurance-Fixed Assets	-	29.00	29.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	7.08	-	(7.08)	0.00%
5015350	Building Rentals	7.20	-	(7.20)	0.00%
5015390	Building Rentals - Non State	4,903.88	6,286.00	1,382.12	78.01%
	Total Operating Lease Payments	4,918.16	6,286.00	1,367.84	78.24%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	28.80	-	(28.80)	0.00%
	Total Service Charges	28.80	-	(28.80)	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	107.00	107.00	0.00%
5015540	Surety Bonds	-	7.00	7.00	0.00%
	Total Insurance-Operations	-	114.00	114.00	0.00%
	Total Continuous Charges	4,946.96	6,429.00	1,482.04	76.95%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	51.52	-	(51.52)	0.00%
	Total Computer Hrdware & Sftware	51.52	-	(51.52)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	60.00	60.00	0.00%
	Total Educational & Cultural Equip	-	60.00	60.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	35.00	35.00	0.00%
	Total Office Equipment	-	35.00	35.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022700	Specific Use Equipment				
5022740	Non Power Rep & Maint- Equip	0.91	-	(0.91)	0.00%
	Total Specific Use Equipment	<u>0.91</u>	<u>-</u>	<u>(0.91)</u>	<u>0.00%</u>
	Total Equipment	<u>52.43</u>	<u>95.00</u>	<u>42.57</u>	<u>55.19%</u>
	Total Expenditures	<u>176,557.43</u>	<u>186,110.00</u>	<u>9,552.57</u>	<u>94.87%</u>
	Allocated Expenditures				
20600	Funeral\LTCA\PT	84,925.34	113,395.83	28,470.49	74.89%
30100	Data Center	40,833.54	72,513.30	31,679.75	56.31%
30200	Human Resources	9,809.38	11,103.69	1,294.31	88.34%
30300	Finance	52,189.64	71,307.01	19,117.37	73.19%
30400	Director's Office	17,824.01	25,621.21	7,797.20	69.57%
30500	Enforcement	49,950.68	75,212.23	25,261.55	66.41%
30600	Administrative Proceedings	20,868.52	29,714.09	8,845.57	70.23%
30700	Impaired Practitioners	871.16	1,565.75	694.59	55.64%
30800	Attorney General	5,154.01	3,807.38	(1,346.62)	135.37%
30900	Board of Health Professions	14,880.06	19,285.59	4,405.54	77.16%
31100	Maintenance and Repairs	185.88	1,161.18	975.30	16.01%
31300	Emp. Recognition Program	58.02	746.21	688.19	7.78%
31400	Conference Center	588.38	168.24	(420.14)	349.72%
31500	Pgm Devlpmnt & Implmentn	7,435.04	11,487.11	4,052.07	64.73%
31800	CBC (Criminal Background Checks)	14,256.74	20,537.86	6,281.12	69.42%
	Total Allocated Expenditures	<u>319,830.40</u>	<u>457,626.70</u>	<u>137,796.29</u>	<u>69.89%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 287,016.17</u>	<u>\$ 157,848.30</u>	<u>\$ (129,167.86)</u>	<u>181.83%</u>

Physical Therapy Monthly Snapshot for March 2021

Physical Therapy received more cases in March than received. Physical Therapy closed 3 patient care cases and 1 non-patient care case for a total of 4 cases.

Cases Closed	
Patient Care	3
Non-Patient Care	1
Total	4

Physical Therapy received 4 patient care cases and 1 non-patient care case for a total of 5 cases.

Cases Received	
Patient Care	4
Non-Patient Care	1
Total	5

As of March 31, 2021 there were 31 patient care cases open and 2 non-patient care cases open for a total of 33 cases.

Cases Open	
Patient Care	31
Non-Patient Care	2
Total	33

There are 13,577 Physical Therapy licensees as of April 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Direct Access Certification	1,333
Physical Therapist	8,603
Physical Therapist Assistant	3,641
Total	13,577

There were 47 licenses issued for Physical Therapy for the month of March. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Direct Access Certification	3
Physical Therapist	40
Physical Therapist Assistant	4
Total	47

The Physical Therapist Workforce in the U.S.:

Supply, Distribution, Education Pathways, and State Responses to the COVID-19 Emergency

Natalia V. Oster, PhD, MPH, Susan M. Skillman, MS, Benjamin A. Stubbs, MPH, Arati Dahal, PhD, Grace Guenther, MPA, Bianca K. Frogner, PhD

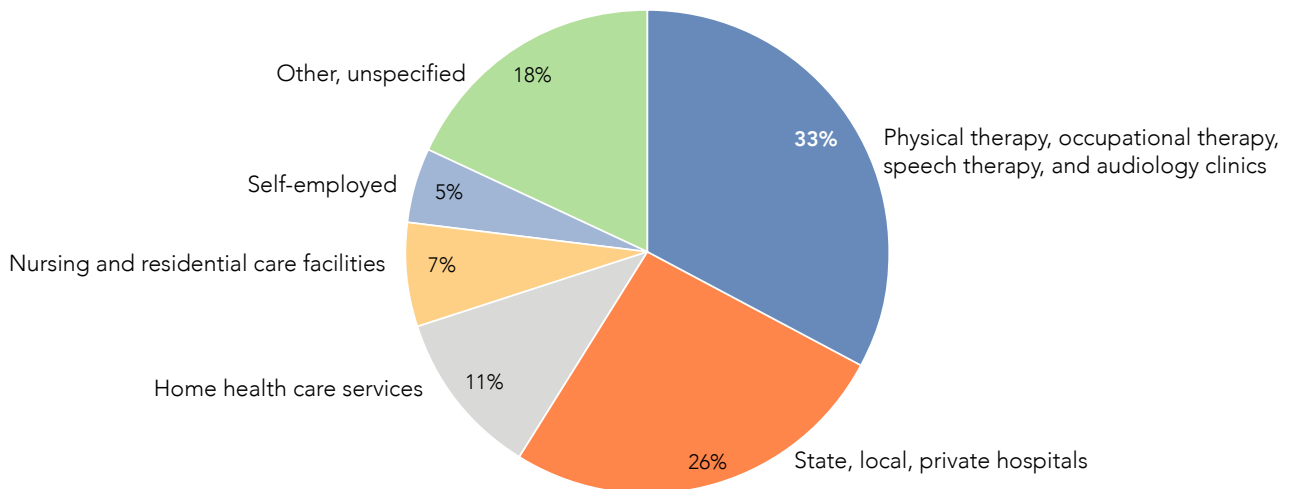
Practice Scope and Settings

The traditional role of physical therapists is to prescribe exercises and provide hands-on care to help patients develop, maintain, and restore functional ability that may be limited by injuries, aging, and chronic or progressive diseases.¹⁻³ For example, physical therapists prescribe range-of-motion and muscle-strengthening exercises after orthopedic surgery, assist patients in regaining coordination and balance after a stroke or brain injury through exercises aimed at relearning specific tasks, and develop treatment plans for athletes after sports-related injuries and surgeries. Physical therapists may also provide preventive care, rehabilitation, education, and treatment for those with chronic conditions including scoliosis, arthritis, obesity, amputations, and cerebral palsy.^{1,2}

Physical therapists practice in a broad range of settings.

Figure 1 shows the distribution of practice locations for physical therapists according to the U.S. Bureau of Labor Statistics: 33% work in physical therapy, occupational therapy, speech therapy, and audiology clinics, 26% in hospital settings, 11% in home health care services, 7% in nursing and residential care facilities, and 5% are self-employed.¹ The remaining 18% work in academic, educational and research centers; health insurance, health policy and health care administration; sports training facilities; on professional sports teams; and in school settings.¹⁻³

Figure 1. Work Locations of Physical Therapists, 2018



Data source: U.S. Bureau of Labor Statistics, Occupational Outlook Handbook; American Physical Therapy Association, Career Handbook; Mayo Clinic. Explore Health Care Careers.

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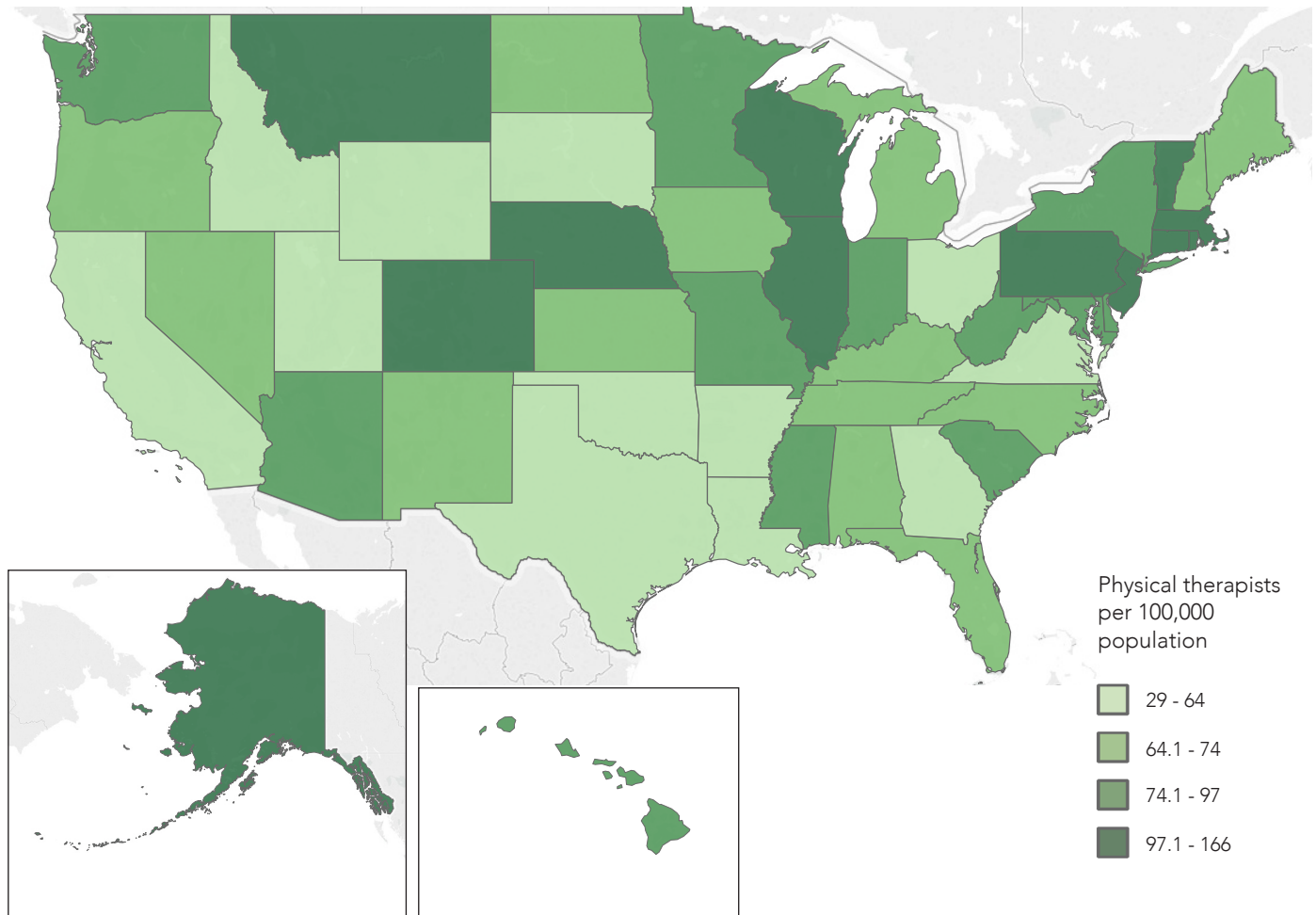
Patients in all 50 states are allowed direct access to physical therapists, although provisions vary across states and may limit access. Twenty states provide unrestricted access and do not require a primary care provider (PCP) referral, 27 states allow access with provisions such as time or visit limitations and referral requirements for treatments such as spinal manipulation, and three states restrict treatments to patients with a previous medical diagnosis or a previous PCP referral.⁴ Regardless of state regulations, insurance plans may still require referrals or limit the number of physical therapy visits for certain conditions.⁵ A growing body of evidence is emerging which demonstrates that direct and/or early access to physical therapists may reduce costs and unnecessary use of health services and opioids, particularly for patients with low back pain.^{6,7}

Supply and Distribution

An estimated 227,700 physical therapists were practicing in the U.S. as of May 2019.¹ **Figure 2** shows the number of physical therapists per 100,000 population in each state and **Figure 3** shows state ranking by the number of physical therapists per 100,000 population in 2017.^{8,9} According to the U.S. Bureau of Labor Statistics, employment of physical therapists was projected to grow 22% between 2018 and 2020,¹ however, the COVID-19 pandemic will likely impact these employment projections.¹⁰

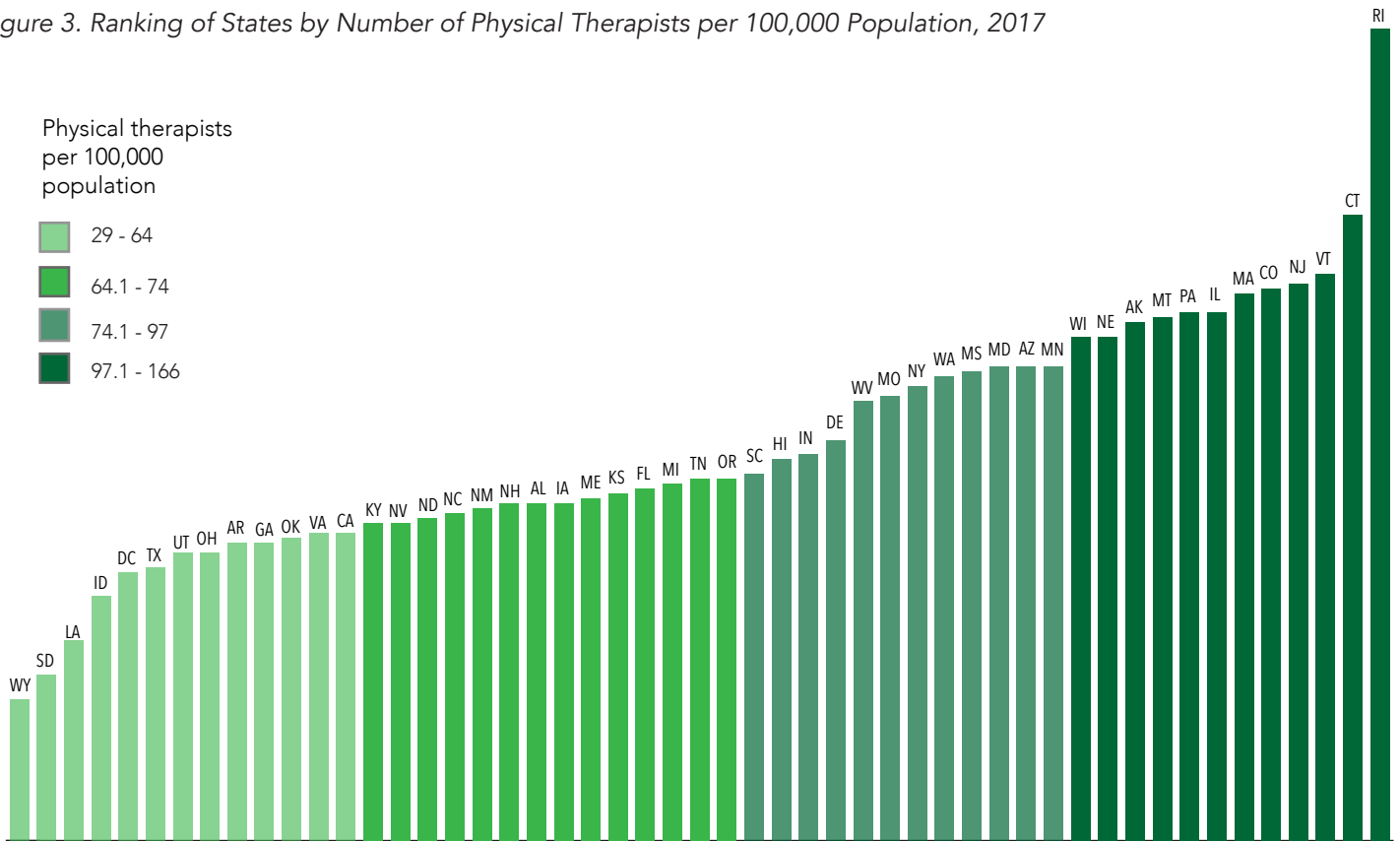
Over the long term, the aging of the U.S. population is expected to contribute to a growing need for physical therapists and rehabilitative care given that older people are disproportionately affected by conditions such as arthritis and stroke which benefit from physical therapy. Additionally, baby boomers – those born between 1945-1965 – are more active later in life than their counterparts in previous generations, leading to more exercise-related injuries and joint injuries and replacements.^{11,12}

Figure 2. Physical Therapists per 100,000 Population by U.S. State, 2017



Data source: American Community Survey (ACS), Integrated Public Use Microdata Series (IPUMS), Version 10.0; ACS Demographic and Housing Estimates, Table DP02. Due to small sample sizes, estimates should be interpreted with caution in 16 states (RI, AL, AR, NV, NE, NH, IA, NM, ID, WV, DE, HI, ME, VT, SD, MT) and are unreliable in 3 states (AK, WY, ND) and the District of Columbia.

Figure 3. Ranking of States by Number of Physical Therapists per 100,000 Population, 2017



Data source: American Community Survey (ACS), Integrated Public Use Microdata Series (IPUMS), Version 10.0; ACS Demographic and Housing Estimates, Table DP02. Due to small sample sizes, estimates should be interpreted with caution in 16 states (RI, AL, AR, NV, NE, NH, IA, NM, ID, WV, DE, HI, ME, VT, SD, MT) and are unreliable in 3 states (AK, WY, ND) and the District of Columbia.

Demographics

In 2017, the mean age of physical therapists was 41.0 years and two-thirds were female (66.6%). Black physical therapists were underrepresented compared to the general U.S. population (3.2% vs. 12.7%). White (81.9% vs. 73.0%) and Asian (11.2% vs. 5.4%) physical therapists were overrepresented compared to the general U.S. population. Only 5.5% of physical therapists were Hispanic regardless of race compared to 17.6% in the general population.^{8,9}

Education and Licensure

A three-year professional degree, the Doctor of Physical Therapy (DPT), is currently the minimum educational requirement for a physical therapy license.² Bachelor's- and master's-level programs were phased out in 2002 and 2015, respectively. Physical therapists with bachelor's or master's degrees in the field prior to those dates can maintain their licenses without additional education, and transitional DPT programs are offered nationally to enhance the knowledge and skills of licensed physical therapists to the doctoral level.¹³

Most DPT programs require a bachelor's degree for admission and are completed in three years. Some universities offer an accelerated path called a "3+3 curriculum" in which students who have fulfilled advanced science and math requirements can complete three years of pre-physical therapy classes followed by the three-year professional DPT program.² The Commission on Accreditation of Physical Therapy Education (CAPTE) requires that all accredited entry-level DPT programs provide a minimum of 30 weeks of full-time clinical education training and students must also pass didactic courses to graduate.¹⁴ In 2019, 10,979 students graduated from 212 accredited DPT programs.¹⁵

To practice in the U.S., physical therapists must pass the National Physical Therapy Examination, administered by the Federation of State Boards of Physical Therapy.^{2,16} After licensure, physical therapists may specialize through **certifications**, **residencies** and **fellowships**, described below.

- Licensed physical therapists with at least 2,000 hours of hands-on physical therapy clinical experience and who meet specialty certification eligibility requirements, may take specialty certification exams through the American Board of Physical Therapy Specialties (ABPTS). Board certification is available in numerous specialty areas including geriatrics, neurology, oncology, cardiovascular and pulmonary, clinical electrophysiology, orthopedics, pediatrics, sports, women's health, and wound management. As of June 2020, 30,041 individuals have achieved board certification as clinical specialists in physical therapy.¹⁷
- **Residencies** are a post-professional learning experience in advanced physical therapy practice that typically take 12 months to complete. Residency programs prepare licensed physical therapists to sit for the board certification examination in their specialty area.^{17,18} Approximately 12% of DPT graduates apply for residencies upon graduation, however, program entry is highly competitive.¹⁹ Between 1999 and 2019, 5,470 physical therapists completed residency programs.²⁰
- **Fellowships** provide additional subspecialty training in nine clinical areas including hand therapy, management of Division 1 athletics, neonatology, and physical therapy of the upper extremity.²¹ Fellowship training takes between 11 and 36 months to complete and further prepares physical therapists for a subspecialized area of clinical practice.²² Approximately 2,300 physical therapists have completed fellowship programs since 1999.²⁰

Impact of the COVID-19 Emergency on Physical Therapists and Their Scope of Practice

A primary impact of the COVID-19 emergency on physical therapists has been an involuntarily reduction of employment due to a decline in elective surgeries and the closure of many sites where physical therapy is delivered.^{10,23,24} There may be opportunities, however, to better engage physical therapists in patient care at a time when many practices are closed or struggling to stay open. Among the ways physical therapists have adapted to the challenges of the pandemic include expanding their use of telehealth and directly participating in the care of COVID-19 patients by, for example, co-developing hospital-based proning teams to facilitate breathing for COVID-19 patients and providing long-term recovery care.

Economic impact of COVID-19

In an effort to limit the exposure of patients and medical personnel to the coronavirus and to conserve critical resources such as ventilators and personal protective equipment (PPE), an estimated 65-72% of elective surgeries were postponed or cancelled in March and April of 2020 compared to the same period in 2019.^{25,26} Orthopedic procedures such as knee and hip replacements, which often require physical therapy, were the most frequently cancelled or postponed procedures.^{25,27}

Several months after the onset of the pandemic, states began allowing elective surgeries to resume as long as certain conditions, such as the availability of PPE and COVID-19 testing, were met.²⁸ National surveys conducted by the American Physical Therapy Association (APTA) report that in April and May 2020, 54% of physical therapists had experienced a decline in work hours since the start of the pandemic. In July 2020, 36% of physical therapists reported a decline in hours and 7% reported they had been laid off, 16% had been furloughed, and 2% had resigned or quit.¹⁰ Nearly three-quarters (72%) of physical therapy practice owners reported revenue losses of greater than 50% early in the pandemic. By July 2020, 34% of owners reported revenue losses of 50% or more, with 40% still seeing reductions of between 26% and 50%.¹⁰

Expansion and reimbursements for telehealth

The APTA reports that 98% of physical therapists did not provide telehealth consults with patients before the COVID-19 emergency. By July 2020, 47% reported using telehealth, a proportion that is likely to rise over the course of the pandemic.¹⁰

Policy changes due to the COVID-19 emergency have facilitated the increase in telehealth usage. In March 2020, legislative changes allowed physical therapists to bill Medicare for telehealth services for the first time and to bill at the same rate as in-person services.²⁹ New policies also allow physical therapists to provide telehealth services from their home while continuing to bill from their office location (to avoid reporting their home address on their Medicare enrollment). These reimbursement structures will remain in place for the duration of the COVID-19 crisis and legislative efforts are underway to make Medicaid telehealth reimbursements permanent.³⁰ Many states additionally require private insurance companies to reimburse for telehealth.³¹

Despite the benefits of telehealth, including the opportunity to receive medical attention without risking exposure to the virus, physical therapists face unique challenges in the use of telehealth. Common evidenced-based physical therapist interventions such as manual therapy, transcutaneous electrical nerve stimulation and hands-on exercise instruction must be delivered in person.^{32,33} Additional evaluation and research can help determine the optimal use of telehealth in physical therapy and inform decisions about its post-pandemic use.^{34,35}

Proning and mobility teams

Physical therapists' expertise in movement and body mechanics enables them to guide general positioning of COVID-19 patients. "Proning and mobility teams" including physical therapists have formed in some hospitals which involve placing COVID-19 patients on their stomach as an alternative to, or in conjunction with, mechanical ventilation. Research suggests that proning helps oxygenate the patient by reducing the pressure on the diaphragm and lungs, aids in draining lung fluids, and improves the effectiveness of the right heart ventricle which supplies the lungs with blood.³⁶⁻³⁹ Moving patients – who are often heavily sedated – onto their stomach takes a team of up to eight people consisting of some combination of nurses, physical or occupational therapists, physical therapy assistants, and a clinician who can reintubate the patient if needed.³⁷⁻³⁹

Physical therapists' role in long-term patient recovery from COVID-19

Physical therapists are routinely involved in rehabilitating patients after lengthy and intense illnesses. COVID-19 patients, however, may face particularly arduous recoveries in part because underlying medical conditions such as diabetes and heart disease often complicate their recovery and because the virus can attack multiple body systems including the kidneys, liver, circulatory system, and lungs.⁴⁰⁻⁴²

Physical therapists around the country are working with COVID-19 patients who were intubated or immobilized for long periods to relearn functional tasks and recover the ability to progress from laying in bed to sitting, standing, and walking.^{40,41} Approximately one-fifth (19%) of patients with known coronavirus are hospitalized, and of these 6% are admitted to the intensive care unit.⁴³ Thus, the size of the pandemic (9.4 million cases as of November 2020⁴⁴) may result in thousands of patients who need physical therapy in order to facilitate a full recovery or manage the long-term sequelae of COVID-19 infections.

Examples of State Approaches for Emergency Increases to Physical Therapist Workforce

Re-activate licenses for physical therapists who have recently left practice

- Pennsylvania,⁴⁵ Nebraska,⁴⁶ New Jersey⁴⁶

Waiver and deferral of continuing education requirements

- Arizona: Continuing education requirements extended for six months unless those requirements can be completed online.⁴⁷
- Arkansas: Requirement of continuing education waived for the 2021 renewal.⁴⁸
- Utah: Temporary suspension of in-person continuing education requirements until October 2020.⁴⁹

Expedite student transition into practice

- Delaware: Students currently enrolled in, or graduates of, an approved physical therapy program who are not yet licensed can practice under the supervision of a licensed physical therapist.⁵⁰
- Pennsylvania: Graduation-before-licensure-examination requirements are suspended for the duration of the COVID-19 emergency. Physical therapy students who have completed their didactic education but have not completed clinical education can take the national licensure exams up to 180 days before graduation.⁵¹

Extend license expiration dates

- Arizona: Licenses which expire between March and August 2020 extended for six months.⁴⁷
- Kansas: Licenses extended for the duration of the pandemic.⁴⁶

Out-of-state reciprocal licenses

- Wisconsin: Physical therapists with a valid and current license in another state may practice in Wisconsin without first obtaining a temporary or permanent license.⁵⁰

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COMMITTEE AND BOARD MEMBER REPORTS

DRAFT

An audio file of this meeting may be found here

<https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting01212021.mp3>

CALL TO ORDER - Dr. Jones, Jr.

Dr. Jones, Jr. called the virtual meeting to order at 10:00 a.m. Quorum was established with 17 members in attendance.

EMERGENCY EGRESS - Dr. Carter

Dr. Carter provided evacuation procedures for members in physical attendance.

ROLL CALL

VIRTUAL ATTENDEES: BOARD OF HEALTH PROFESSIONS

Dr. Alison King, Board of Audiology & Speech-Language Pathology

Dr. Kevin Doyle, Board of Counseling

Dr. Sandra Catchings, Board of Dentistry

Derrick Kendall, Board of Long-Term Care Administrators

Dr. Brenda Stokes, Board of Medicine

Louise Hershkowitz, Board of Nursing

Dr. Helene Clayton-Jeter, Board of Optometry

Ryan Logan, Board of Pharmacy

Dr. Herb Stewart, Board of Psychology

John Salay, Board of Social Work

Dr. Steve Karras, Board of Veterinary Medicine

Sheila Battle, Citizen Member

Sahil Chaudhary, Citizen Member

Dr. Martha Rackets, Citizen Member

Carmina Bautista, Citizen Member

James Wells, Citizen Member

BOARD MEMBERS ABSENT:

Louis Jones, Board of Funeral Directors and Embalmers

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS

Dr. Allison-Bryan, Agency Chief Deputy Director

Elaine Yeatts, Agency Senior Policy Analyst

Dr. Yetty Shobo, Deputy Executive Director for the Board

Rajana Siva, Research Analyst for the Board

Dr. William Harp, Executive Director for the Board of Medicine

Kim Small, VisualResearch, Inc.

Neal Kauder, Visual Research, Inc.

Sandra Reen, Executive Director for the Board of Dentistry

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS cont'd

Corie Tillman-Wolf, Executive Director for the Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy

PHYSICAL ATTENDANCE AT PERIMETER CENTER:

Dr. Elizabeth Carter, Executive Director for the Board
Dr. Allen Jones, Jr., Board of Physical Therapy
Laura Jackson, Operations Manager for the Board
Matt Treacy, Media Production Specialist

VIRTUAL ATTENDANCE: PUBLIC

Christina Barrille
Jetty Gentile
Karen Winslow

WELCOME NEW BOARD MEMBERS - Dr. Jones, Jr.

Dr. Jones, Jr., welcomed Dr. Catchings, Dr. Stokes and Carmina Bautista to the Board.

THANK YOU TO OUTGOING BOARD MEMBERS - Dr. Jones, Jr.

Dr. Jones, Jr., thanked outgoing board members Dr. Watkins
Dr. O'Connor and Maribel Ramos.

MEETING AGENDA - JANUARY 21, 2021

The Meeting agenda was approved as presented. A motion was made and properly seconded with all member in favor, none opposed.

PUBLIC COMMENT - Dr. Jones, Jr.

Ms. Cindy Warriner provided comment on her concern of potential Board of Pharmacy censure.

APPROVAL OF AUGUST 20, 2020 FULL BOARD MEETING MINUTES - Dr. Jones, Jr.

The meeting minutes from the August 20, 2020 Full board meeting were approved as presented. A motion was made and properly seconded with all members in favor, none opposed.

DIRECTOR'S REPORT- Dr. Allison-Bryan

Dr. Allison-Bryan provided Dr. Brown's remarks as he was at a General Assembly committee meeting. The Board of Health Professions prepared two major studies in 2020, Diagnostic Medical Sonographers and Naturopathic Doctors. As of today, the naturopathic doctor House bills presently have been "passed by" at the General Assembly. Two Senate bills are pending. Dr. Allison-Bryan provided an update on the research she gathered for the follow-up on "keepsake" sonography. She advised that the research reflects that fetal ultrasounds, performed by non-sonography licensed individual poses little harm to the fetus. The practice of "keepsake" sonography is discourage by the FDA and several professional medical organizations.

LEGISLATIVE & REGULATORY REPORT - Ms. Yeatts

Assembly that directly impact DHP. This information is provided in the agenda meeting documents. (Attachment 1)

SANCTION REFERENCE POINTS UPDATE - Mr. Kauder

Mr. Kauder provide a presentation on the Sanctioning Reference Point system updates. The presentation is included in the agenda meeting documents.

BREAK 11:20 -11:30 a.m.

BOARD CHAIR REPORT - Dr. Jones, Jr.

Dr. Jones, Jr. stated how much of an honor it was to serve as Chair for two consecutive years. He thanked those who attended in person and those who attended virtually for being such a wonderful team. He thanked the Board for their vote of confidence in his leadership and is looking forward to new leadership and how the next Chair will lead the Board through this pandemic.

NOMINATING COMMITTEE REPORT - Ms. Hershkowitz

Ms. Hershkowitz, Chair of the Nominating Committee, provided the Board with the slate of officers that was adopted at the 9:00 a.m. Nominating Committee meeting.

Chair: James Wells, RPh, Citizen Member

Dr. Steve Karras, Board of Veterinary Medicine

1st Vice Chair: Sahil Chaudhary, Citizen Member

2nd Vice Chair: Dr. Brenda Stokes, Board of Medicine

ELECTION OF OFFICERS - Dr. Jones, Jr.

The Board approved the slate of officers as presented and the vote was opened for Mr. Wells as Board Chair. Roll call voting provided 16 members in favor of Mr. Wells, with one member voting for Dr. Karras. With the majority vote, Mr. Wells was announced as Chair.

The Board agreed with the slate of officers provided by the Nominating Committee for Mr. Chaudhary to serve as 1st Vice Chair and Dr. Stokes to serve as 2nd Vice Chair.

Dr. Jones, Jr. congratulated the newly appointed officers of the Board.

EXECUTIVE DIRECTOR'S REPORT - Dr. Carter

Dr. Carter provided an overview of the Board's budget, along with the agencies statistics and performance measures. A link was provided in the meeting agenda for board members to review the agencies 2019-2020 Biennial Report.

HEALTHCARE WORKFORCE DATA CENTER - Dr. Shobo

Dr. Shobo provided an update of the workforce profession reports that were finalized in 2020, as well as ways that the Center is assisting various entities with workforce data.

INDIVIDUAL BOARD REPORTS

Board of Audiology & Speech-Language Pathology (Attachment 2)

Board of Counseling - Dr. Doyle

The Board will be considering the conversion therapy regulations at the next meeting, which is scheduled for February 15, 2021. A compact is emerging for counseling that is in the roll out phase. The Board is working on a guidance document for telehealth as many have moved their services online during the pandemic. Current regulations will need additional language to guide safe and ethical practice.

Board of Dentistry - Dr. Catchings

Due to COVID-19 dental students preparing for graduation and licensure by the Board of Dentistry were unable to perform a live patient exam. The Board came up with a way to allow students to perform an exam involving artificial teeth that would qualify them for licensure. The Board also arranged for graduating students to be trained on giving COVID-19 injections.

Formal hearings have been held virtually, while informal meetings are still in person. The Board is now in the beginning phase of developing emergency plans that will address how to function in a state of emergency. Such as the COVID-19 pandemic.

Board of Medicine - Dr. Stokes

Requests for waivers for electronic transmission of opioid prescriptions: As of July 1st, 2020, the regulations stated that all opiate prescriptions had to be transmitted electronically, with a stipulation that people could apply for a waiver for up to 1 year. There were 2,000 requests for waivers with some needing additional information. The statute does not allow the waiver to go past July 1, 2021.

A new licensed profession for the Board is surgical assistants. A surgical assistant advisory board has been created to develop regulations.

Every three years, the Board of Medicine is required to provide a list of professionals to the Supreme Court for malpractice panels. A big thank you to the executive directors and their staff that helped provided the names of professionals to be added to the list.

Reciprocity with continuous jurisdictions is currently under review. State boards were contacted by the executive directors with North Carolina, Tennessee, Kentucky and West Virginia showing no interest, while Maryland and D.C. we're open to the idea. Ongoing discussions continue.

Dr. Kevin O'Connor has been nominated for a leadership award that is given by the Federation of State Medical Boards.

The Board has held virtual board meetings, but the informal and formal hearings are still in person.

Board of Nursing - Ms. Hershkowitz

Ms. Hershkowitz provided an overview of the Board of Nursing's activities. (Attachment 3)

Board of Optometry - Dr. Clayton-Jeter

Dr. Clayton-Jeter provided an overview of the Board of Optometry activities. (Attachment 4)

Board of Pharmacy - Mr. Logan

Mr. Logan stated that the Board of Pharmacy voted to adopt language on the cultivation and production of cannabis oil to prohibit the production of an oil intended to be inhaled from containing vitamin E. acetate. The board also voted to adopt final regulations of cannabidiol scheduled 5 that by default places into schedule 6 for consistency. He stated that the next board meeting is scheduled on February 22, 2021.

Board of Physical Therapy - Dr. Jones, Jr.

The Board of Physical Therapy met virtually on November 7, 2020. The board updated its telehealth guidance document based upon some questions and concerns identified during the pandemic. Physical therapy licensure compact implementation has been smooth for the board and the compact became effective January 1, 2021.

Board of Psychology - Dr. Stewart

The Board of Psychology board brief is available on the agencies website. Following are a few highlights: Psychology licensee total is roughly 5,700, of which three quarters are clinical psychologist, with the remaining spread among school psychology, sex offender treatment providers, applied psychologists and trainees.

Dr. Stewart provided an update on PsyPact, noting that 15 states are participating with another nine on board. He stated that about half of the states, including most of the surrounding states around Virginia, will be on board.

There has also been a periodic review of regulations governing the practice of psychology. These regulations are in the final stage and under review by the Office of the Governor. Similarly, the Board is updating the certification of sex offender treatment provider regulations which are on the fast track for authorization.

Board of Veterinary Medicine (Attachment 5)

NEW BUSINESS - Dr. Jones, Jr.

There was no new board business brought forward.

NEXT FULL BOARD MEETING

The next Full Board meeting will be held March 4, 2021 at 10:00 a.m.

ADJOURNMENT

The meeting adjourned at 12:36 p.m.

CHAIR

SIGNATURE _____ / /
James Wells, RPh

BHP EXECUTIVE DIRECTOR

SIGNATURE _____ / /
Elizabeth A. Carter, PhD

Board of Health Professions attachments can be found at
https://www.dhp.virginia.gov/bhp/bhp_calendar.htm

LEGISLATIVE AND REGULATORY REPORT

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of May 9, 2021)**

Board		Board of Physical Therapy
Chapter	Action / Stage Information	
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Periodic review</u> [Action 5228] Final - Register Date: 3/1/21 Effective: 4/30/21
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Implementation of the Physical Therapy Compact</u> [Action 5362] Final - Register Date: 4/12/21 Effective: 5/12/21

BOARD DISCUSSION AND ACTIONS

Agenda Item: Adoption of fast-track action for applicants from non-approved programs

Included in your agenda package are:

Draft of fast-track action

Staff note:

FSBPT is no longer requiring a specific coursework tool for purposes of accessing their exam and is leaving the coursework requirement (and language requirement) to the individual states. The states will determine the eligibility for non-CAPTE or foreign-trained candidates to sit for the exam based upon the state's own requirements for licensure. Therefore, the Board needs to make the change back to the previous regulatory language for coursework tool at time of graduation for Virginia licensure purposes. Otherwise, there will not be a defined tool required for Virginia applicants because the FSBPT will no longer require a specific tool for the exam. Not having a defined tool for use could create an administrative issue for both staff and for the credentialing agencies that would not know what specific tool to use to vet coursework for a Virginia applicant.

Board action:

Adoption of amended regulations as presented in the attached or as amended by the Board.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, ~~based on the year of graduation as required to sit for FSBPT examination~~, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and
3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.
2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying the applicant's graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:
 - a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board and based upon the FSBPT coursework tool for physical therapist assistants.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability, officially declared disasters, or mandatory military service.

1. The traineeship shall be in accordance with requirements in [18VAC112-20-140](#).

2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

Agenda Item: Board review of Guidance documents

Included in your agenda package are:

Copies of guidance documents to be repealed because content included in periodic review regulatory action:

112-10 – Credit for continuing education

112-20 – Supervision of students in non-accredited education programs

112-24 – Supervision of students in clinical settings

Copy of guidance document on confidential consent agreements – may be reaffirmed or revised – 112-2

Copy 112-13 - Approval of a Traineeship to be considered for revision

Board action – may be one motion:

To repeal 112-10, 112-20, and 112-24

To reaffirm 112-2 (or amend)

To amend 112-13

Guidance on Credit for Continuing Education

Board of Physical Therapy

In response to requests for interpretation on continuing education credits, the Board has adopted the following guidance:

- One credit hour of a college course is considered equivalent to 15 contact hours of Type 1 continuing education.
- Courses directly related to the clinical practice of physical therapy and are sponsored by providers approved by other state licensing boards may be considered for Type 1 continuing education.
- Research and preparation for the clinical supervision experience or teaching of workshops or courses in a classroom setting constitute Type 2 activities.
- Classroom teaching of physical therapy topics and clinical supervision constitute Type 2 activities.

Board of Physical Therapy

Guidance on Supervising Students in Non-Approved Programs

Physical therapy (PT) programs

- A physical therapist may provide direct supervision to a student who is satisfying clinical educational requirements in a non-approved PT program that has been granted the Candidate for Accreditation status from the Commission on Accreditation in Physical Therapy Education (CAPTE).

Physical therapist assistant (PTA) programs

- A physical therapist or a physical therapist assistant may provide direct supervision to a student who is satisfying clinical education requirements in a non-approved PTA program that has been granted the Candidate for Accreditation status from CAPTE.

Repealed

Virginia Board of Physical Therapy

Supervision of Students in the Clinical Setting

The Board's regulation, 18VAC112-20-100(D), provides the following regarding the supervision of students in the clinical setting:

D. A physical therapist shall provide direct supervision to a student in an approved program who is satisfying clinical educational requirements in physical therapy. A physical therapist or a physical therapist assistant shall provide direct supervision to a student in an approved program for physical therapist assistants.

In interpreting this provision, the Board recommends that an individual practitioner not supervise more than three students at any one time in a clinical setting.

Further, the Board refers to the definition of "direct supervision" in 18VAC112-20-10:

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

Board of Physical Therapy**CONFIDENTIAL CONSENT AGREEMENTS**

Virginia Code § 54.1-2400(14) authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement (“CCA”). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his/her practice in such a manner as to be a danger to the health and welfare of patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted at any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. A CCA may be considered by the board in future disciplinary proceedings. A practitioner may only enter into two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period following the entry of two CCAs unless the board finds that there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

Violations of regulation or statute that may qualify for resolution by a Confidential Consent Agreement include, but are not limited to:

- Inadvertent HIPAA/confidentiality violation
- Exceeding scope of referral (i.e. number of treatments)
- First violation regarding continued competency (see Guidance Document 112-22)
- First violation of advertising regulations

54.1-2400. General powers and duties of health regulatory boards.

14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a license, certification, registration, or permit; or a person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner or facility. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered, or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person holding a multistate licensure privilege to practice nursing who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

BOARD OF PHYSICAL THERAPY

Approval of a Traineeship

Section 18VAC112-20-70 in *Regulations Governing the Practice of Physical Therapy* provides the following requirements for a traineeship for an unlicensed graduate who is scheduled to sit for the national examination.

- A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.
- B. The traineeship, which shall be in accordance with requirements of 18VAC112-20-140, shall terminate ~~two~~ five working days following receipt by the candidate of the licensure examination results.
- C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination, provided he has registered to retake the examination. A new traineeship shall not be approved ~~for~~ if more than one year has passed following the receipt of the first examination results. An unlicensed graduate who has passed the examination may be granted a new traineeship for the period between passage of the examination and granting of a license. An unlicensed graduate shall not be granted more than three traineeships within the one year following the receipt of the first examination results.

The Board provides guidance for applicants in the following circumstances:

- An applicant who has graduated from an accredited physical therapy program and (1) has registered to sit for the national examination or (2) has taken and passed the national examination may be approved for a traineeship even if the degree is to be awarded at a later date. Evidence ~~of graduation that the graduate has met all degree requirements~~ would be required for approval.
- ~~• An unlicensed graduate who has taken and passed the national examination may be granted an additional traineeship after the termination required in subsection B until licensure is granted or for one year, whichever comes first.~~
- ~~• An unlicensed graduate who is awaiting official degree conferral and who has taken and passed the national examination may be granted a traineeship until licensure is granted or for one year, whichever comes first. Evidence that the graduate has met all degree requirements would be required for approval.~~
- ~~• An unlicensed graduate who has taken and failed the national examination may be granted an additional traineeship after the termination required in subsection B, provided he has registered to retake the examination. The new traineeship may only be approved until he has passed the examination and been granted a license or for one year from the receipt of the first examination results, whichever comes first.~~

- ~~• Another new traineeship shall not be granted to an unlicensed graduate after termination of the one additional traineeship.~~
- A traineeship may be approved for a foreign-trained graduate upon evidence that ~~his~~ the graduate's degree is equivalent to a degree from an accredited physical therapy program and that ~~he~~ the graduate is registered to sit for the national examination.

DIRECT ACCESS PATIENT ATTESTATION AND MEDICAL RELEASE FORM

PATIENT INFORMATION

	<hr/> Date
<hr/> Name (Full Legal Name)	<hr/> ()
	<hr/> Primary Phone Number
<hr/> Street address, City, ST, ZIP Code	<hr/> ()
	<hr/> Alternate Phone Number
<hr/> Email address	<hr/> ()
	<hr/> Alternate Phone Number

Reason why you are seeking physical therapy care:

CURRENT CARE AND ATTESTATION

Please check one below:

- I **AM NOT** under the care of a licensed health practitioner for the symptoms listed on this form and I wish to seek physical therapy care at this time. (Licensed health practitioner includes a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant.)

I understand that the current course of physical therapy care will last no more than 60 consecutive days, and that additional physical therapy services for the symptoms listed on this form shall only be upon the referral and direction of a licensed health practitioner. To receive additional physical therapy services beyond this 60-day period, I will be required to obtain a referral from a licensed health care practitioner.

- I **AM** under the care of a licensed health practitioner for the symptoms listed on this form and wish to seek physical therapy care at this time. (Licensed health practitioner includes a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant.)

PRACTITIONER INFORMATION:

<hr/> Practitioner Name	<hr/> Office Number
<hr/> Street address, City, ST, ZIP Code	<hr/> Fax Number

I understand that the current course of physical therapy care will last no more than 60 consecutive days, and that additional physical therapy services for the symptoms listed on this form shall only be upon the referral and direction of a licensed health practitioner. To receive additional physical therapy services beyond this 60-day period, I will be required to obtain a referral from the licensed health care practitioner named above.

*I understand that the practitioner named above will be provided a copy of my initial evaluation and patient history within 14 days. **I hereby consent to the release of my personal health and treatment records to the practitioner named above.***

<hr/> Patient Signature	<hr/> Date
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For Administrative Use Only - Expiration Date: _____

Form 07/01/2021