

Three Years of Physical Therapy in a Public Health Emergency: The Impact of the COVID-19 Pandemic on the Physical Therapy Profession

A Report From the American Physical Therapy Association

May 2023

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Introduction

The three-year long public health emergency related to the COVID-19 pandemic is coming to an end in 2023, but the effects of the pandemic continue to ripple through society and the physical therapy profession.

The pandemic changed how people access health care services and amplified inequities in the health care system. Some physical therapists and physical therapist assistants had their employment or pay affected, and some were asked to assist in other supporting roles. Many experienced stress in their jobs or personal lives due to the impact of COVID-19.

Through it all, PTs and PTAs provided essential care for their patients – whether through telehealth or by donning personal protective equipment.

APTA offers this current report to show how the profession has largely returned to pre-pandemic norms, but there are some areas of the workforce that may be changed forever.

To track the profession's recovery, APTA surveyed its members about COVID-19 in fall 2022. This was the fourth survey of members related to the pandemic, and previous findings were published in [June 2020](#), [August 2020](#), and [May 2021](#). All of these surveys represent different snapshots in time, each of which had unique state and federal guidance for health care professionals.



Executive Summary

The physical therapy profession has largely recovered from the severe disruptions caused by the COVID-19 pandemic.

APTA's previous reports from June 2020, August 2020, and May 2021 showed that decreased caseloads led to income declines; PTs and PTAs felt pandemic-related stress on their careers and personal lives; and telehealth use surged, particularly at the beginning of the pandemic.

Now, the profession has largely returned to pre-pandemic norms, but there are some areas of the workforce that may be changed forever.

Caseload Return to Pre-Pandemic Levels for Most

A majority of PTs (77%) and PTAs (72%) said their current work hours are identical to pre-pandemic levels or have increased, while 22% of PTs and 25% of PTAs said their hours have decreased. (Page 8.)

The Workforce Has Changed in Key Ways

Fewer PTs and PTAs are employed full time compared with before the pandemic, and more PTs and PTAs are working part time.

Among the PTs who were laid off, furloughed, quit, or were new graduates who couldn't find a position of at least 35 hours since the beginning of the pandemic, 8% reported finding a position outside of the profession and 6% were not employed. Among PTAs in the same situation, 17% found a job outside of the profession and 7% were not employed at the time of the survey.

About half of all PTs and PTAs surveyed reported knowing someone who has left the field of physical therapy. (Page 8.)

Many Report Seeing Patients With More-Severe Symptoms

During the pandemic, many patients missed health care appointments and were not as physically active as before. Nearly 65% of PTs reported seeing additional or more-severe conditions in their patient population that they attributed to lack of medical or physical therapy follow-up during the pandemic. (Page 9.)

Patients With Long COVID Turn to Physical Therapy

In addition, the impact of long COVID following acute COVID-19 episodes has emerged as a major health issue. Many of these patients are seeking out physical therapist services: 61% of PTs and 70% of PTAs reported seeing patients with long COVID. (Page 9.)

Telehealth Use Up, but In-Person Care Remains Norm

Before the pandemic, 4% of PTs said they used telehealth to provide patient care, and 6% reported seeing one to five patients per week via telehealth. As of our latest survey, 33% of PTs reported that they provide telehealth-based services, with 25% of those seeing one to five patients per week using telehealth. (Page 10.)

"In the three years since the COVID-19 public health emergency was first declared, our profession has overcome many challenges," said APTA President Roger Herr, PT, MPA. "But, given the number of delayed procedures, and with the lasting trends of long COVID still being measured, our work has just begun. PTs and PTAs will play a crucial role in helping shape our recovery from COVID-19."

How APTA Is Supporting PTs, PTAs, and Students: Trusted Resources for Clinicians, Patients, and Policymakers

Since the beginning of the pandemic, APTA has routinely collected information, created practice advisories, and monitored and advocated for resources throughout the health emergency. During the past three years, APTA has produced dozens of articles, webinars, and courses, with APTA chapters and sections providing additional valuable content on both COVID-19 and long COVID. While the PHE may be ending, APTA will continue to advocate for PTs and PTAs to have the resources they need to support their patients as the aftereffects of the pandemic continue.

When surveyed, 27% of PTs and 21% of PTAs said they needed clinical practice guidelines to evaluate and treat COVID-19 patients, while 12% of PTs and 10% of PTAs said they needed patient education materials. The next most requested resource was public relations materials on the role of physical therapy post-COVID-19.

APTA released its long COVID clinical summary on Sept. 23, 2022, and has created many additional resources for PTs, PTAs, and patients. Select APTA-created resources include:

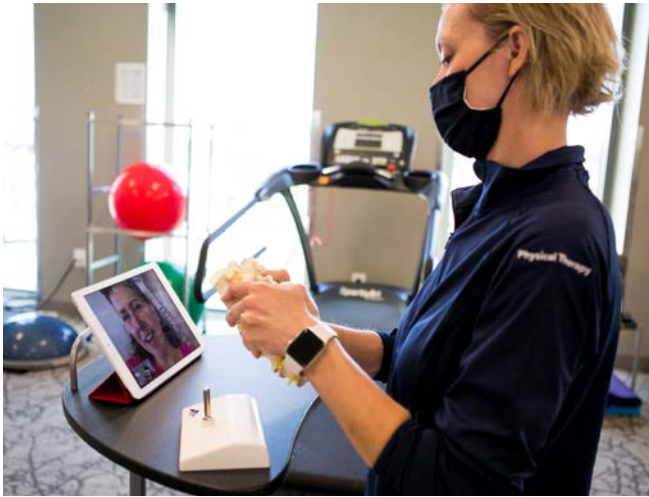
Online resources for PTs and PTAs:

- [Coronavirus \(COVID-19\) Resources for the Physical Therapy Profession.](#)
- [Long COVID Resources for the Physical Therapy Profession.](#)
- [Long COVID Clinical Summary.](#)
- [APTA Lecture Series: Long COVID Rehabilitation – Multidisciplinary care.](#)
- [COVID-19 and Long COVID Content on the APTA Learning Center.](#)
- [Long COVID Rehabilitation: Research on the Value of Physical Therapy.](#)
- [Long COVID Patient and Client Resources.](#)

From APTA Magazine:

- [PTs and PTAs Shine on Long COVID Care Teams.](#)
- [Understanding Long COVID From a PT Perspective.](#)
- [Private Practice Growth Strategies Before and After COVID-19.](#)
- [A Long-Term View of the Profession Following COVID-19.](#)

APTA Podcasts:



- [Chronic Fatigue and Post-exertional Malaise in People Living With Long COVID.](#)
- [COVID-19 Outcome Measures for Physical Therapy.](#)

Resources for patients and consumers:

- [Three Ways a Physical Therapist Can Help You Manage Long COVID](#) (advertorial).
- [5 Ways a Physical Therapist Can Help You Manage Symptoms of Long COVID.](#)
- [Physical Therapy for PASC or Long COVID.](#)
- [3 Steps For Returning To Physical Activity After COVID-19.](#)
- [Physical Therapy's Role in the Fight Against COVID-19.](#)

Voices From the Pandemic

What did your peers have to say about the COVID-19 pandemic?

"I have found some aspects of video visits highly helpful (e.g., seeing sitting [positions] where they watch TV, seeing sleeping [positions] using their pillows, etc.) and plan to continue with videos as part of my treatments after the pandemic."—PT respondent (June 2020 report)

"We closed for in-person visits for one week but then saw only truly urgent patients, amounting to three to four in-person visits per week. While closed we immediately started seeing patients via telehealth."

—PT respondent (August 2020 report)

"Patients really want hands-on care."—PT respondent (August 2020 report)

"I realize that everyone has been affected in one way or another. I also realize how important my skills are to the patients I treat. ... Many patients are returning, stating that they have physically gotten worse because of the lack of PT services. Many would prefer to come in rather than stay at home with telehealth. We are truly an essential service."

—PT respondent (May 2021 report)

"COVID first hit the year I graduated as a PTA, and it was difficult for me to find a job within the first three months. Eventually, I obtained a job at a skilled nursing facility but the caseload was not consistent due to patients getting COVID. Nine months later I got offered a job at a sports medicine and orthopedic clinic and have had zero problems with caseload ever since."

—PTA respondent (2022 survey)

"Many older patients are not tech-savvy. Most of our patients are over 60 years old."—PT respondent (June 2020 report)

"I felt as health care professionals we needed to model the behavior being requested of all citizens. We closed for two weeks and reevaluated. We determined which patients really needed to be seen in the clinic and who realistically could come in, and we determined who we could see via telehealth and e-visits."

—PT respondent (June 2020 report)

"We live in a rural community, and the death of 28 folks in our county has been hard on us, our family, friends, and neighbors. No community activities like school sports, funerals, and church have been very difficult on people. Also, no visitors at the nursing homes has been absolutely devastating to many."

—PT respondent (May 2021 report)

"In our acute-care hospital, we were face-to-face with the virus early on. We had multiple floors full of patients infected and we were immediately thrust into the storm as we all figured it out together. ... The incredible amount of death and sadness we were faced with was an emotional burden that I had never been faced with."

—PTA respondent (2022 survey)

"The pandemic and resulting furlough allowed me to reengage my passion for physical therapy. As such, I started my own home-based outpatient therapy practice. I never thought I would be in practice for myself so the pandemic actually helped me in my professional career and personally be happier."

—PT respondent (2022 survey)

Practice and Workforce Implications

Despite making significant strides toward recovery, COVID-19 continues to leave its mark on the physical therapy workforce.

Fewer Full-Time Clinicians, More Working Part Time

The percentage of PTs who reported working full time decreased from 86% before the pandemic to 78% in fall 2022. PTAs reported an even larger decrease in full-time work, decreasing from 82% to 73%.

While 13% of PTs reported working part time before the pandemic, that number has increased to 18%. More PTAs are also reporting part-time work, increasing from a pre-pandemic 15% to 20%.

In the 2022 APTA Fit for Practice survey, which was conducted from May 13-June 7, 2022, 44% of PTs and PTAs planned to decrease their patient care hours in the next two years, compared with 9% who intended to increase their direct patient care hours.

Caseloads Returning to Pre-Pandemic Levels for Most

A majority of PTs (52%) and PTAs (50%) reported that their current work hours are identical to pre-pandemic levels, while 22% of PTs and 25% of PTAs said their hours have decreased. A quarter of PTs and a fifth of PTAs said their current work hours have increased compared with before the pandemic.

Employment Recovering After Disruption

Many PTs and PTAs faced employment challenges during the pandemic that impacted decisions they made around their careers. Of the PTs surveyed, 31% reported that since the beginning of the pandemic they had been laid off or furloughed from their primary position, had resigned or quit, or were newly graduated and could not find a primary position of at least 35 hours. The impact was even higher on PTAs, with half of respondents reporting those disruptions to employment.

Among those reporting employment disruptions, three-fourths of both groups kept looking for a position, and 86% of those PTs and 76% of those PTAs returned to their previous role or found a new one within the profession while 8% of PTs and 17% of PTAs found a job outside of the profession.

Among all respondents, a small number of PTs (0.6%) and PTAs (3%) are not currently employed but seeking full-time employment.

[\[See Appendix A for a breakdown of the survey participants.\]](#)

A Changing Workforce

Nearly half of all PTs and PTAs surveyed reported knowing someone who has left the profession. A report from data and analytics company Definitive Healthcare found that 22,032 physical therapists, or 9.8% of the workforce, left the workforce in 2021. Also in 2021, 12,074 physical therapists graduated into the workforce, according to data from the Commission on Accreditation in Physical Therapy Education.

Before the pandemic, 0.2% of PTs surveyed were retired; after the pandemic, that number increased to 1.5%. Among PTAs, an additional 0.5% retired.

“The pandemic definitely played a role in my decision to retire when I did. It was a difficult decision, and a very difficult transition. I was a PTA for 38 years and loved my chosen profession.” —PT respondent

Small Increase in Those Working Multiple Jobs in Profession

Before the pandemic, 18% of PTs and 17% of PTAs reported working more than one position in the physical therapy profession. In our latest survey, an additional 2% of PTs and 1% of PTAs reported having an additional position.

22,032 PTs left the workforce in 2021 per Definitive Healthcare report

12,074 PT graduates in 2021

“Physical inactivity is a national health crisis. COVID-19 didn’t help. It’s time to move more, wherever you are, however you can.”

—ChoosePT message for consumers

Most PTs and PTAs Vaccinated and Boosted

More than 90% of PTs reported that they have received at least one vaccination for COVID-19 as of fall 2022, with nearly 80% reporting receiving at least one booster. More than 85% of PTAs reported receiving at least one COVID-19 vaccine, with 66% reporting receiving at least one booster.

Sharing Vaccination Resources

Of the 76% of PTs and 63% of PTAs who reported having discussed the COVID-19 vaccine with patients, 86% of PTs and 76% of PTAs said they have promoted the public health guidelines from the U.S. Centers for Disease Control and Prevention related to the vaccine.

Patients Facing More-Severe Conditions and Long COVID

Nearly 65% of PTs reported seeing additional or more-severe conditions in their patient population that they attributed to lack of medical or physical therapy follow-up during the pandemic.

At the same time, 61% of PTs and 70% of PTAs reported seeing patients with long COVID.

“One of the most heartbreaking things I’ve seen time and time again is the overall decline in both physical and mental health in our patients. Patients that were making excellent gains became consumed by fear. Isolated from family and friends and their ‘second home’ at our clinic has had grave consequences. We’ve had PTs leave and the overall morale is not nearly what it used to be.”

—PT respondent

Telehealth Adoption and Utility

Perhaps no area of physical therapist practice was impacted as dramatically by the pandemic as was telehealth.

On March 17, 2020, the U.S. Centers for Medicare & Medicaid Services announced it was easing restrictions in ways that would allow PTs to provide “e-visits.” It wasn’t until April 30, 2020 – after significant advocacy by APTA and its members – that CMS included PTs and PTAs in private practice among the providers eligible to bill for services furnished through real-time, face-to-face technology. On May 27, 2020, CMS recognized outpatient facility-based providers among those who can bill for telehealth services provided through real-time, face-to-face technology under Medicare. In December 2022, legislation was enacted that allows PTs and PTAs to continue to provide telehealth services under Medicare until at least Dec. 31, 2024.

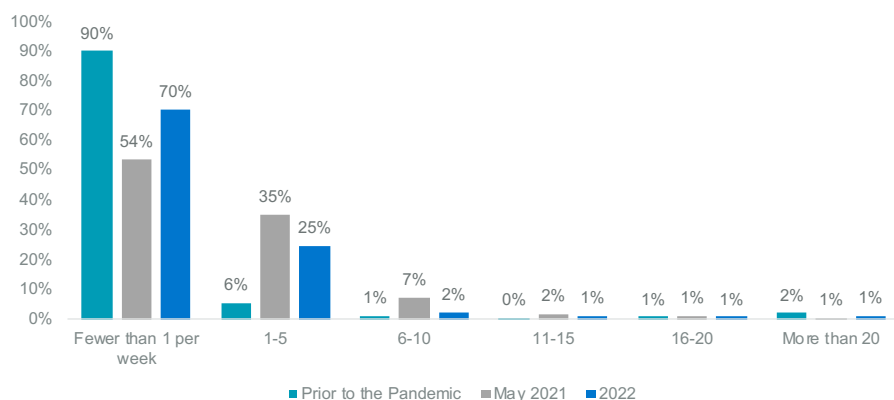
The number of PTs providing telehealth dramatically increased compared with before the pandemic. Use has dropped back more recently, but not to pre-pandemic levels.

Telehealth Use Up

Prior to the pandemic, 96% of PTs surveyed weren’t providing live video consults.

Among the one-third of PTs now doing live video consults or treatments, 70% said they are treating fewer than one patient per week via telehealth on average. However, 25% of PTs reported seeing one to five patients per week, which is a significant increase from 6% before the pandemic. Conversely, 4% of PTs reported seeing six or more patients per week via telehealth, down from a peak of 34% in June 2020.

Average Patients Treated Per Week Via Live Video Consults



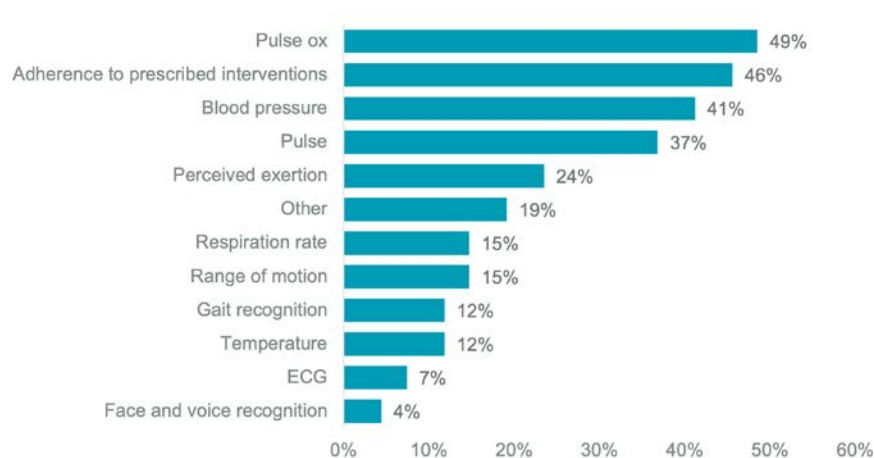
PTs Taking Advantage of Remote Monitoring

A small percentage of PTs (5%) report using remote monitoring. Of those PTs, 49% use pulse oximetry, 46% monitor adherence to prescribed interventions, and 41% use blood pressure monitoring.

According to a 2022 report by Rock Health, people who describe their health as excellent or good are much more likely to use wearable devices to track their health. This has been termed the “worried well;” however, clinically the use of remote monitoring can be value added to the practice of physical therapy. As described in the updated 2023

[APTA Practice Advisory: Remote Therapeutic Monitoring Codes Under Medicare](#), this activity can be a billable service when practiced within the guidelines. Remote monitoring is a component of the larger repertoire of digital physical therapy. [“The Digitally Enabled Physical Therapist: An APTA Foundational Paper”](#) highlights the advantages and challenges of this evolving practice area. See Appendix C for an infographic that highlights key takeaways from the foundational paper.

Type of Remote Monitoring Used by PTs



Uncertainty Persists

Despite the continued use of telehealth as a delivery model of care, a lack of understanding on billing remains. In fall 2022, 58% of PTs providing telehealth services were unsure which payers reimbursed for those services, and 57% were unsure if telehealth services were reimbursed at the same rate as in-person care. Similar uncertainty extended to satisfaction and outcomes, with 47% not having access to patient satisfaction data on telehealth care compared with in-person care and 48% not having access to outcomes data comparing outcomes in both settings.

In-Person Slightly Outperforms Telehealth

Of those PTs providing telehealth services who had access to data on satisfaction and outcomes, 48% of PTs said patient satisfaction was equivalent or improved via telehealth, the remaining 52% reporting lower patient satisfaction; and 50% reported equivalent or improved outcomes versus 50% reporting poorer outcomes.

According to APTA's latest [Consumer Awareness Research Report](#), 63% of physical therapy users and 75% of nonusers responded they were “not at all likely” to use telehealth for physical therapy, believing they will receive lower quality care compared with in-person appointments.

Still, telehealth has potential to reduce inequities in the health care system. Compared with their 2021 data, a 2023 report from Rock Health found significant increases in telehealth usage among groups who are often underserved in the health care system, such as people in rural areas and people without insurance.

“Honestly, telehealth has opened up physical therapy services to rural, underserved communities that otherwise would not have adequate access. I am now able to provide services in communities too far to drive and evaluate patients faster than if they had to wait for a therapist to physically be on-site.” –PT respondent

Impact on Personal Life and Well-Being

The challenges caused by the COVID-19 pandemic stretch far beyond the disease itself. Jobs, families, and routines were altered, and our physical and emotional health was affected. For working PTs and PTAs, COVID-19 impacted their lives at work, at home, or both.

Personal Finances Rebounding

Even more than two years after the start of the pandemic, 25% of PTs and 32% of PTAs said the pandemic affected their current ability to pay essential personal bills and expenses.

For those whose ability to cover essential spending wasn't affected, 29% of PTs and 32% of PTAs said the pandemic affected their nonessential or flexible spending. This is down from August 2020, when half of PTs and 58% of PTAs said their personal flexible spending was affected.

Among those whose flexible spending was affected, 83% of PTs and 77% of PTAs expected it would take longer than three months to return to their previous levels of flexible spending.

Pandemic-Related Stress Decreasing

Asked to rate their level of pandemic-related stress across four topics, the top selection for both PTs and PTAs was identical: the impact of the pandemic on their job and career. This was the highest-ranked category in the 2021 survey as well, but respondents overall reported considerably less stress in the most recent survey.



Did You Know:

Inflation was at 6.5% for the 12 months ending in December 2022, according to the Bureau of Labor statistics, which may have affected respondents' ability to cover essential and nonessential spending.

I think most of the issues I have now and my reduced workload are due to extreme burnout from working intensely through the pandemic with increased expectations and no increase in compensation. My pay and the pay of most therapists I know have not kept pace with inflation. Some are leaving the field altogether but not directly due to COVID."

—PTA respondent

Managing Stress Levels

About 60% of PTs and PTAs reported making lifestyle changes, such as to their nutrition, exercise, or sleep, to help manage pandemic-related stress levels.

Activities to Manage Pandemic-Related Stress



*Community activities could be activities such as yoga or meditation.

**Digital apps refers to those that help with mindfulness, meditation, sleep, etc.

Many Report Increased Pride in Their Careers

More than two years into the public health emergency, about 80% of PTs and PTAs said their pride in their career has either stayed the same or increased.

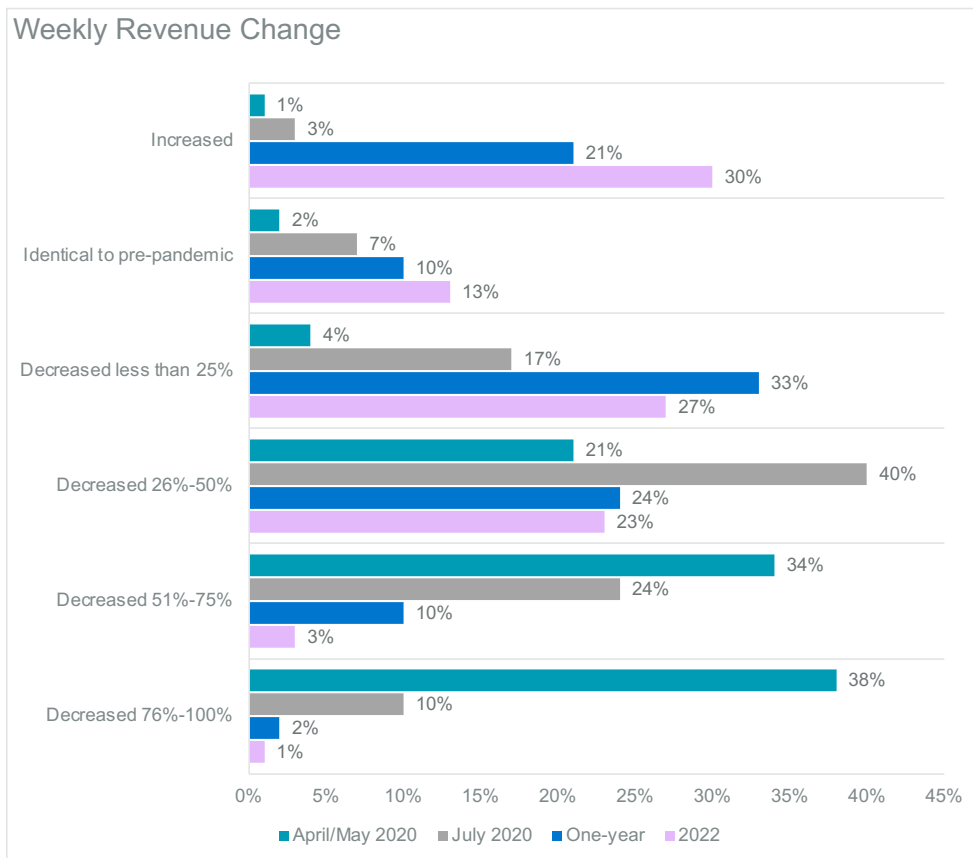
Did You Know:

APTA launched the Fit for Practice initiative in 2021 to help PTs and PTAs recover, evolve, and remain resilient after the toll of the COVID-19 pandemic. Members can find resources to help prioritize their health in the following categories: movement, resiliency, restoration, and practice health at apta.org/fit-for-practice.

Impact on Practices

Revenue losses triggered by the pandemic are still being felt years into the PHE, but there has been significant recovery since spring 2020. In our first survey, 97% of practice owners were experiencing declines in weekly revenue compared with pre-pandemic levels. In our latest survey, 55% of owners were still experiencing decreases; however, 30% said their weekly revenue has increased and 13% reported their weekly revenue was back to normal.

Turning to the extent of the decreases, in spring 2020, 38% of all owners reported their revenue decreased by 76%-100%. In our latest survey, only 1% of owners reported that degree of loss.



Professional Judgment Demonstrated

A majority of owners reported in the latest survey that their practices never closed during the COVID-19 pandemic (60%), while 32% reported a temporary closure, and 8% of owners reported permanently closing or selling their practices.

Slight Increase in Ownership

The percentage of PTs who reported owning or partnering in a physical therapy practice increased from 15% prior to the pandemic to 16% in our latest survey. There was also an increase in PTA owners or partners, from 1% before the pandemic to 2% now.



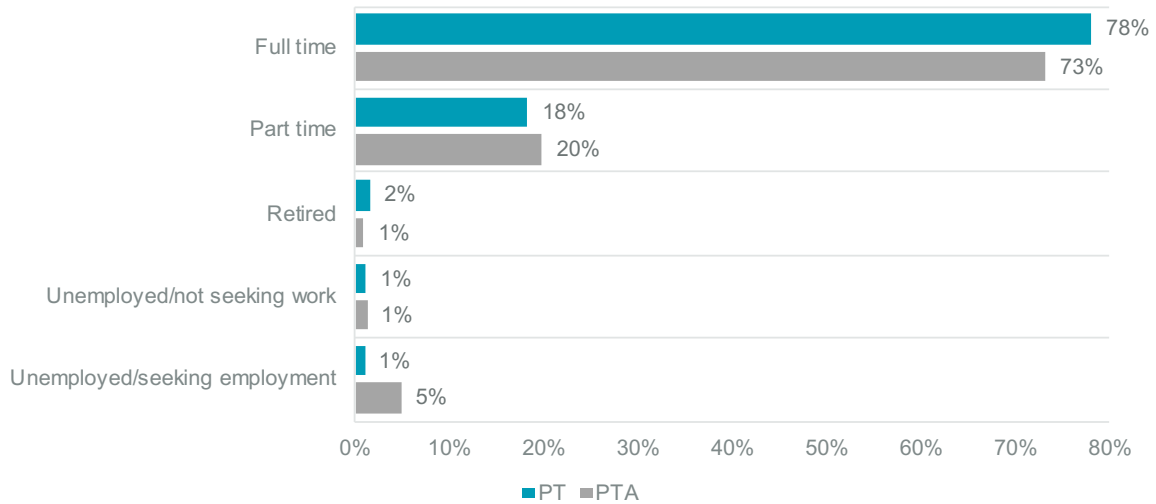
Staffing Costs Increase for Many

About half of all owners surveyed (49%) reported that their weekly staffing costs increased related to the pandemic (not to annual cost increases due to cost of living or benefits). A quarter of owners said their costs increased by less than 25%, while about 10% said their weekly staffing costs decreased, and 31% said their costs were identical to before the pandemic.

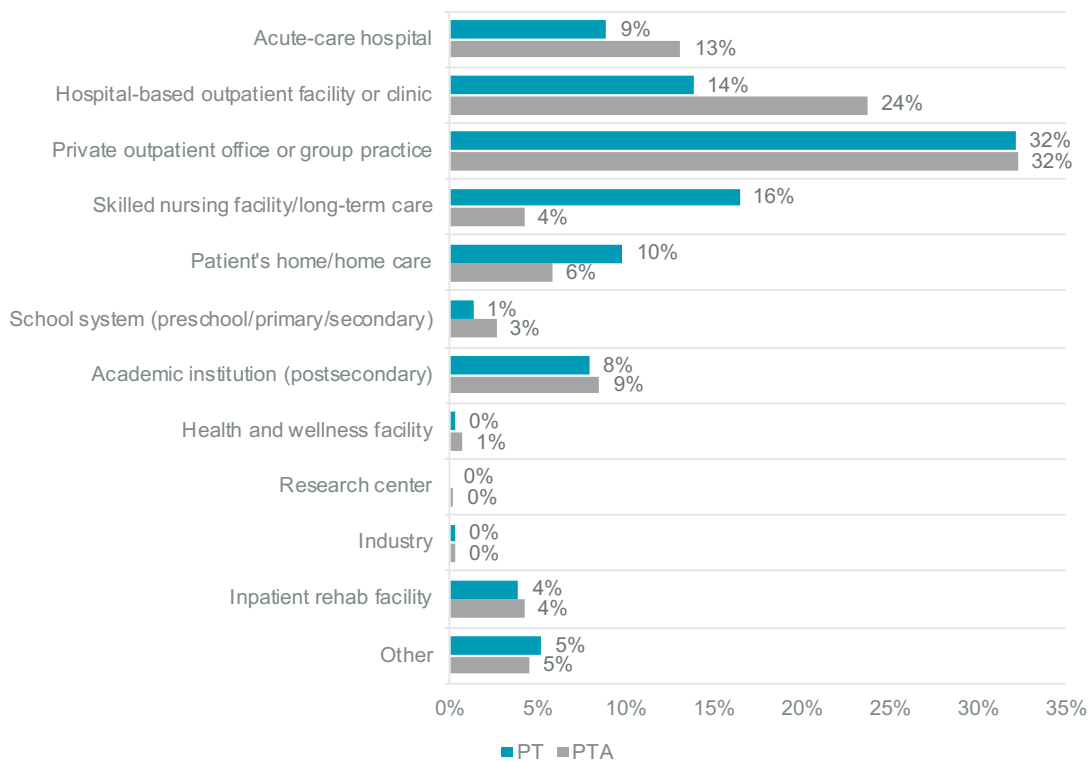
“COVID in many ways was a gift. ... Business has grown and we’ve added 2 FTEs of PT since then. ... All in all, the pandemic has been the best thing to happen to our business and the PT industry in my opinion. I do think the motivation level of consumers has changed; I don’t know how long that lasts but everyone I know is busier now than they have ever been. We can always choose how we see the world and from an industry perspective we choose to see the opportunities created from the COVID crisis as our biggest opportunity.” –PT respondent

Appendix A: Survey Participants

Employment Status



Place of Employment



Appendix B: Timeline

Items specifically impacting the physical therapy profession are in **blue**.

Dec. 31, 2019: The World Health Organization's China Country Office is informed of a cluster of pneumonia cases of unknown cause in Wuhan, Hubei Province, leading to identification of a novel coronavirus.

Jan. 21, 2020: The United States has its first confirmed case, in Washington state, by a man who developed symptoms after a trip to Wuhan.

Jan. 30, 2020: The WHO declares a global health emergency.

Jan. 31, 2020: The Trump administration restricts travel from China.

Feb. 6, 2020: Although it will not be linked to the pandemic until April, the first known coronavirus death in America occurs in Santa Clara County, California.

Feb. 11, 2020: The WHO names the disease caused by the virus COVID-19, short for coronavirus disease 2019.

Feb. 19, 2020: If it hasn't done so already, the pandemic hits close to home for the physical therapy profession when the Life Care Center in Kirkland, Washington, has its first patient sent to the hospital for what becomes a confirmed case of COVID-19, although a 911 call had described someone at the center as having similar symptoms on Jan. 29. By mid-March there are at least 142 cases among residents, staff, and visitors connected to Life Care Center, including 35 deaths.

Feb. 29, 2020: The first reported coronavirus death in the United States occurs near Seattle. (Earlier deaths are later discovered via autopsy.)

March 3, 2020: APTA publishes its first article related to the pandemic, "Coronavirus Reports: What We Know, and What We Don't," which notes that the risk of global spread is "very high," according to the WHO, and "reminds PTs and PTAs to follow precautions for reducing the spread of infectious diseases." Over the next month, the article generates more than 108,000 page views.

March 5, 2020: APTA creates a landing page for COVID-19 information and issues its first communication about association operations related to the pandemic, noting that it is "monitoring the developments," but that "all APTA events are ongoing and operations are continuing as usual." This will change six days later.

March 11, 2020: APTA suspends all in-person meetings and business travel by staff or members through April 15, 2020. This includes canceling the Federal Advocacy Forum in Washington, D.C.

March 13, 2020: President Trump declares a national emergency.

March 15, 2020: The Centers for Disease Control and Prevention recommends no gatherings of 50 or more people in the United States.

March 16, 2020: The Trump administration and the CDC announce “15 Days to Slow the Spread” recommendations. Later updated to “30 Days to Slow the Spread,” the guidelines note that “if you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.”

March 17, 2020: APTA’s Board of Directors issues a statement on patient care and practice management during the COVID-19 outbreak that “encourages physical therapists to use their professional judgment to determine when, where, and how to provide care, with the understanding this is not the optimal environment for care, for anyone involved.” The statement leads to record single-day traffic on APTA’s website, with more than 68,000 users and 131,000 page views visiting apta.org.

March 17, 2020: CMS announces it is easing Medicare telehealth restrictions in ways that could allow PTs to provide “e-visits,” a limited type of service that must be initiated by the patient. Prior to this change CMS had not recognized PTs among the health care professionals eligible to bill codes associated with such visits.

March 19, 2020: California becomes first state to issue a stay-at-home order.

March 20, 2020: APTA President Sharon Dunn, PT, DPT, board-certified orthopaedic clinical specialist, writes an open letter to the physical therapy community reinforcing that “care decisions should be based on a specific person’s needs and a risk/benefit analysis for the individual, not simply by the setting in which the care is provided. The COVID-19 outbreak changes the factors we must consider in our professional evaluation,” she continues, “but it does not change our basic responsibility to do what is best for our patients. As licensees, physical therapists are empowered and obligated to make those decisions.”

March 25, 2020: APTA joins the APTA Cardiovascular and Pulmonary Section and the APTA Academy of Acute Care Physical Therapy in endorsing Physiotherapy Management for COVID-19 in the Acute Hospital Setting: Clinical Practice Recommendations, a document published in April in the Australian Journal of Physiotherapy.

March 26, 2020: The United States becomes the country with the most confirmed COVID-19 cases: at least 81,321, with more than 1,000 deaths.

March 30, 2020: CMS issues a new rule that includes therapy codes in telehealth but stops short of allowing PTs to conduct the services described by those codes.

March 31, 2020: APTA cancels its in-person House of Delegates and NEXT Conference and Exposition, set for Phoenix, Arizona, in June. Like so many in-person meetings, both events are transitioned to an online environment.

April 10, 2020: Courtesy of the CARES Act, a \$30 billion emergency relief package begins rolling out to many health care providers – including PTs – who are caring for patients with possible or verified COVID-19. In the ensuing weeks, APTA will help members – including providers who were eligible but didn’t receive relief funds – navigate the CARES Act.

April 30, 2020: In a major shift strongly advocated by APTA members, CMS includes PTs and PTAs in private practice among providers who can bill for telehealth services provided through real-time, face-to-face technology.

May 15, 2020: BCBS of Tennessee becomes the first major insurer to adopt a permanent telehealth benefit in response to the pandemic – including telehealth services provided by PTs and others – among benefits to remain in place even after the COVID-19 health emergency ends.

May 27, 2020: The United States reaches 100,000 deaths related to the coronavirus.

May 27, 2020: Due to advocacy by APTA, its members, and other stakeholders, CMS recognizes outpatient facility-based providers among those who can bill for telehealth services furnished through real-time, face-to-face technology under Medicare.

May 27, 2020: APTA releases the first “Impact of COVID-19 on the Physical Therapy Profession” report.

June 29, 2020: The APTA Cross-Academy/Section Core Outcomes Measure Task Force releases its first set of recommendations on measures PTs should consider using to evaluate a patient’s recovery from COVID-19.

July 1, 2020: The cover story for APTA Magazine features the profession’s response to the national health emergency, with members sharing their experiences in their own words.

July 23, 2020: The Department of Health and Human Services extends the national public health emergency related to COVID-19 for another 90 days.

July 23, 2020: Major League Baseball begins a shortened 60-game season. The Women’s National Basketball Association starts its season two days later. The National Basketball Association resumes its season, which went into hiatus on March 11 due to the coronavirus, on July 30. All three leagues play games without fans in attendance and with restrictions in place to try to limit exposure to the coronavirus.

Aug. 3, 2020: Among provisions of its proposed 2021 Medicare physical fee schedule, CMS proposes to permanently allow PTs to furnish and bill e-visits, virtual check-ins, and remote evaluations of recorded video and images (communications technology-based services).

Aug. 7, 2020: APTA announces that the 2021 Combined Sections Meeting, scheduled for Feb. 24-27 in Orlando during APTA’s centennial year, will be transitioned to virtual in the interest of public health. “Simply put, as the COVID-19 pandemic continues, there is no evidence to suggest that a mass gathering like CSM will be safe in February 2021,” the statement explains. “As a health care association, we cannot risk the health of our attendees or the people they serve.”

Sept. 28, 2020: Global deaths related to COVID-19 reach 1 million.

Oct. 2, 2020: President Trump is reported as having tested positive for COVID-19.

Nov. 4, 2020: For the first time, 100,000 COVID-19 cases are reported in a single day in America.

Dec. 8, 2020: President-elect Joe Biden sets a goal to get at least 100 million COVID-19 vaccinations administered within the first 100 days of his administration.

Dec. 10, 2020: The Food and Drug Administration endorses the first COVID-19 vaccine, made by Pfizer. Shipments begin days later.

Jan. 1, 2021: CMS permanently recognizes PTs and facility-based PT providers as eligible to furnish and bill communication technology-based services: e-visits (98970-72); remote assessment of prerecorded image and video (G2250); and virtual check-ins (G2251).

Jan. 7, 2021: The United States sees more than 4,000 COVID-19 related daily deaths and 300,000 daily COVID-19 cases — both records.

Feb. 22, 2021: The United States surpasses 500,000 deaths associated with COVID-19.

March 15, 2021: An American Medical Association analysis finds that physical therapy was the most severely impacted specialty during the pandemic when it came to payment through the Medicare physician fee schedule, with an estimated drop of 34% in spending from January to June of 2020.

March 18, 2021: APTA releases a practice advisory on vaccine administration.

March 23, 2021: Reintroduction of the Expanded Telehealth Access Act (H.R. 2168) specifically adds PTs, PTAs, OTs, OTAs, SLPs, audiologists, and facility-based providers as authorized providers of outpatient telehealth services.

March 24, 2021: APTA hosts a livestream discussion with physical therapists living with post-acute sequelae of SARS-CoV-2 infections, or PASC, sometimes referred to as “long COVID.”

March 31, 2021: APTA joins the American of Physical Medicine and Rehabilitation in calling on President Biden, his administration, and Congress to establish a national plan to address the needs of the growing number of individuals with PASC.

April 1, 2021: A feature in APTA Magazine takes a deep dive into the “myths and mysteries” of post-intensive care syndrome — what it is, the role of physical therapy, and how the COVID-19 pandemic has increased focus on the syndrome.

April 2, 2021: The CDC updates its travel guidance for fully vaccinated people, recommending that they can travel “at a low risk to themselves.”

April 20, 2021: HHS Secretary Xavier Becerra renews the COVID-19 public health emergency for an additional 90 days. This renewal, in conjunction with the national health emergency declaration issued by President Trump on March 13, 2020, means that PTs and PTAs in private practice and within health care facilities will continue to be covered by the temporary Medicare regulatory waivers and new rules that allow for flexibility to respond to COVID-19 pandemic, including telehealth services.

April 21, 2021: Ahead of his 100th day in office, President Biden announces that Americans have received 200 million COVID-19 vaccinations, double his December goal.

June 2021: APTA launches the Fit for Practice initiative to help PTs and PTAs recover, evolve, and remain resilient after the toll of the COVID-19 pandemic. Members can find resources to help prioritize their health in the following categories: movement, resiliency, restoration, and practice health at apta.org/fit-for-practice.

June 17, 2021: An APTA Live event featured members of the Cross-Academy/Section COVID-19 Core Outcome Measure Task Force who spoke about the physical therapy core outcome measures algorithms they developed — one for adults and one for children.

June 23, 2021: APTA member Rebecca Martin, PT, DPT, PhD, represented APTA in authoring a briefing paper and toolkit on safe and effective rehabilitation for individuals with post-acute sequelae of COVID-19. In an APTA podcast, she answered questions about the PT’s role in treating long COVID and how to ensure patients’ safe recovery. Since March 2020 APTA has published more than 20 podcasts that directly focus on COVID-19 or long COVID, with many others touching on the topic at some point during the episode.

August 2021: APTA Magazine publishes a feature story on how the effects of the pandemic will permanently change physical therapist practice. The article, “A Long-Term View of the Profession Following COVID-19,” was one of the most viewed articles published in the magazine in 2021, based on web traffic.

Dec. 15, 2021: Recorded deaths from COVID-19 pass 800,000 in the U.S.

Dec. 23, 2021: APTA, APTA Cardiovascular and Pulmonary, and APTA Acute Care endorsed updated guidelines published in Australian Physiotherapy Association’s Journal of Physiotherapy. The original resource was one of the first to offer guidance on physical therapist services related to COVID-19. The updated guideline includes a section on long COVID.

Dec. 23, 2021: CDC updates its recommendations on quarantine periods for health care workers: Health care workers who had received all recommended COVID-19 vaccines and asymptomatic workers with a negative test no longer need to quarantine after a high-risk exposure.

Jan. 3, 2022: The U.S. reports almost 1 million new infections.

Jan. 20, 2022: APTA updates its Practice Advisory on CMS and OSHA guidelines on COVID-19 vaccine mandates.

Feb. 4, 2022: Recorded deaths from COVID-19 pass 900,000 in the U.S.

May 12, 2022: Recorded deaths from COVID-19 reach 1 million in the U.S.

May 25, 2022: CDC data shows that about 1 in 5 adults have a health condition that could be attributable to previous COVID-19 infection.

June 1, 2022: PTJ Editor-in-Chief Alan Jette talks with Rosie Twomey, PhD, about the complexities of long COVID, including the severity and unpredictability of the symptoms, on an APTA podcast.

Aug. 15, 2022: HHS Secretary Xavier Becerra addresses the APTA House of Delegates during a surprise visit, telling the audience that the COVID-19 pandemic, and the need to respond to long COVID, only underscores the need for more forward-thinking care that takes social determinants of health seriously.

September 2022: An APTA report on hiring challenges in outpatient practices reveals that the pandemic ramped up an already existing shortage of personnel in outpatient clinics, but that relocation and pay – rather than concerns about the pandemic – are the main factors driving employees' decisions to leave a clinic.

Sept. 23, 2022: APTA publishes a long COVID clinical summary. This resource touches on everything from a fundamental condition description to interventions, plan of care, and discharge.

October 2022: As part of promotional efforts for National Physical Therapy Month in October, APTA creates and disseminates an article on the ways physical therapy can help individuals manage long COVID. The article receives more than 2,000 online and print publication placements, reaching an estimated audience of 160 million.

Oct. 21, 2022: APTA publishes "Long COVID Rehabilitation: Research on the Value of Physical Therapy," a resource that shows how PTs and PTAs play a critical role in screening and managing patients with long COVID.

Oct. 28-29, 2022: The APTA Lecture Series hosts the two-part course, "Long COVID Rehabilitation – Multidisciplinary Care: Pitfalls to Avoid and Pearls to Enhance Treatments." This course includes information on screening, referral, and care for long COVID. (The recording is available on the APTA Learning Center.)

Dec. 1, 2022: APTA Magazine publishes "Understanding Long COVID From a PT Perspective," a feature about how physical therapists are ideally suited to help people who are experiencing lingering effects of COVID-19.

Dec. 23, 2022: Congress passes legislation that allows PTs and PTAs to continue to provide telehealth services under Medicare until at least Dec. 31, 2024, regardless of the status of the PHE.

Jan. 30, 2023: The Biden Administration announces its plan to end the public health emergency on May 11.

Feb. 11, 2023: The PHE is renewed for a 12th and final time.

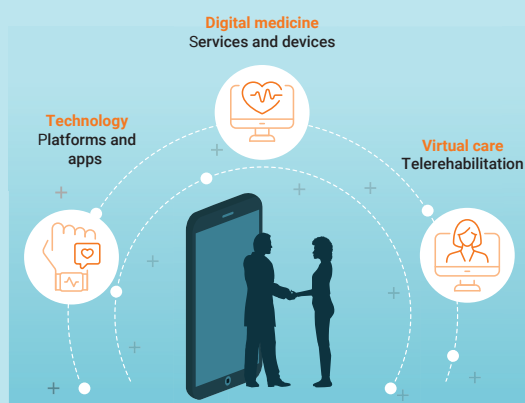
March 1, 2023: APTA Magazine publishes "PTs and PTAs Shine on Long COVID Teams," a feature about the importance of interdisciplinary care in maximizing patient outcomes.

May 11, 2023: The PHE ends.

Appendix C: The Digitally Enabled Physical Therapist Infographic

The Digitally Enabled Physical Therapist

Digital health solutions, which are increasingly being used by physical therapists now, refer to the use of virtual tools to deliver health care services or enable better health.



Advantages of digital physical therapy*

- ✓ For patients:
 - More access
 - Higher engagement
 - Better adherence to the care plan
- ✓ For physical therapists:
 - Scheduling and workspace flexibility
 - Advance quality of care
 - New growth opportunities
 - Insight into patient health data



Challenges of digital physical therapy*

- ▼ Still a new concept with evidence being added
- ▼ Potentially unequal connectivity or access to technology
- ▼ Lack of digital literacy and skills
- ▼ Payment/insurance uncertainties
- ▼ Privacy, confidentiality, ethical, legal, and safety concerns

*Any service labeled physical therapy must be performed by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist.

How will APTA support digital therapy?



Create resources and collaborate to enable better processes and technology



Advocate for and advise policymaking and best practices in the field

How is digital health currently being used?



Telehealth consultations



Remote therapeutic monitoring and evaluation



Treatment planning and execution

APTA maintains that digital health services cannot replace an actual physical therapist; however, the association supports and guides the augmentation of physical therapy with digital health services to safely and efficiently expand the scope of work for physical therapists and help them integrate into this rapidly evolving field.



The Digitally Enabled Physical Therapist: An APTA Foundational Paper



About This Report

This report uses data from four surveys. Between April 24 and May 11, 2020, APTA surveyed a representative sample of 5,400 PTs and 1,100 PTAs to gauge the impact of the COVID-19 pandemic on the physical therapy profession. APTA performed a follow-up survey between July 2 and 22, 2020, with 1,813 PTs and 271 PTAs responding. The third survey was conducted between March 16 and April 5, 2021, with 1,066 PTs and 236 PTAs responding. The final survey was conducted between July 21, 2022, and Aug. 27, 2022, with 1,757 PTs and 330 PTAs responding.

