



PTs in Wilderness Medicine

APTA's new workforce analysis projects PT supply and demand through 2030. The imbalances offer opportunities for the profession.

By Donald E. Tepper

What does the physical therapist workforce — both its numbers and its demographics — look like? How is it likely to change over the next 10 years? And why is this important for the profession, for patients, and for society?

APTA set out to address these and other questions in its recently released APTA Physical Therapy Workforce Analysis. Published in December 2020, the association's report explains that 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. (For the complete report, go to APTA's website and search "workforce analysis.")

The study used an array of data sources including 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.

Here are some findings of the APTA study, accompanied by discussion of the study's topics by PTs that APTA Magazine interviewed for their insights.

Supply and Demand Trends Present Opportunities

APTA's model foresees that increases in the national supply of physical therapists will outpace expected growth in demand for services based on an increase in the U.S. population who have health insurance. Building on current graduation, licensing, and attrition trends, the model predicts an estimated demand for 228,000 PTs in 2030, versus a supply of 253,000, resulting in a surplus of 25,235 physical therapists. Earlier APTA workforce projections, using a different methodology, included multiple scenarios with predictions ranging from a surplus to a deficit.

The newly released report notes that the profession has opportunities to address the projected imbalance. For example, looking at current statistics, the report found that the number of licensed PTs per 100,000 people varies widely by state; Vermont has the highest number with 117 PTs per 100,000 population, while at the other end of the spectrum Nevada has 38 per 100,000 population. There is opportunity to correct these existing imbalances in the geographic distribution of physical therapists, the report says. Other opportunities include

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.

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meeting increases in demand due to changing population characteristics and continuing to expand in emerging areas of practice.

The PTs interviewed for this article described opportunities they expect to arise.

Carl Martin, PT, for example, sees ergonomics and environment modifications as promising areas in which PTs may expand. He says, “One avenue to explore deals with environmental modifications — new buildings or renovations. The PTs will know acceptable standards for all — not just standards for people who have handicaps — such as heights of desks and kitchen counters, helping the entire population avoid injuries. That will open up opportunities for PTs to work for and with engineering and architectural firms.” Martin is a senior physical therapist at Four Seasons Rehabilitation in Brooklyn, New York.

He also says, “I’ve done a lot of work on hardening and strengthening programs in the outpatient setting, mostly for

patients with back injuries, or upper or lower extremity injuries. I’ve also used videogame assistance in subacute rehab.” The opportunities are there, Martin continues, for PTs who develop their skills in helping patients with those injuries.

Lisa Chase, PT, puts it bluntly: “PTs need to reinvent themselves. Even those who accept insurance. They will have to look at integrating wellness and aftercare — what we used to call postrehab. We will combine wellness, performance, and injury management. Already, after a patient injury, we’re pulling in other disciplines as a team to address areas such as nutrition. It won’t just be a question of how we help a person heal faster from an injury. It will include injury prevention.” Chase is the owner of Back 2 Normal Physical Therapy in St. Petersburg, Florida

The pandemic, Chase explains, provided a glimpse into the future and is helping shape the practice of tomorrow. “I have seen, especially since the

start of the pandemic, PTs being the front line for patients with musculoskeletal injuries such as low back pain and shoulder pain. Rather than those patients going to an emergency room or urgent care, they’re coming to see us. That’s something I think will continue. People are looking for a more personalized practice with not as many people around.”

John Gallucci, PT, DPT, ATC, sees similar opportunities as greater public awareness of physical therapy converges with the implementation of direct access. “When we look at physical therapy, in the last five to 10 years we’ve seen society accepting physical therapy as a profession of primary care and direct access. With that said, we’ve seen a dramatic increase in utilization of physical therapy not only for injury and illness but also for prevention by addressing biomechanical function. The increase in patients has been in outpatient settings. Here in the Northeast, we see a tremendous number of outpatient physical therapy centers, similar to what’s occurring in the Midwest. Clinics are appearing in malls and shopping centers, where it’s become part of everyday physical care.”

He is CEO of JAG-One, with 85 clinics in New Jersey, Pennsylvania, and New York. He’s also the medical coordinator for Major League Soccer and is the former head athletic trainer of the New York Red Bulls soccer team.

Gallucci credits some of the increased awareness and use of physical therapy to APTA’s Vision 2020 and the transformation to a doctoring profession. He particularly credits direct access, explaining, “We’ve promoted that so well that the populace of America is looking for guidance from PTs.”

Gallucci also indicates that the geographic imbalance of PTs that the APTA workforce study identifies is not only state to state. “In inner cities with large

populations the demand for the use of physical therapist services is not being met,” he says.

Kellen Scantlebury, PT, DPT, agrees that the public’s growing understanding of physical therapy has increased demand, but it’s also made the public more demanding. He explains, “Client expectations are changing. For so long, people didn’t know what PTs did. Now they’re getting a glint. They realize there’s more to physical therapy than ultrasound and e-stim. They’re looking for high-level exercise, hands-on treatment, and a PT who can track their progress outside the clinic. People are tighter with their money, so when they spend it they want to make sure the service is worth their while. The PTs who know that and provide that service will win and move forward. You’re only as good as clients say you are.” Scantlebury is CEO of Fit Club NY, with offices in Brooklyn and Manhattan.

Race and Ethnicity

The workforce report makes a statement that APTA has acknowledged and is working to address: Black and Hispanic/Latino PTs and PTAs are underrepresented in the profession.

Backing the statement are statistics from the report’s sources. Although the overall U.S. population is 60.2% white (not Hispanic), Deloitte’s analysis of the Census data found that 76.7% of PTs identify as white (not Hispanic). Census data also revealed that 12.3% of the population identifies as Black, while 3.6% of PTs do so. Similarly, 18.3% of the nation’s population is Hispanic or Latino, while 5.3% of PTs are, again according to the Deloitte analysis. The demographic profile for PTAs is comparable.

APTA’s own data sources showed the same pattern – a greater proportion of white PTs and PTAs and a smaller proportion of Black and Hispanic physical

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.

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Female PTs earned 90% of what male PTs earned, and female PTAs earned 91% of what male PTAs earned. Gender wage gaps are notably present and the physical therapy profession is not immune to this systemic issue.

therapy providers than is reflected in the general U.S. population.

The report explains the various ways that APTA is seeking to address this gap. These include 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. (For more on APTA's DEI initiatives, see "Diversity, Equity, and Inclusion in Physical Therapy" in the February issue of APTA Magazine.)

The PTs interviewed for this article shared their views on ways to better align the PT and PTA workforce with the population they serve.

"As an African American physical therapist owner," Kellen Scantlebury says, "I'm hoping to see a trend toward inclusion. We make up a very small population of clinic owners, and I'm hoping to change that and give opportunities to others. There isn't a knowledge gap; there's an opportunity gap. I will continue to give opportunities to those who might not receive opportunities in other places. I don't have enough data to know the hiring trends nationally, but we need to do a better job of being inclusive. We have to look in the mirror and ask, 'What can we do?' 'What can I do?'"

Many of the PTs did speak of growing diversity in both their practices and elsewhere.

Scantlebury notes, "We have hired minorities — Black, Asian, straight, lesbian, gay, and other PTs. I like to practice what I preach. Especially in New York City, it's important to connect with your patients. We must be respectful to everyone. We've gotten feedback that our team embodies these principles as well. It also would adversely affect our business if that attitude of respectfulness wasn't felt by our patients."

Karena Wu, PT, DPT, paints a similar picture. Wu, CEO and clinical director of ActiveCare Physical Therapy, with clinics in New York City and Mumbai, says, "As a Japanese-Chinese female business owner, I'll get PT applicants who are enamored with that combination. I've likened my practice to a United Nations



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of physical therapy. I've hired licensed PTs who are Indian, Thai, Polish, Egyptian, Brazilian, and Canadian, among others." Wu is a board-certified clinical specialist in orthopaedic physical therapy.

Although APTA's workforce report states that the profession has a way to go to fully reflect the overall population, it's made significant strides, asserts John Gallucci. He says, "In the last 10 to 15 years, we've seen the profession becoming a beautiful melting pot with all races and religions represented. The profession has done a good job of promoting integration. If you look at our peers who put APTA's Vision 2020 together, the concept was great. The vision was extraordinary. Now it's up to us as a profession to meet the demand we've created."

Gallucci referred to Vision 2020, which was adopted by APTA's House of Delegates in 2000. At that time, the organization felt change was critical to the future of the profession, the association, and the patients and consumers its members treat. The vision included six elements, each containing goals that leadership hoped to achieve by 2020: direct access, evidence-based practice, professionalism, doctoring profession, autonomous practice, and practitioner of choice. In 2013, feeling that the profession was well on its way to meeting those goals, the House retired Vision 2020 and adopted a new vision statement: "Transforming society by optimizing movement to improve the human experience."

"It's beginning to change," is the view of Carl Martin, PT, referring to the profession's composition. He says, "That's a key point. Patients feel comfortable when they have their own counterparts, not that I've seen a lot more minorities coming as directors or head of administration."

Mary Long, PT, is chief operating officer of Theradynamics, with 10 physical

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therapy and occupational therapy locations in New Jersey and New York. "Most of our therapists are Spanish, Black, Filipino, Indian, Chinese, and Korean. Many of our therapists are bilingual. We believe that our staff should be representative of our diverse patient base and be able to speak the same languages as our patients. It's important to be diversified and set ourselves apart."

Lisa Chase, PT, also has worked with PTs from around the world. But in her case, she often was the one travelling to work with international PTs, patients, and clients. She served as director of sport science and medicine for the Women's Tennis Association tour, covering international events that include Wimbledon, the French Open, and the U.S. Open. During the 2004 Olympics in Athens, she was the primary health provider for the International Tennis Federation. Working with international PTs and patients was a necessity, not a choice.

"When I travelled on the women's tennis tour, we had therapists, staff, and our patients — the athletes — from all over the world. We had every ethnicity.

That's been going on for years. To me, everyone is treated and should be treated equally. We all need to learn about other cultures. When I went to a new place, I always tried to learn some of the language," Chase recounts. Now the owner of a Florida private practice, she has continued her push for inclusion and understanding. "I've been involved in an initiative with St. Pete and its mayor, in which we try to bring care and exercise to the community either at no charge or at a discounted rate."

Several PTs also discussed the sex and gender divide. APTA's workforce report found that — depending on the data source — somewhere between 65% and 70% of all PTs are women, as are 63% to 71% of PTAs. But the female dominance in numbers isn't reflected in their salaries. Both APTA and Deloitte found that male PTs and PTAs are paid more than their female counterparts. Lower pay, these PTs assert, is only one reflection of the status of women in the profession.

Chase says, "Various things need to continue to grow to ensure equality. I'm female. I've seen, throughout my

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Karena Wu

career, that men have had more opportunities than women. That’s something that should always be at the forefront of the mind.”

Martin notes the scarcity of women in management and upper levels of academia. “When I graduated, those functions were primarily (male) oriented, but I see that in most schools (women) appear to be taking over those positions, which I love to see.” (For a further discussion of women in physical therapy, see “Empowering Women in the Profession” in the November 2020 issue of APTA Magazine.)

The Effect of COVID-19

The APTA workforce analysis acknowledges that it uses data collected prior to the COVID-19 pandemic and does not explore the impact of COVID-19 on physical therapist supply and demand.

The PTs interviewed for this article offered their views. Generally, they expect the profession to rebound from the effects of the pandemic, albeit with some permanent changes.

Karena Wu says, “It’s interesting how much it affected our usually bullet-proof profession. I’m in a freestanding 2,400-square-foot clinic three blocks from the Empire State Building. I luckily managed to stay open the entire time, but the number of staff dropped to me, a PT who worked remotely in New Jersey, and an office manager. We kept the business open, though at one point it was operating at only 10% of previous levels. I weighed the two options: Stay open and struggling, or stay closed and struggling.

“Our profession took a hit, but we’re going to recover. It’s just going to take a long time. As an optimist, I would have said by the middle of 2021. But, with a shortage of vaccine and its slow initial rollout, it may take a year, possibly two.”

“The pandemic smacked us all in the mouth pretty hard,” Scantlebury comments. The number of employees in his practice dropped and now stands at four PTs, one PTA, a strength and conditioning coach, and administrative staff. Going forward, he sees a rebound and a more resilient practice. He



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.

explains, “One of the biggest trends has been flexibility. Some PTs built an entire practice on manual therapy, and now they must treat patients virtually. That’s a major disconnect. Our practice is hiring for flexibility so that we can see patients virtually. There’s a different personality involved when a PT is treating virtually. It takes someone who is highly creative in their approach to exercise prescription. Verbal skills are much more important, too. You can’t touch the patient, so there’s more reliance on your verbal abilities. Those have to stand out.”

Mary Long reports that Theradynamics already has seen a rebound. In 2019, its outpatient clinics averaged 7,000 visits a month. Now they average 7,700 visits. One underlying reason for the growth, Long says, “is a response to meeting community needs. The population is growing and becoming more educated about physical therapy.” She also attributes the recent rebound to pent-up demand: “People have been delaying some services for more than a year. Some realize they can’t delay any further. They can’t wait any longer from a quality-of-life perspective. Our patient visits initially dropped but then have built back up.”

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Mary Long

Another factor spurring demand is directly attributable to COVID-19. Long explains, “COVID-19 is leading to people staying home more. They’re experiencing weight increases. Also, people are not used to working from home — their desk and chair settings and arrangements may not be ideal — the result being greater workplace injuries. We expect our clinics will continue to experience these referrals and we’ll be there to meet these demands.”

Patient concern for their safety has increased, Long reports. To address this issue, PTs need to ask themselves how they can make patients feel safe when they come into the clinic. “COVID-19 has only heightened the awareness we already have. We use an air purification device and UV-C sanitizers. We require masks and enforce social distancing. We make patients feel they can come and be treated safely. The needs for physical therapy will still be there, whether it’s during the pandemic or postpandemic.”

The Growth of Telehealth

The pandemic has accelerated the move to telehealth, which will open up additional ways that many PTs can practice. That, in turn, may affect

physical therapist supply and demand. Telehealth also offers the possibility — as suggested in the workforce analysis — to correct the existing geographic imbalances and address changing population characteristics.

Martin says, “Due to COVID-19, the majority of our patients don’t want to go from the hospital to subacute rehab. Patients are going from hospitals straight to their homes. As a result, we’ve seen a lot of people looking at telehealth. I know it takes out the personal interaction that PTs love, but we want to make sure that patients are not being forgotten if they go home. We’re concerned, as well, for the health of our patients and our PTs.

“I’d already been introduced to telehealth while I was on the Women’s Tennis Tour,” Chase says. “Today we’re using it from both wellness and health care perspectives. We have clients who live some distance away and don’t want to drive here. I see that continuing to build into doing consultations through telehealth. Patients who are afraid to come in are asking what they can do to help themselves. That’s another area that will grow — giving self-care strategies to patients.”

Wu predicts a growing demand for telehealth from people on vacations or business trips. “I think that’s where telehealth will make a big difference,” she says. She continues that in addition to increased use of telehealth to provide care for patients, there may be an increase in telework for PTs and other staff. “We had our front desk coordinator running the desk from her home” in response to the pandemic, Wu says.

Long agrees that the pandemic has created opportunities, but she also warns, “If telehealth is to become successful, it’s important that insurances authorize and pay for these types of services.” ■

Donald E. Tepper is editor of APTA Magazine.