



APTA Physical Therapy Workforce Analysis

A Report From the American Physical Therapy Association

December 2020

Introduction

The goal of workforce planning is to optimize consumer access to physical therapy. By analyzing and forecasting workforce supply and demand, it's possible to identify shortage areas, evaluate employment potential, and bolster advocacy that improves health care delivery.

This report uses data from multiple sources to evaluate the physical therapy workforce as of 2019. (It is important to emphasize that while this report was released in 2020, the data was collected prior to the COVID-19 health crisis, which affected employment across health care. For more on the effects of COVID-19, see APTA's report "Impact of COVID-19 on the Physical Therapy Profession.")

Data sources include APTA's membership database and practice profile survey, the Commission on Accreditation in Physical Therapy Education, the Federation of State Boards of Physical Therapy, the Bureau of Labor Statistics, the United States Census Bureau, and analysis by Deloitte of the Census Bureau's American Community Survey.

You will note differences in the data from these sources. Wherever possible, we have noted differences in how these sources report their data.



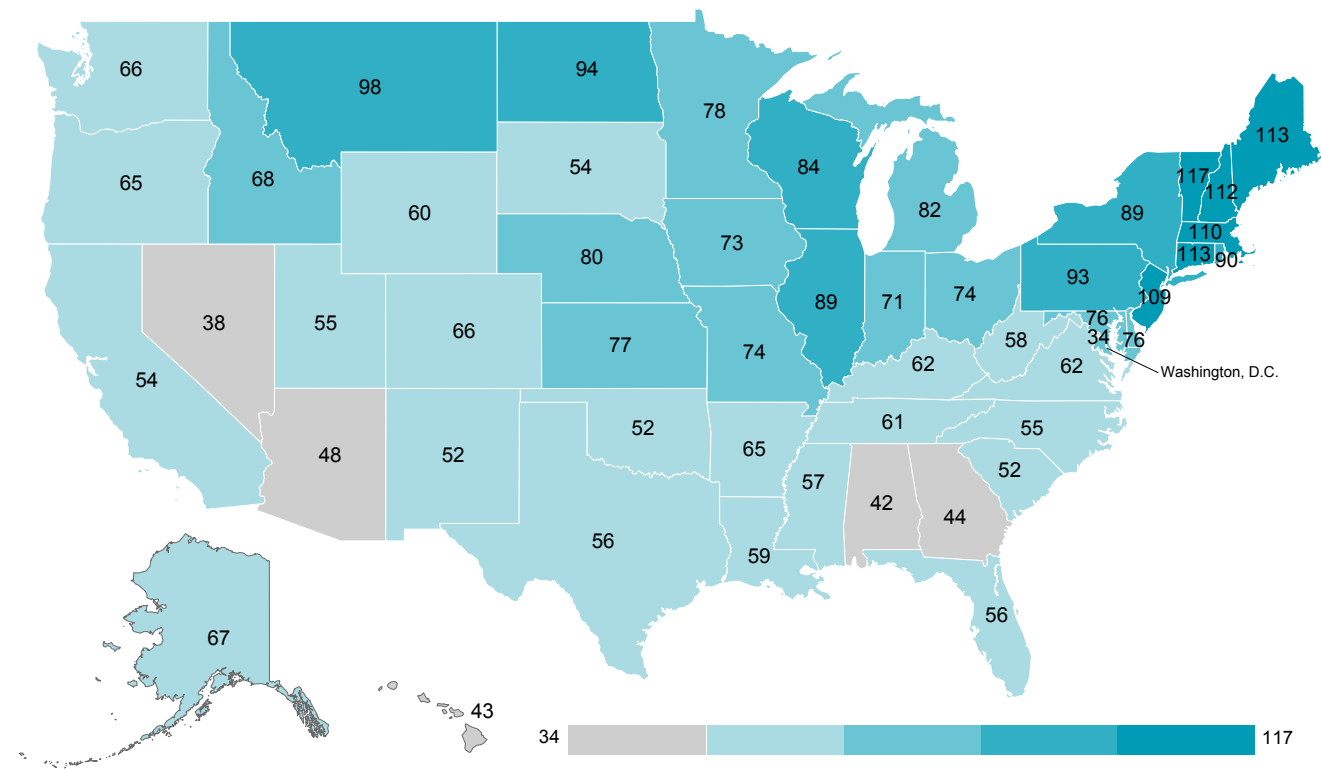
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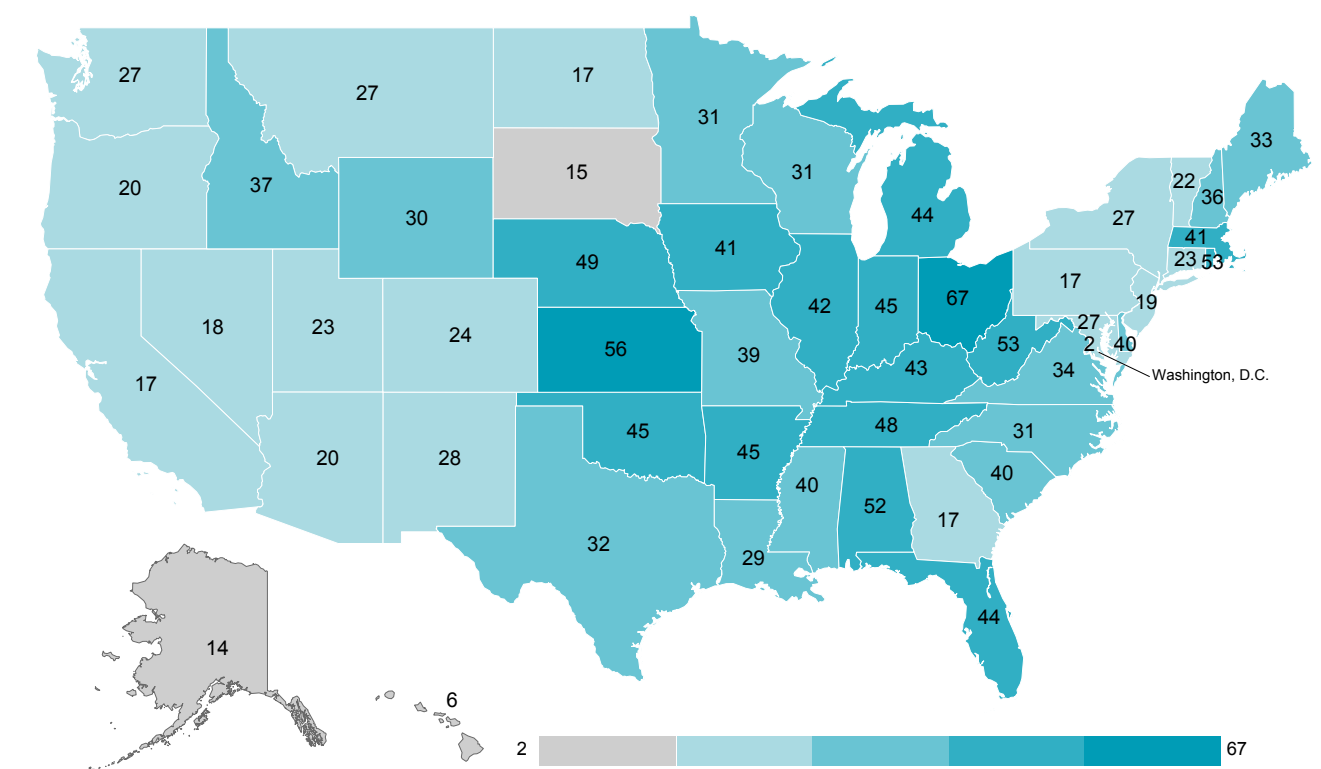
Geographic Distribution

As of 2019, there were 312,716 licensed physical therapists and 127,750 licensed physical therapist assistants in the United States, according to data from the Federation of State Boards of Physical Therapy. Based on the U.S. population, there are 95 physical therapists per 100,000 people and 39 physical therapist assistants per 100,000 people. The maps below show a breakdown of these numbers in each state.

Number of Licensed Physical Therapists per 100,000 People by State

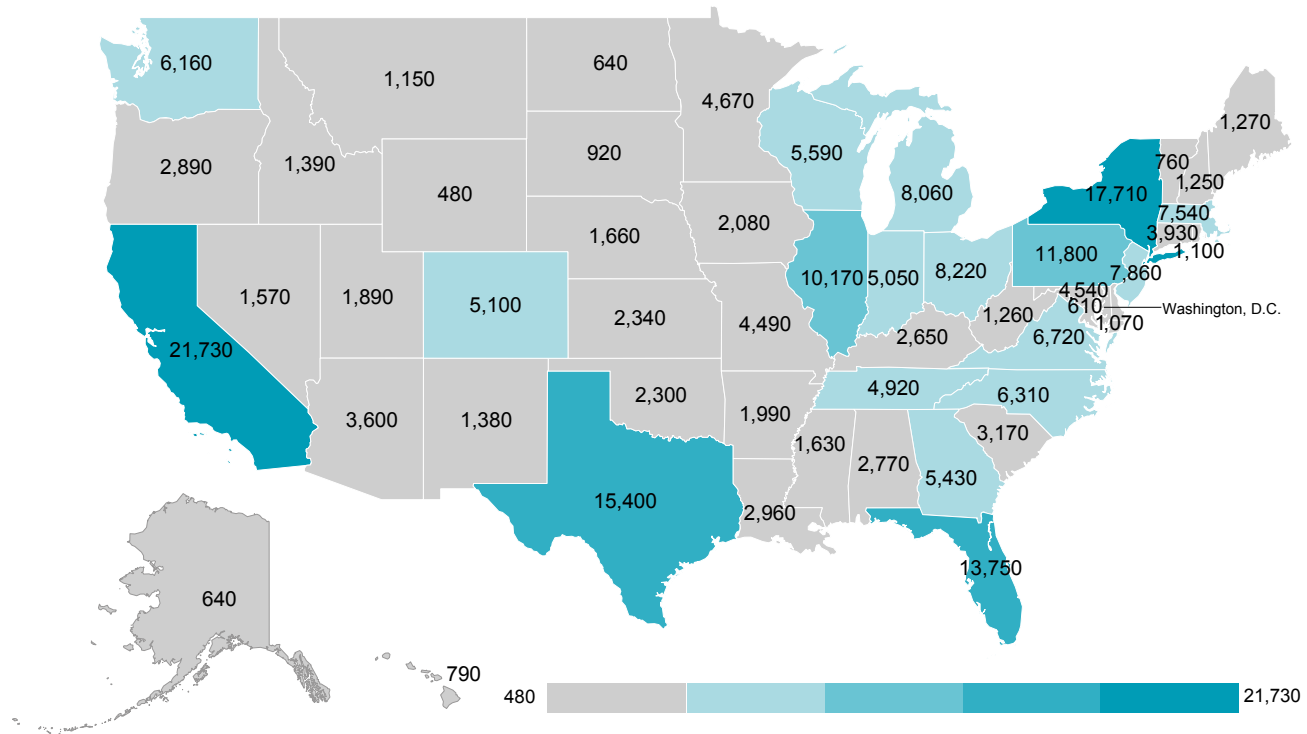


Number of Licensed Physical Therapist Assistants per 100,000 People by State

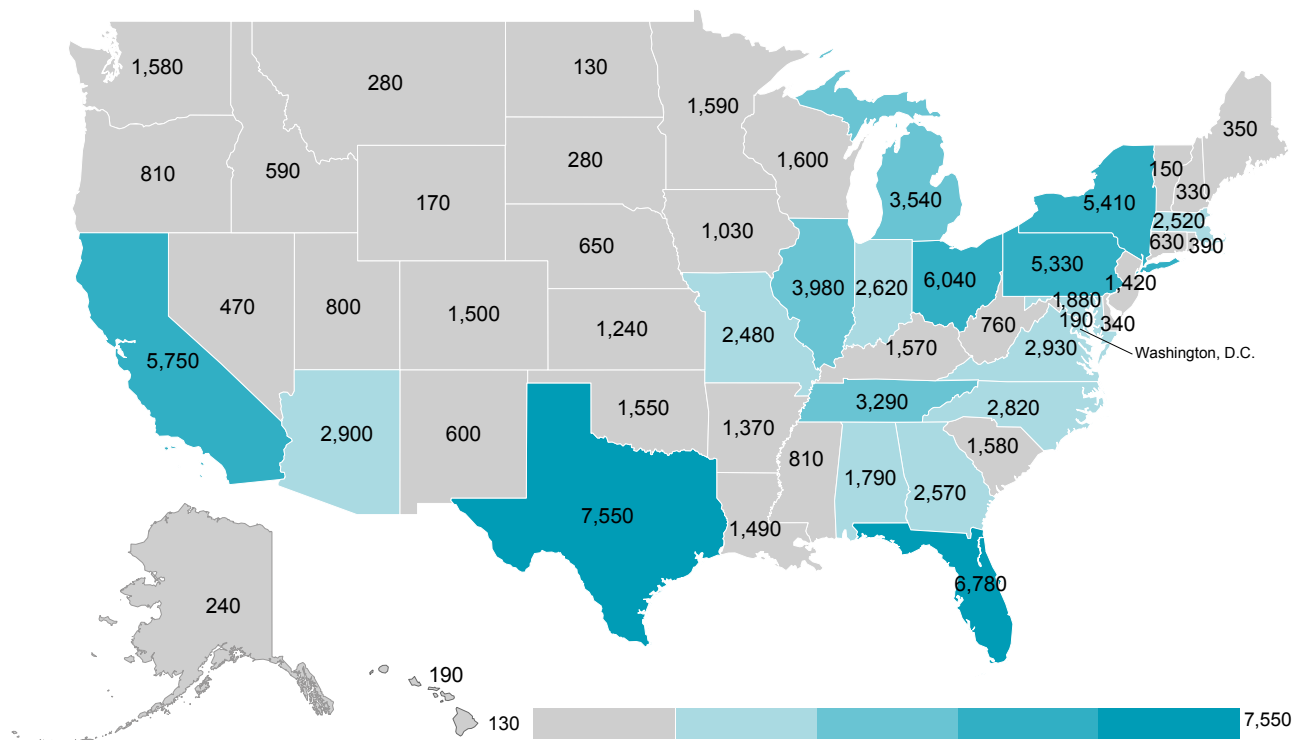


The maps below show the U.S. distribution of PT and PTA employment as of 2019, according to data from the Bureau of Labor Statistics.

Number of Employed Physical Therapists by State

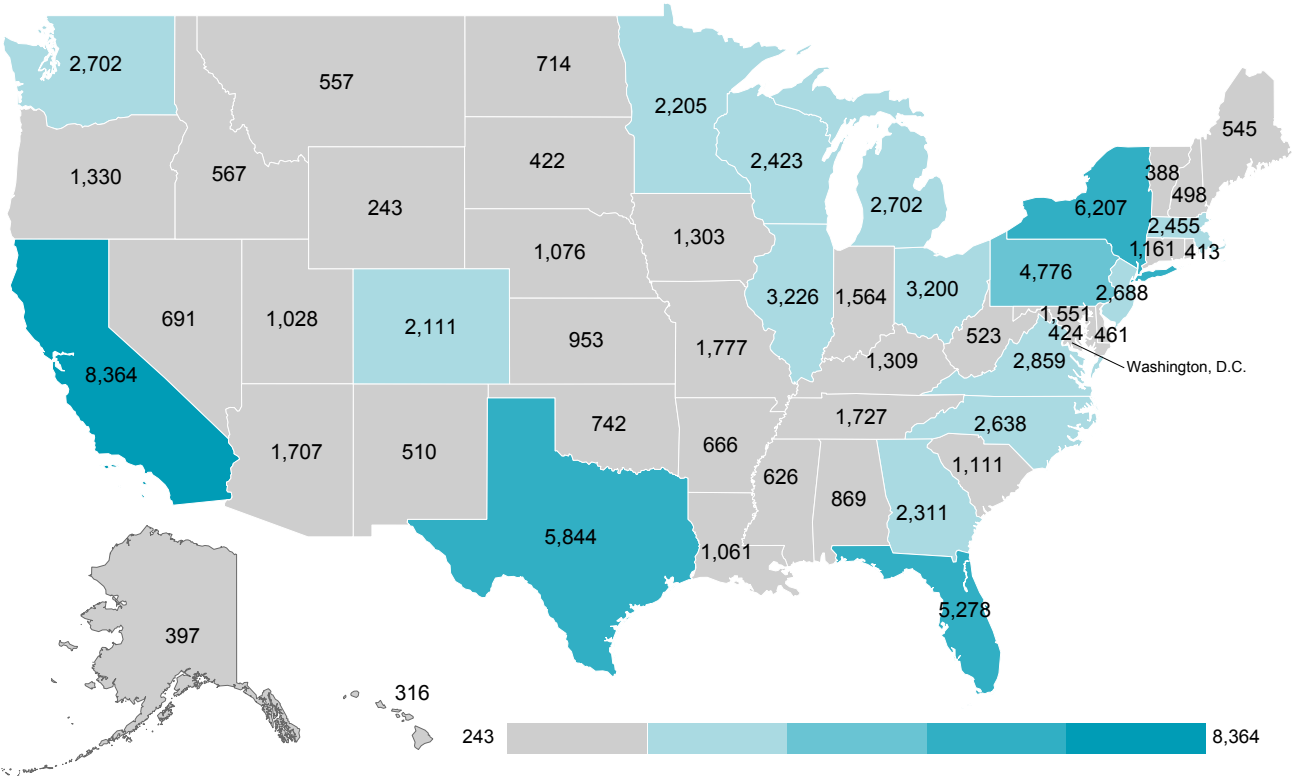


Number of Employed Physical Therapist Assistants by State

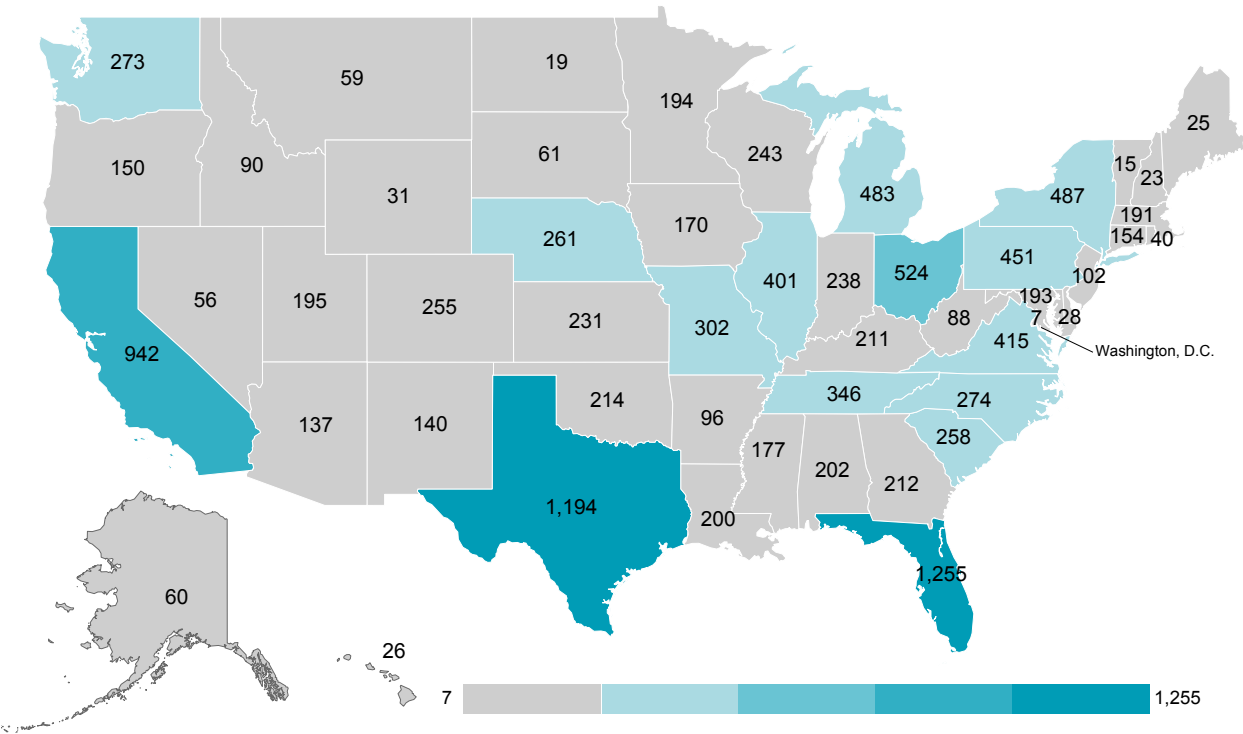


The maps below show the U.S. distribution of PT and PTA membership in APTA as of 2019, according to the association's member database.

APTA Physical Therapist Membership by State



APTA Physical Therapist Assistant Membership by State



Median Age

PTs	PTAs	Data Source
40	34	APTA (2019)^
42	41	BLS (2019)*
41	37	Data USA (2018)*

^APTA data based on membership population.

*BLS and Data USA combine PTAs and physical therapy aides when reporting age.

Sex and Gender

Sex refers to a person's biological characteristics. Gender refers to a person's social identity. For purposes of this report, it is unclear whether PTs and PTAs were self-reporting their sex or gender, or if options other than "male/man" or "female/woman" were available to respondents.

PTs		PTAs		Data Source
Women	Men	Women	Men	
65%	35%	71%	29%	APTA (2019)^
68%	32%	63%	37%	BLS (2019)*
70%	30%	67%	33%	Data USA (2018)*

^APTA data based on membership population.

*BLS and Data USA combine PTAs and physical therapy aides when reporting sex/gender.

Median Annual Salary

PTs	PTAs	Data Source
\$85,000	\$52,000	APTA (2016)^
\$89,440	\$58,790	BLS (2019)*
\$78,350	\$48,022	U.S. Census Bureau (2018)*

^APTA data based on membership population.

*BLS and Census combine PTAs and physical therapy aides when reporting salary data.

Median Annual Salary by Sex and Gender

According to a Pew Research Center analysis, in 2018, in the U.S. across all professions, women earned 85% of what men earned. Based on APTA data, female PTs earned 90% of what male PTs earned, and female PTAs earned 91% of what male PTAs earned. Similarly, based on Data USA data, female PTs earned 80% of what their male counterparts earned, and female PTAs earned 89%. This information shows that regardless of the economic data, gender wage gaps are notably present, and the physical therapy profession is not immune to this systemic issue.

PTs		PTAs		Data Source
Women	Men	Women	Men	
\$81,118	\$90,000	\$50,000	\$55,000	APTA (2016)^
\$67,550	\$84,281	\$34,493	\$38,870	Data USA (2018)*

^APTA data based on membership population.

*Data USA combines PTAs and physical therapy aides when reporting salary data.

Race and Ethnicity

Black and Hispanic/Latino PTs and PTAs are underrepresented in the physical therapy profession, compared with the general population based on U.S. Census data.

APTA is seeking to address this gap through numerous activities, including expanded student recruitment efforts to diversify the pipelines into the profession, formal recommendations to the Commission on Accreditation in Physical Therapy Education regarding accreditation standards and required elements that would improve diversity in PT and PTA education programs, the development of a standing committee on diversity, equity, and inclusion, and various DEI fundraising efforts, including the two-year Campaign for Future Generations. Visit apta.org/DEI to learn more.

Race and Ethnicity of Physical Therapists

PTs	APTA (2019)^	Data USA (2018)
White (not Hispanic)	84.3%	76.7%
Black (not Hispanic)	2.5%	3.6%
Asian (not Hispanic)	6.9%	12.9%
American Indian (not Hispanic)	0.4%	0.2%
Hispanic/Latino	3.5%	5.3%
Other	2.4%	1.4%

^APTA data based on membership population.

Race and Ethnicity of Physical Therapist Assistants

PTAs	APTA (2019)^	Data USA (2018)*
White (not Hispanic)	81.2%	73.8%
Black (not Hispanic)	3.4%	5.8%
Asian (not Hispanic)	4.0%	7.0%
American Indian (not Hispanic)	1.0%	0.0%
Hispanic/Latino	8.0%	11.8%
Other	2.5%	1.7%

^APTA data based on membership population.

*Data USA combines PTAs and aides when reporting race and ethnicity.

Race and Ethnicity of the U.S. Population

U.S. Population per U.S. Census Categories (2018)	
White alone Relates to White (not Hispanic) in previous table	60.22%
Black or African American alone Relates to Black (not Hispanic) in previous table	12.32%
Asian alone Relates to Asian (not Hispanic) in previous table	5.56%
American Indian and Alaska Native alone Relates to American Indian (not Hispanic) in previous table	0.67%
Hispanic or Latino Relates to Hispanic/Latino in previous table	18.27%
Native Hawaiian and Other Pacific Islander alone Relates to Other in previous table	0.17%
Some other race alone Relates to Other in previous table	0.25%
Two or more races Relates to Other in previous table	2.54%

Projecting the Supply and Demand of PTs Through 2030

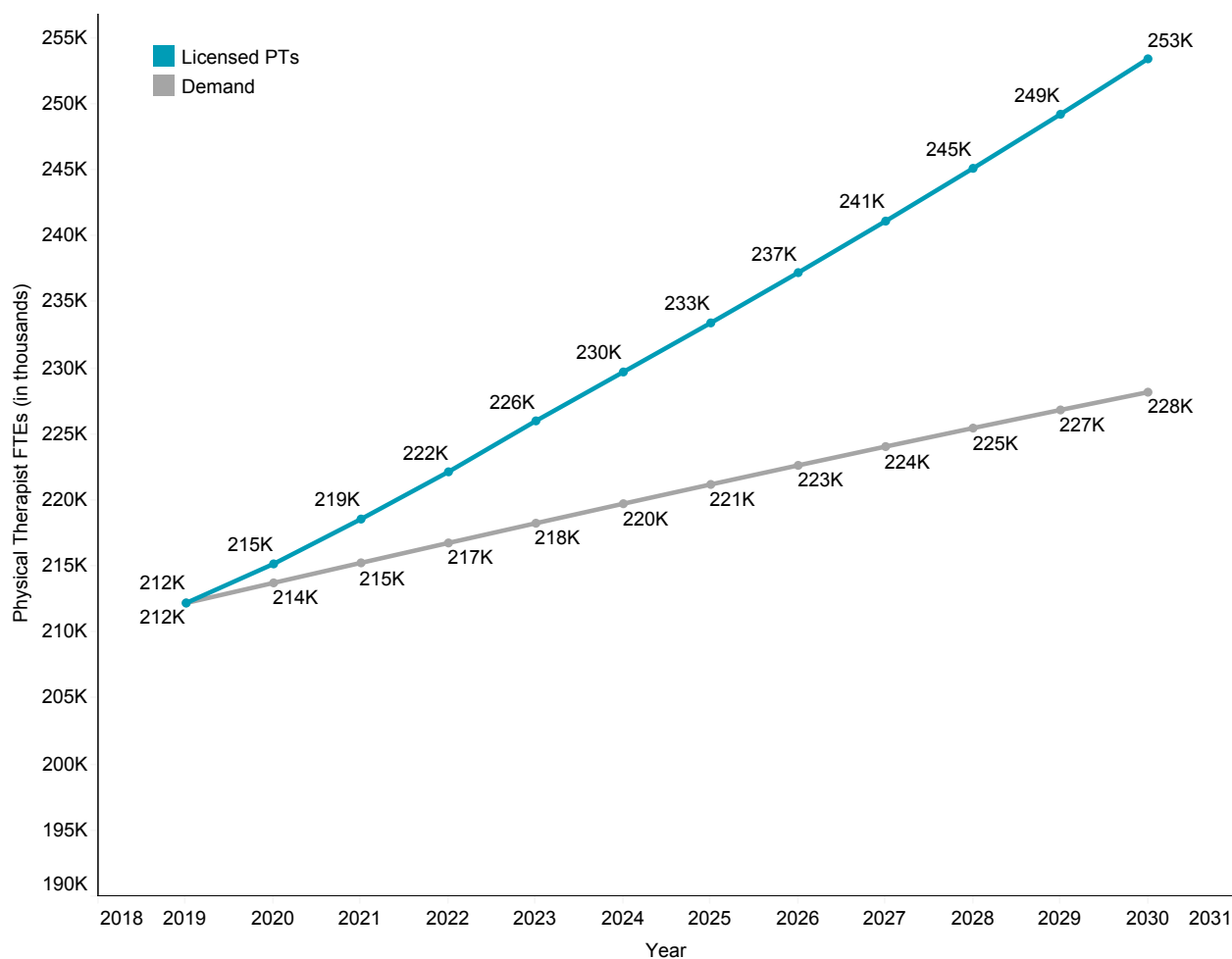
Using the data and methodology described below, APTA's model shows that projected increases in the national supply of physical therapists is outpacing expected growth in demand for services based on an increase in the U.S. population who have health insurance.

Based on current graduation, licensing, and attrition trends, the model predicts an estimated surplus of 25,235 physical therapists by 2030.

This projected imbalance provides opportunities for the profession to correct existing imbalances in the geographic distribution of physical therapists, meet increases in demand due to changing population characteristics, and continue expanding in emerging areas of practice.

Physical Therapist Supply and Demand

(All numbers in thousands)



Methodology

APTA's model uses the workforce-to-population ratio method of modeling. The intent of APTA's model is to determine if the supply of physical therapists is keeping pace with increased demand from population growth over a 10-year period.

Thus, the model does not account for potential changes to service delivery or patient demographics that could happen within this time frame. Furthermore, as the base year of the model is 2019, the model uses data collected prior to the COVID-19 pandemic and does not make assumptions about the impact of COVID-19 on physical therapist supply and demand. This impact will be reflected in future projections as the data becomes available.

To calculate supply, APTA uses data on the number of new entrants to the workforce minus attrition from the profession. New entrants include recent graduates from U.S. physical therapist professional programs who pass the licensure exam and internationally educated physical therapists who obtain licensure in the United States. Attrition includes individuals transferring to other occupations or exiting the labor force altogether. The percentage of physical therapists who practice part time also is factored into the model, thus supply is represented as full-time equivalents, or FTEs.

To calculate demand, APTA uses the current ratio of FTE physical therapists to the U.S. population with health insurance, as reported by the U.S. Census.

PTA Projections

Unfortunately, there is not enough data available on the attrition of physical therapist assistants to make reliable projections on the future supply of PTAs. Should this data become available, APTA can use its model to project both the supply of and demand for PTAs.

APTA Workforce Planning History

APTA's history of workforce analysis dates back to the 1990s, when the association produced research briefings on workforce demographics, recruitment and retention, the impact of policy and payment on workforce, and other trends.

In 2010, APTA commissioned a Workforce Task Force to develop a model to more accurately project physical therapist supply and demand through 2020. The resulting APTA Workforce Model included three scenarios based on differing levels of attrition, which projected either a shortage or surplus of physical therapists. The model used data from APTA member surveys, the Federation of State Boards of Physical Therapy, and other publicly available sources.

In 2012, APTA began collaboration with FSBPT and the U.S. Health Resources and Services Administration on a minimum data set, "A consistent set of data elements to be collected on all licensees at regular intervals in order to understand workforce needs related to access to health care" (FSBPT, Winter 2015, Federation Forum, "The Minimum Dataset"). Unfortunately, the minimum data set has not progressed as quickly as hoped due to lack of support from state agencies, unwillingness or lack of ability for state licensing boards to ask questions on licensure renewal beyond those required, lack of resources, confidentiality concerns, and changes in HRSA staffing, resulting in changes in support for the project.

In 2013, APTA cohosted, with the Canadian Physiotherapy Association, the International Workforce Summit and generated ideas on how to facilitate global workforce planning. APTA also began sharing workforce data through the association website.

The APTA Workforce Model was maintained until 2017. After seven years of running the model, APTA determined it was important to reevaluate the methodology and data sources. In 2020, as reflected in this report, the equation in the model that determines demand for physical therapists was updated to align with best practices in workforce planning. The model now assumes that supply equals demand in the base year.

APTA's 2020 House of Delegates adopted the position "Workforce Planning" (HOD P06-20-41-33), which states the association's support of and participation in workforce planning efforts with other stakeholders to meet the needs of the profession and society. At the same time, the House charged APTA to engage in workforce supply planning in a reaffirmation of the association's commitment to disseminate results of national and regional research related to PT and PTA workforce supply and demand. This report is the result of APTA's commitment.