



A Physical Therapy Profile:
Demographics of the Profession,
2021-2022

A Report From the American Physical Therapy Association

July 2023

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Introduction and Background

The American Physical Therapy Association has a history of commitment to workforce planning to optimize the patient experience and consumer access to physical therapy. By understanding and analyzing the available data on the physical therapy workforce, APTA supports the profession in positioning itself to respond to changes in demand, evaluate physical therapist and physical therapist assistant employment potential, and engage in advocacy that improves health care delivery and the health of society.

APTA historically has surveyed and reported on the demographic profiles of physical therapists and physical therapist assistants, statistics on income, and projections of supply and demand. Our efforts continue with “A Physical Therapy Profile: Demographics of the Profession, 2021-2022” Data includes the number of PTs and PTAs in the United States and each state; a national comparison with other licensed clinical occupations; and percentages by practice setting, age, ethnicity and race, and sex and gender. Also included are statistics on the applicant pool to PT programs, PT board certification, PT residency completion, and achievement in the PTA Advanced Proficiency Program.

While APTA typically conducts its practice profile survey every four years, the 2020 survey was delayed due to the COVID-19 pandemic; we surveyed our members in late 2021 and early 2022. Based on our [2021 COVID-19 impact survey data](#), in 2021 the profession was recovering from the initial upheaval of the pandemic and returning to more typical patterns of employment, education, practice, and research. We believe, then, that the 2021-22 data accurately represents the state of the profession.

This report uses data from multiple sources to evaluate the physical therapy workforce of 2021-22. APTA data includes the association’s membership database, the 2021-22 practice profile survey, member surveys on the impacts of COVID-19 ([2021](#); [2023](#)), data from the [APTA PTCAS centralized admissions system](#) for physical therapist education programs, and data from the [Commission on Accreditation in Physical Therapy Education](#). The [Bureau of Labor Statistics’ 2021 database](#), the [U.S. Census Bureau via its American Community Survey and Data USA](#), and the [Federation of State Boards of Physical Therapy](#) also were sourced for this report. With different collection methods and criteria for data, the numbers from different sources are not always in alignment. APTA believes it is important to be transparent in presenting the varying numbers from different sources, and wherever possible we have noted the differences and how the numbers were derived.

In terms of practice setting, it’s notable that a comparison of APTA survey data with BLS and Census Bureau data shows that the demographics of association physical therapist and physical therapist assistant members track with those bureaus’ statistics on the profession as a whole.

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Report Highlights

In this report you will find data and details on the following findings, among others:

- **Physical therapy is in the top five in health care occupations by size.** Excluding general nursing, “physical therapist” is the fifth-largest clinical health care occupation that requires licensure. Data from 2021 varies slightly among sources, with the U.S. Bureau of Labor Statistics reporting 225,350 physical therapists and the Federation of State Boards of Physical Therapy reporting 238,256. Similar differences are noted for physical therapist assistants, with BLS reporting 96,660 and FSBPT reporting 111,317. (Page 5.)
- **APTA membership reflects the profession at large.** Nationwide, the percentages of APTA physical therapist members largely track the profession in terms of representation within different practice settings. Two exceptions are higher representation in academia and slightly lower representation in home health for association members; however, given the similarities, the association’s continued member surveys and analyses of findings likely can be scaled to represent the profession. (Page 9.)
- **The distribution of PTs and PTAs in the U.S. varies and can influence population access.** There is significant variation in the location and distribution of physical therapists and physical therapist assistants in the United States, potentially leaving some populations who need physical therapy with less access than others to services. (Page 6.)
- **Most physical therapy jobs are held by women.** Women continue to make up a higher proportion of the physical therapy profession, making up just under two-thirds of physical therapists and physical therapist assistants. Looking at advanced practice, the proportion of male to female clinical board specialists remains the same as the profession overall. However, men seek physical therapist fellowships at a higher rate than women do. (Page 13, Page 18, Page 21.)
- **Outpatient settings employ the most PTs and PTAs.** Outpatient physical therapy is the highest employment setting, followed by hospital-based services and then home health. (Page 9.)
- **More PTs are seeking professional development through residency and board certification credentials.** Board certification is increasing among physical therapists, adding to the knowledge and skill base of the profession. Residency programs, which increasingly are the pathway to board certification, are growing to accommodate more specialization applicants. (Page 18.)
- **The ethnic and racial diversity of the profession is growing.** Racial and ethnic diversity is increasing in the applicants pools for DPT and PTA academic programs and among those who complete residency and fellowship programs. (Page 15.)

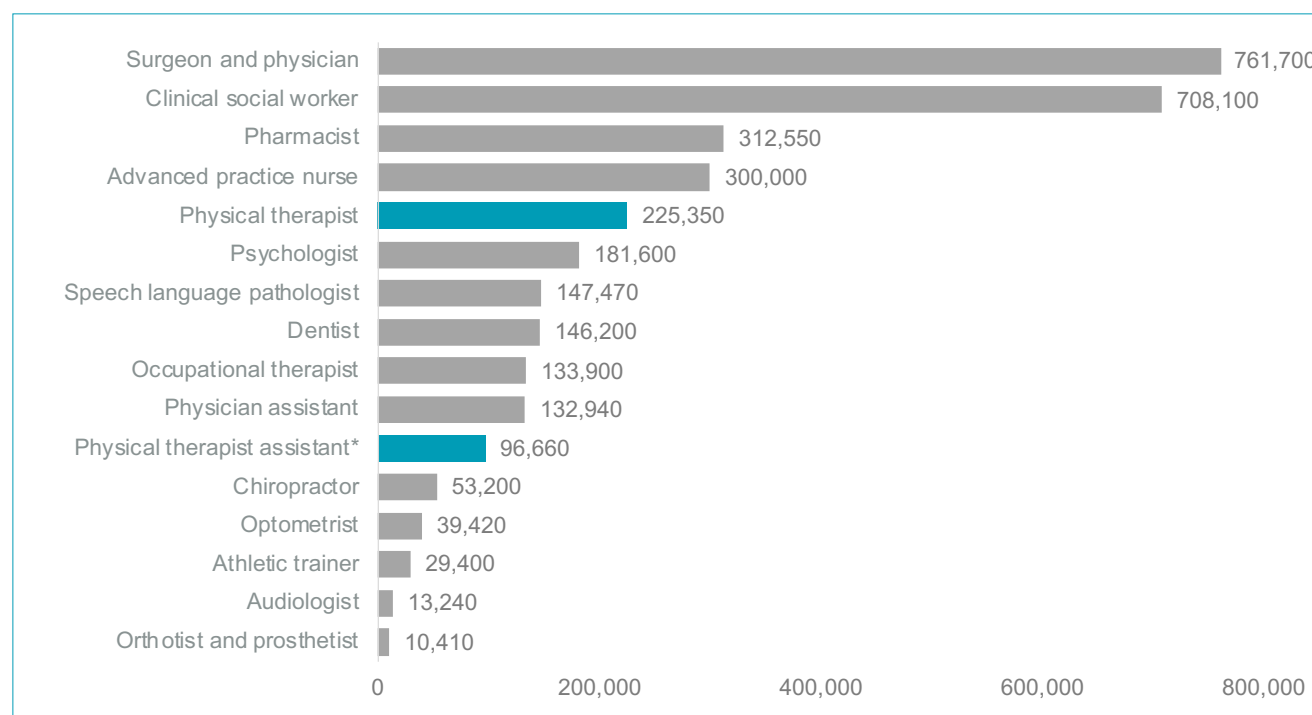


Physical Therapy's Place in the Health Care Workforce

Size of Physical Therapy Profession Among Selected Clinical Occupations

According to [2021 U.S. Bureau of Labor Statistics occupational employment and wages data](#), “physical therapist” – [with a reported 225,330 workers](#) – is the fifth largest clinical occupation in the health care field requiring state licensure or certification, excluding general nursing. “Physical therapist” follows “surgeon and physician” (which are combined in the BLS data), “clinical social worker,” “pharmacist,” and “advanced practice nurse” (which combines nurse anesthetist, nurse midwife, and nurse practitioner in the BLS data).

(As collected, this data does not include self-employed workers.)



*BLS data combines physical therapist assistant and physical therapy aide.

Estimated Number of PTs and PTAs in the United States

The BLS estimates for physical therapists and physical therapist assistants are slightly lower than those of the Federation of State Boards of Physical Therapy. The gap is larger for PTAs than for PTs, despite the fact that BLS data on PTAs includes aides. The difference may be in part because the FSBPT data includes self-employed providers, who are not captured in the BLS data; other reasons for the difference are currently unknown. In 2021 FSBPT reported 238,256 physical therapists who are licensed and reside in the jurisdiction of licensure, and 111,317 physical therapist assistants who are licensed or certified and reside in their jurisdiction of licensure or certification. (FSBPT combines licensure and residential data to avoid duplicate counting of a licensee holding licenses in multiple jurisdictions.)

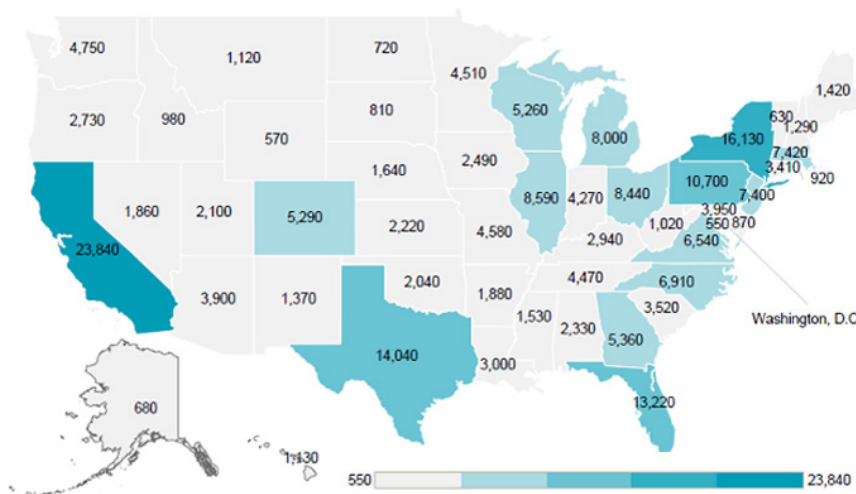
The FSBPT data of the number of licensed PTs and PTAs along with U.S. census data on state populations can be used to estimate the ratio of PTs or PTAs per 100,000 people in the United States.

Looking first at physical therapists, based on the U.S. Census Bureau’s 2021 estimate of 332,031,554 people in the U.S., there are approximately 72 PTs for every 100,000 people nationwide. The ratio is up from five years ago (65 PTs per 100,000 in 2017, based on the 2017 U.S. population of 324,985,539 and the FSBPT count of 209,670 PTs), indicating that the growth in the number of PTs (+13.63%) 2017-2021 is higher than the growth in general population (+2.17%) over the same time.

Growth in Number of U.S. Physical Therapists 2017-2021

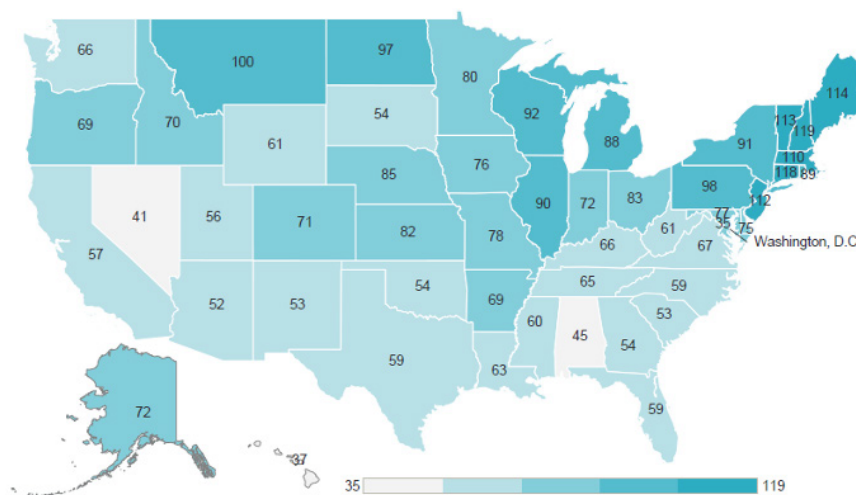
Year	Number of PTs (FSBPT)	U.S. population (U.S. census)	Number of PTs per 100,000 people
2017	209,670	324,985,539	64.52
2018	217,671	326,687,501	66.63
2019	223,751	328,239,523	68.17
2020	232,470	331,511,512	70.13
2021	238,256	332,031,554	71.76

Throughout the nation, however, the distribution of PTs to serve the U.S. population is uneven. The numbers of licensed PTs in the United States – and even within each state – don’t tell a whole story. The ratio of PTs to state population needs to be considered for a clearer image of consumers’ access to physical therapy. The two maps below show the number of PTs by state and the number of PTs per 100,000 people by state. (Note that because these numbers are calculated estimates, the sum of the state numbers may differ from the nationwide BLS totals).



Number of Physical Therapists by State 2021

(Per BLS data)



Number of Physical Therapists per 100,000 People by State 2021

(Per FSBPT data)

Variation among regions and states is clear. The lowest number of physical therapists per population are scattered across the nation, while the highest physical therapist concentrations are largely clustered in New England and surrounding areas. In addition, states with higher and lower numbers of PTs do not necessarily track with the states with higher and lower concentrations. For example, the highest numbers of physical therapists are in California and New York, yet neither appear as one of the top 10 states in terms of number of PTs per 100,000 people.

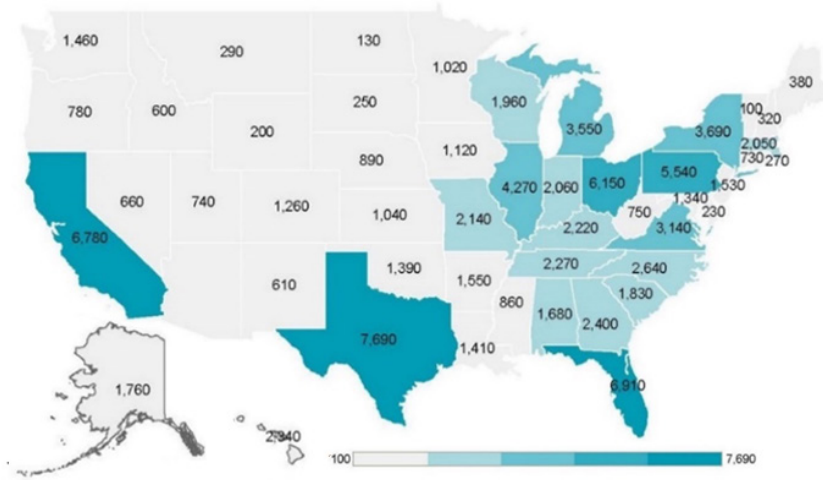
States With Highest Number of PTs	States With Highest Number of PTs per 100,000 People	States With Lowest Number of PTs	States With Lowest Number of PTs per 100,000 People
California	New Hampshire	District of Columbia	District of Columbia
New York	Connecticut	Wyoming	Hawaii
Texas	Maine	Vermont	Nevada
Florida	Vermont	Alaska	Alabama
Pennsylvania	New Jersey	North Dakota	Arizona
Ohio	Massachusetts	South Dakota	New Mexico
Illinois	Montana	Delaware	South Carolina
Michigan	Pennsylvania	Rhode Island	Georgia
Massachusetts	North Dakota	Idaho	South Dakota
New Jersey	Wisconsin	West Virginia	Oklahoma

Turning to PTAs, the maps tell a similar story. Based again on the U.S. Census Bureau’s 2021 estimate of 332,031,554 people in the U.S., there are approximately 34 PTAs for every 100,000 people nationwide, up from five years ago (30 PTAs per 100,000 in 2017, based on the 2017 U.S. population of 324,985,539 and FSBPT count of 97,285 PTAs). As with PTs, the growth in the number of PTAs (+14.42%) 2017-2021 is higher than the growth in general population (+2.17%) over the same time.

Growth in Number of Physical Therapist Assistants 2017-2021

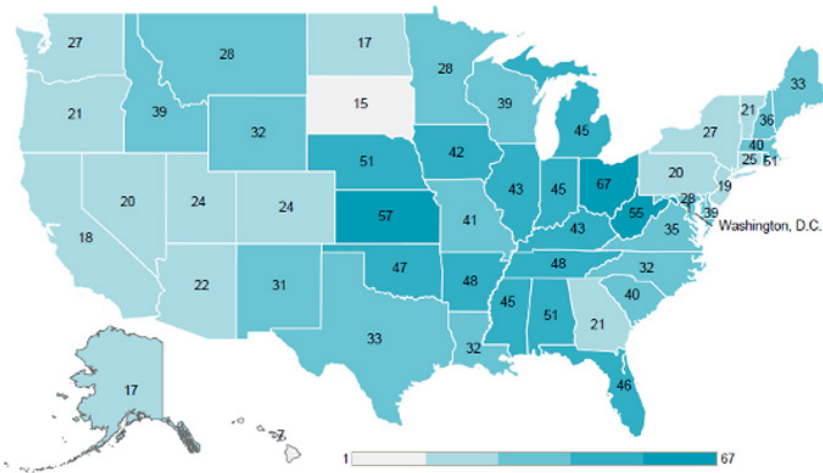
Year	Number of PTAs (FSBPT)	U.S. population (U.S. census)	Number of PTAs per 100,000 people
2017	97,285	324,985,539	29.93
2018	102,443	326,687,501	31.36
2019	105,892	328,239,523	32.26
2020	109,743	331,511,512	33.10
2021	111,317	332,031,554	33.53

There are fewer PTAs than PTs per 100,000 people, reflecting the lower numbers of PTAs overall throughout the country. As with PTs, there is wide variation between the states, and the states with the highest or lowest numbers of PTAs are not necessarily the same ones with the highest or lowest number per 100,000 people. As an example, again similar to physical therapists, California has the second highest number of PTAs, yet it has one of the lowest ratios of PTAs to state population. The two maps below show state-by-state the number of PTAs and the number of PTAs per 100,000 people.



Number of Physical Therapist Assistants by State 2021

(Per BLS data, figures for Arizona and District of Columbia unavailable)



Number of Physical Therapist Assistants per 100,000 People by State 2021

(Per FSBPT data)

States With Highest Number of PTAs	States With Highest Number of PTAs per 100,000 People	States With Lowest Number of PTAs	States With Lowest Number of PTAs per 100,000 People
Texas	Ohio	Vermont	District of Columbia
Florida	Kansas	North Dakota	Hawaii
California	West Virginia	Wyoming	South Dakota
Ohio	Alabama	Alaska	Alaska
Pennsylvania	Nebraska	Delaware	North Dakota
Illinois	Rhode Island	Hawaii	California
New York	Arkansas	South Dakota	New Jersey
Michigan	Tennessee	Rhode Island	Nevada
Virginia	Oklahoma	Montana	Pennsylvania
North Carolina	Florida	New Hampshire	Vermont

Given that the ratios reflect the capacity of PTs and PTAs to provide health services for their state populations, these numbers may provide insight into future workforce monitoring strategies that focus on assessing staffing patterns, vacancies, and other workforce variables by region and state in addition to analyzing larger aggregate data. Increasing ratios alone don't imply that all needed employer vacancies and patient care needs are being filled, only that the overall number of licensed PTs is increasing in relation to the U.S. population.

Target ratios of PTs or PTAs per population are unknown at this time. Further investigation would be needed to determine if target ratios or other metrics are the best measures of determining how the physical therapy profession can best meet the needs of individuals and society.

Practice Settings in Physical Therapy

For this report, APTA used member data, BLS reports, and Census Bureau reports to determine percentages of physical therapy providers in various practice settings. APTA's survey asked respondents to identify by their primary setting – where they do most or all of their work.

At first glance, some of the percentages may appear misaligned. However, taking into account differences between how each source groups practice settings, APTA's member demographics roughly track the percentages of the entire profession as estimated by the BLS and U.S. census data. There are exceptions, such as misalignment in home health and academia for physical therapists. More exploration of the differences in practice setting labels between APTA, BLS, and U.S. census may provide insight into the discrepancies in proportions, but for most practice settings, APTA member survey data can be counted on to reflect the demographics of the profession as a whole.

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Physical Therapists

Starting with outpatient services, all three sources show it to be the largest practice setting for PTs in the profession, with APTA data at 39%, U.S. census at 42%, and BLS at 43%. APTA's slightly lower number may be explained by the limited categories outside of "outpatient" offered by BLS and U.S. census – PTs may be in a setting not included in the BLS and U.S. census categories and choose "outpatient" as the closest option. (Comparable settings are identified by the teal bars in the graphs.)

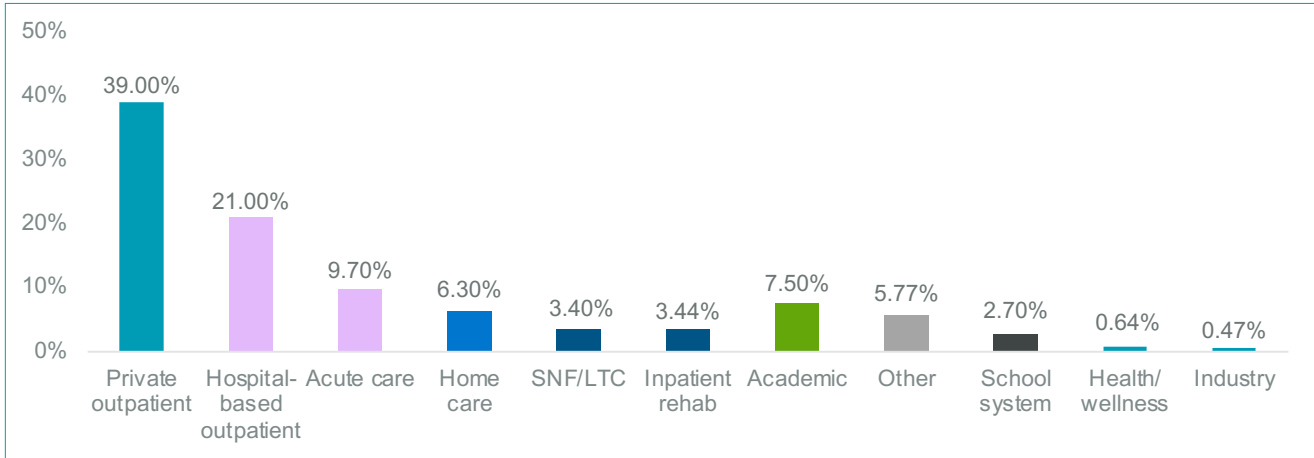
The next highest practice setting is hospital-based services. APTA member data separates "hospital-based" and "acute care" settings while BLS and Census have only a "hospital" category. Combining the two APTA categories – hospital-based at 21% and acute care at 10%, the resulting 31% reflects the proportion of PTs who identify with the hospital setting in the data from BLS (34%) and U.S. census (29%). (Comparable settings are identified by the lavender bars in the graphs.)

Similar to having two categories within hospital-based services, APTA recognizes that "skilled nursing facility/long-term care facility" and "inpatient rehab facility" are discrete services within post-acute care settings and provide both choices for member demographics. Association PT members comprise 3% of each of those categories. However, in comparing BLS and U.S. census data, both of those entities offer only a "SNF/LTC" category that, presumably, a PT practicing in an IRF would choose over any of the other available categories. It stands to reason then that the combined APTA percentages roughly align with BLS' 6% estimate and the census estimate of 9% in the "SNF/LTC" category. (Comparable settings are identified by the dark blue bars in the graphs.)

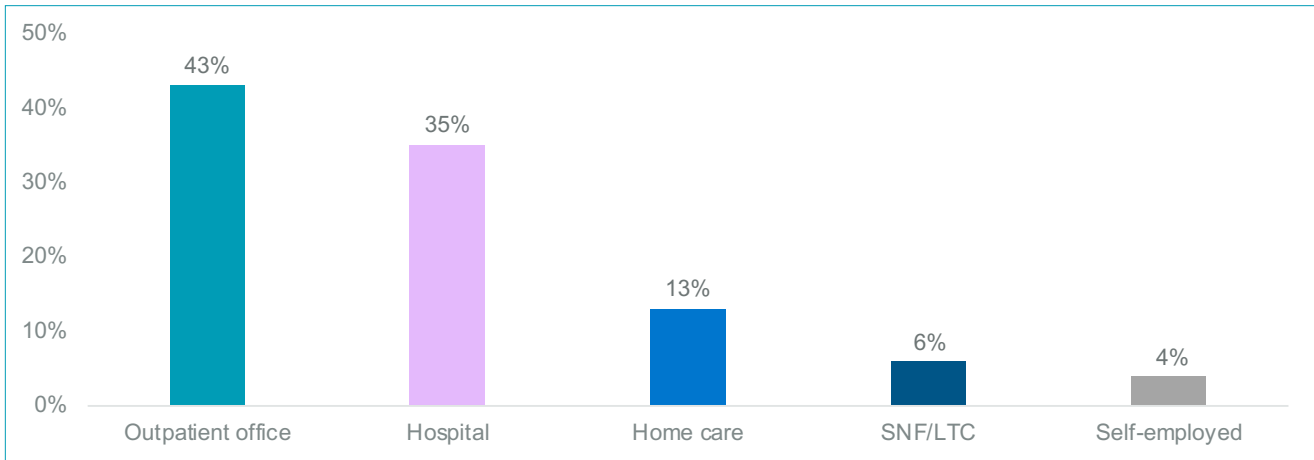
PTs employed in school system settings represent about 3% of the profession, an estimate consistent to census data and APTA membership. BLS doesn't provide an equivalent category. (Comparable settings are identified by the black bars in the graphs.)

Two anomalies between the APTA and national data estimates are within home health and academia. Based on national data, home health is the third highest practice setting, ranging from 9% (census) to 13% (BLS). (Identified by the blue bars in the graphs.) APTA acknowledges that its membership data indicates a lower percentage of PTs in home health (6%) than reflected in the national data. Conversely, a higher proportion of APTA's physical therapist membership (8%) claims post-secondary academia as their practice setting, which is higher than the census estimate of 1%.

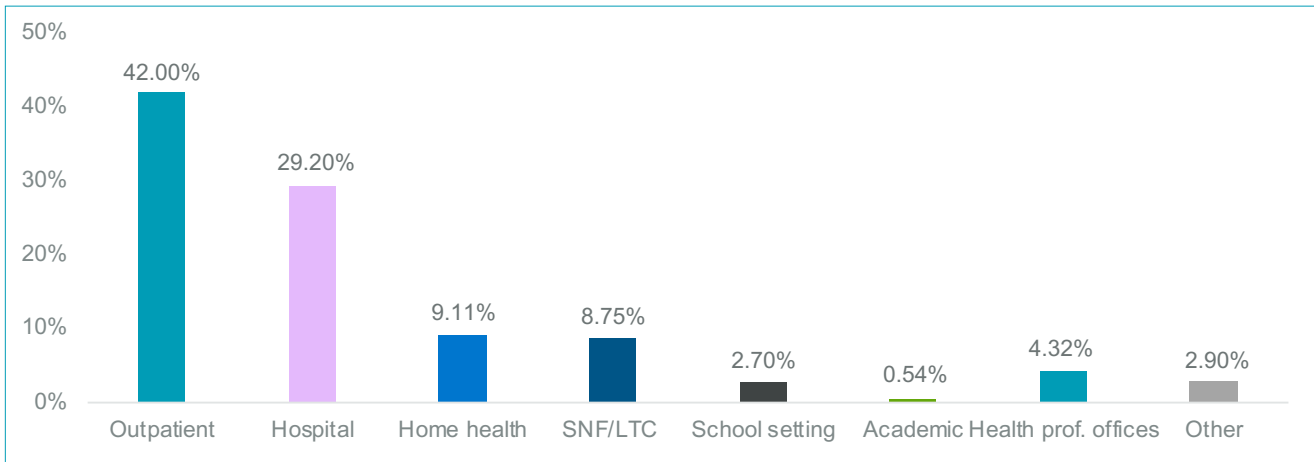
APTA Physical Therapist Membership by Physical Therapy Practice Setting



Bureau of Labor Statistics Data on Physical Therapists by Practice Setting



U.S. Census Bureau Data on Physical Therapists by Practice Setting



Physical Therapist Assistants

Like PTs, the largest percentage of PTAs work in private outpatient settings, with APTA data at 38%; BLS data at 44% in “offices of physical, occupational, and speech therapists” and 5% in “offices of physicians”; and census data at 48% in “outpatient care centers,” 3% in “offices of physicians” and 2% in “offices of other health practitioners.” Again, APTA’s slightly lower number may be explained by the limited categories outside of “outpatient” offered by BLS and the U.S. Census Bureau. (Comparable settings are identified by the teal bars in the graphs.)



The next highest practice setting for PTAs as reported by APTA is skilled nursing and long-term care facilities, at 13.7%. Census data shows 12% in “nursing care facilities” and 4% in “residential care except SNF.” BLS numbers are less in line, as the bureau reports 8% of PTAs in “nursing care facilities (skilled nursing facilities)” and does not have separate LTC or IRF categories. (Comparable settings are identified by the dark blue bars in the graphs.)

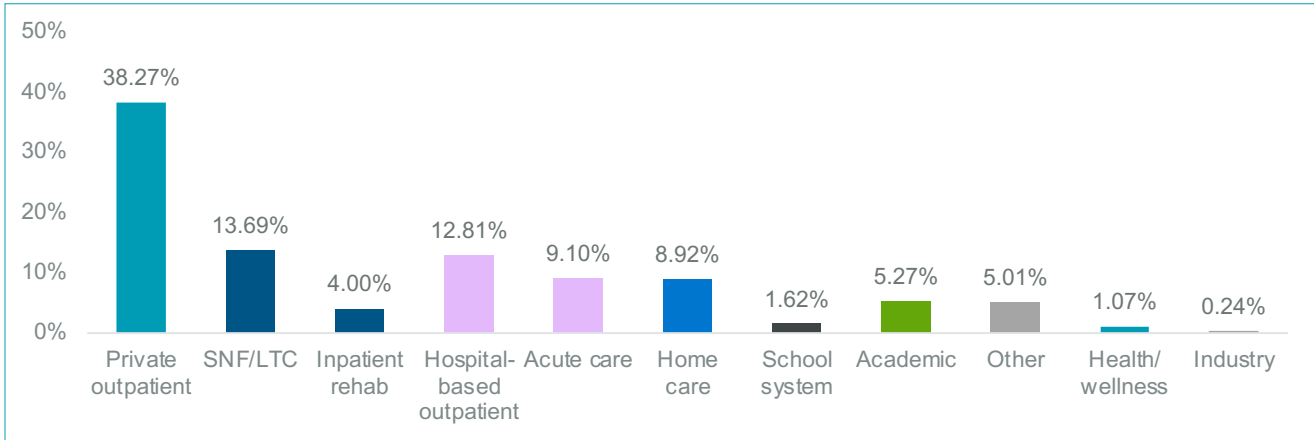
As with physical therapists, APTA member data separates “hospital-based” and “acute care” settings while BLS and U.S. census have only a “hospital” category. Combining the two APTA categories — hospital-based at 13% and acute care at 9%, the resulting 22% aligns with the proportion of PTAs who identify with the hospital setting in the data from BLS (24%) and the U.S. census (20%). (Comparable settings are identified by the lavender bars in the graphs.)

Looking at home care, APTA reports 9% of PTAs in that setting, between numbers from BLS at 11% and U.S. census at 7%. (Comparable settings are identified by the blue bars in the graphs.)

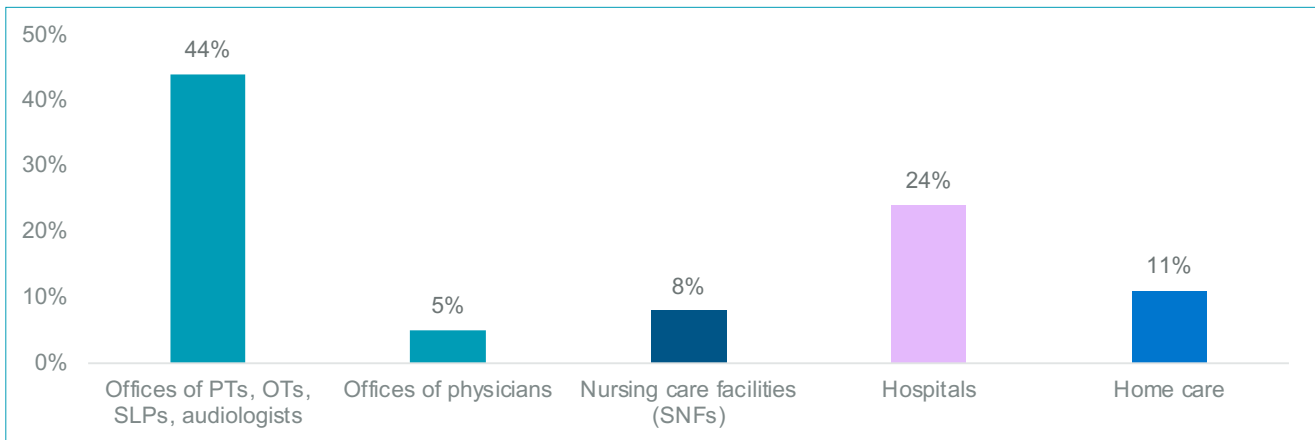
APTA reports 5% of PTAs in post-secondary academic institutions, and PTAs employed in pre-K through secondary school system settings represent less than 2% of APTA membership; neither BLS nor U.S. census includes equivalent categories.

One caveat in looking across APTA, BLS, and U.S. census data to identify percentages of physical therapist assistants in various practice settings is that BLS and census combines PTAs with physical therapy aides in its reporting. Another is that there is even more inconsistency in category breakdowns for PTAs as reported by the three entities than for PTs (see section above), which impacts the alignment of PTA statistics in different practice settings. Still, there is some alignment between APTA’s data and that of both U.S. reporting entities.

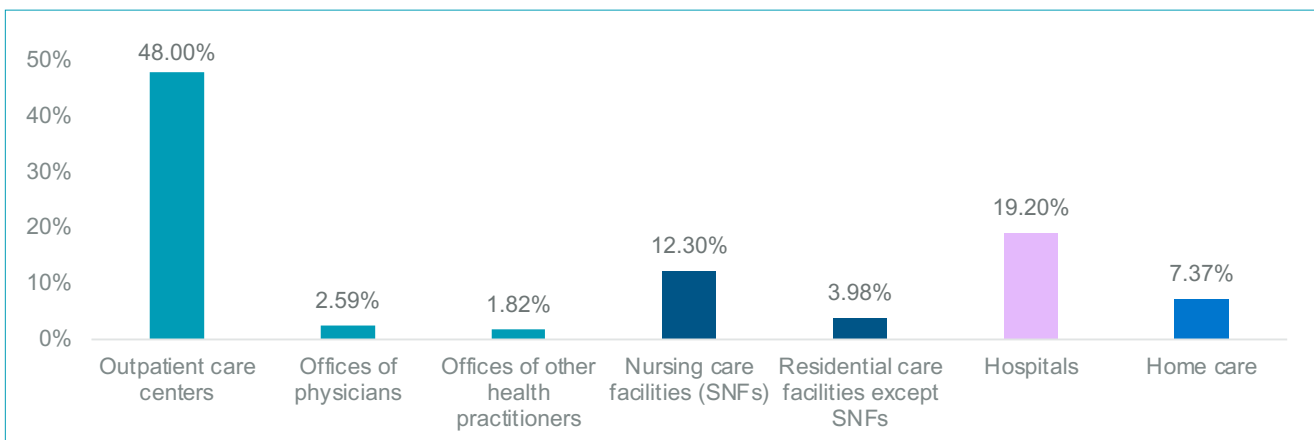
APTA PTA Membership by Physical Therapy Practice Setting



Bureau of Labor Statistics Data on PTAs by Practice Setting



U.S. Census Bureau Data on PTAs by Practice Setting*



*Includes physical therapy aides.

Characteristics of the Physical Therapy Profession

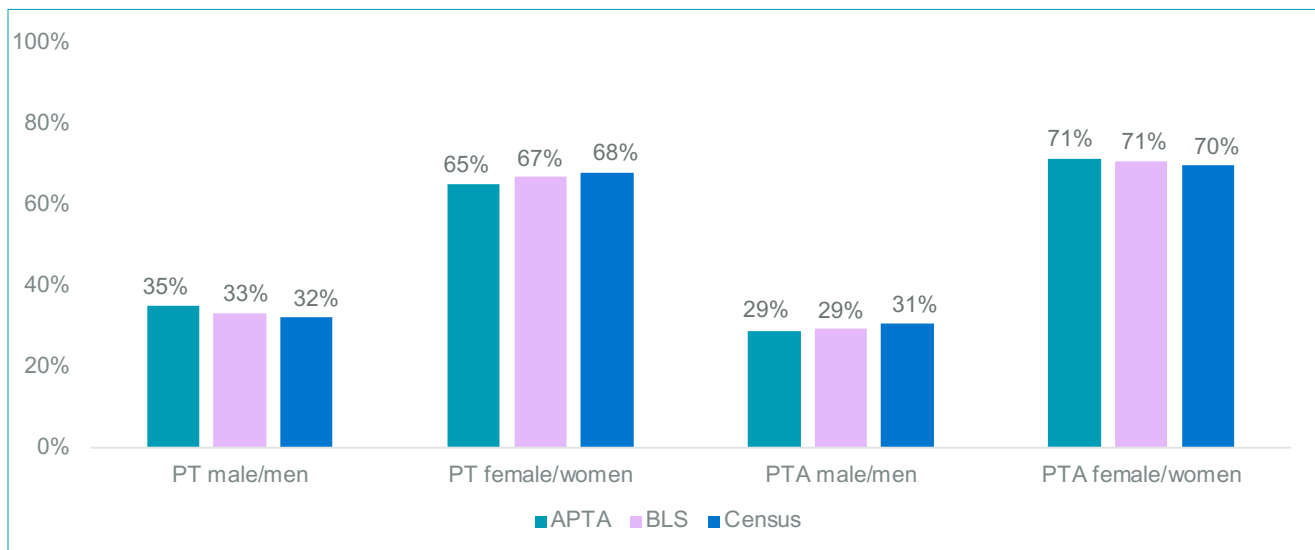
Representation of Sex/Gender Among PTs and PTAs

As a profession founded by women in 1921, physical therapy continues to be primarily female. While the U.S. population in 2021 was 50.52% female and 49.48% male, APTA, BLS, and Census Bureau estimate higher ratios between female and male PTs and PTAs, with close ranges of 65%-68% female PTs (32%-35% male) and 70%-71% female PTAs (29%-31% male). This again positions APTA member data as representative of the physical therapy profession overall.

As a profession founded by women in 1921, physical therapy continues to be primarily female.

Of note: The options from the three entities were binary only, and all used the term “sex” (typically referring to biological characteristics) without including “gender” (typically referring to social identify). APTA asked members to indicate their sex as either female or male. Under the Census Bureau category “Composition by Sex,” the choices were male or female. BLS categorized data by “Sex” and used the term “women” to report that percentage.

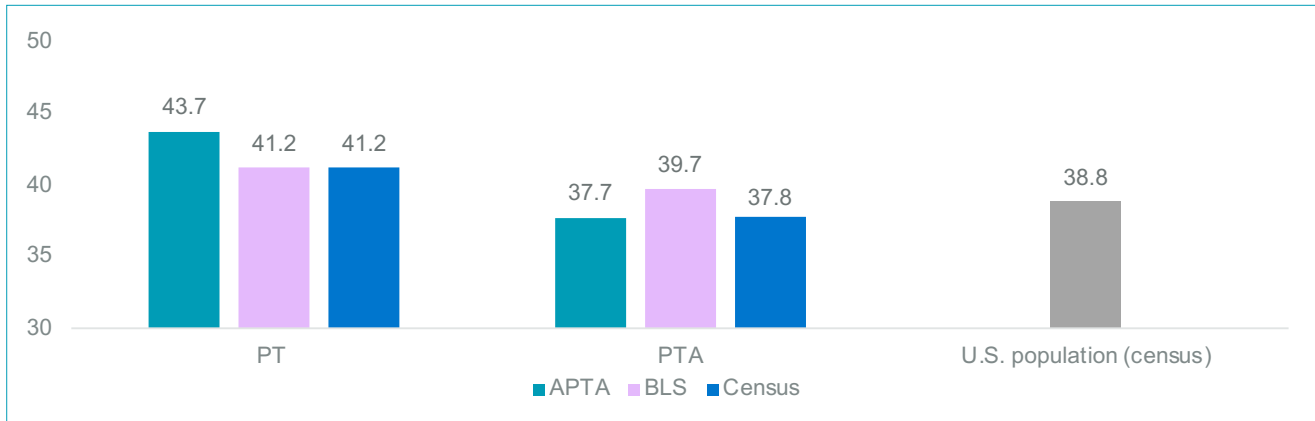
Representation of Sex/Gender Among PTs and PTAs



Age Distribution of PTs and PTAs

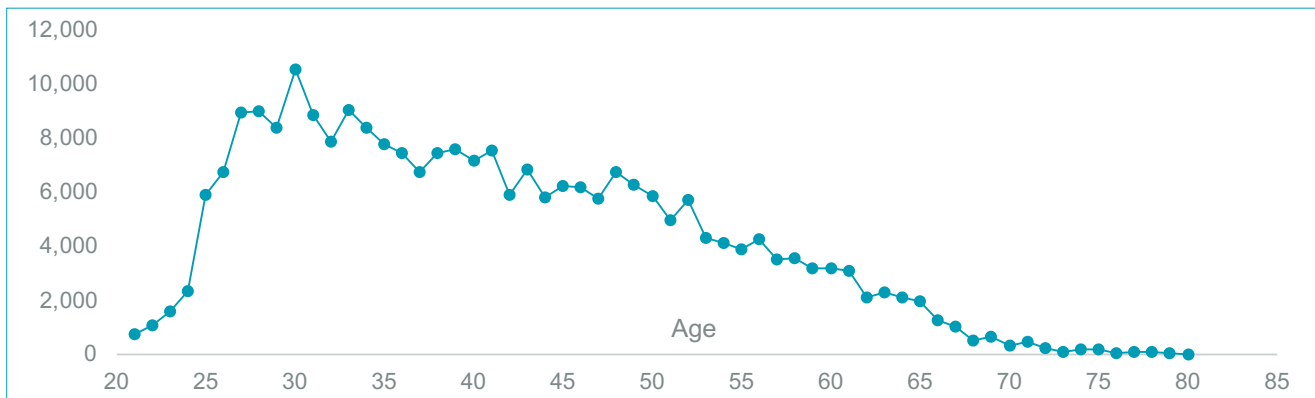
APTA membership, BLS, and U.S. census data show a median age of 41-44 years for physical therapists and 37-40 years for physical therapist assistants in 2021, compared with a median age of the U.S. population of 38.8 years. Given the alignment of the estimates, APTA member survey data reflects the age demographics of the profession as a whole.

Median Age of PTs and PTAs Versus U.S. Population



Looking at the full age range of physical therapists, census figures for 2020 indicate ages from 22 to 80, with most between the ages of 27 and 34.

Age Distribution of Physical Therapists in 2020, per U.S. Census



Race and Ethnicity of PTs and PTAs and of the U.S. Population

Using APTA member data and BLS data for physical therapists and physical therapist assistants (noting that the U.S. census and BLS include physical therapy aides in their PTA demographic data), the table on Page 15 shows what has been reported by both APTA and other sources: In general, the racial and ethnic diversity of APTA membership and of the U.S. physical therapy workforce does not match the population that PTs and PTAs serve.

The disparities aren't equivalent across the board. Looking at the physical therapy profession as a whole per census data, the percentage of white and Native Hawaiian or Other Pacific Islander physical therapists and physical therapist assistants largely matches the population representation, as does the percentage of Asian PTAs. Black/African American and Hispanic/Latino PTs and PTAs are underrepresented, and Asian PTs are overrepresented.

Adding APTA membership percentages to the comparison, white member PTs are overrepresented compared with the U.S. population (and the overall profession). White, American Indian/Alaska Native, and Hispanic/Latino representation among PTA members is closer to the population's composition than that of PTs, but minority populations still are underrepresented in comparison with the U.S. population and the profession.

Representation of Race and Ethnicity in Physical Therapy Versus U.S. Population in 2021

Race/Ethnicity*	U.S. Population per U.S. Census	PTs per U.S. Census	APTA Member PTs	PTAs per U.S. Census**	APTA Member PTAs
White alone	75.8%	75.6%	83.53%	74%	78.8%
Black or African American alone	13.6%	4.22%	2.67%	5.6%	4.28%
Asian alone	6.1%	12.2%	6.96%	6.02%	3.89%
American Indian and Alaska Native alone	1.3%	0.14%	0.39%	0.31%	1.17%
Hispanic or Latino	18.9%	5.4%***	4.01%	7.07%	8.71%
Other	N/A	0.92%	2.05%	2.76%	2.69%
Native Hawaiian or Other Pacific Islander	0.3%	N/A	0.38%	N/A	0.48%
Two or more races	2.9%	1.34%	N/A	2.28%	N/A
White alone, not Hispanic or Latino	59.3%	N/A	N/A	N/A	N/A

*These categories use terms as presented by the U.S. census. For discussions of the categories for “White alone,” “Hispanic or Latino,” and “White alone, not Hispanic or Latino,” see Quick Facts for 2021. **U.S. census combines PTAs and physical therapy aides. ***Number is from BLS, as the census provided no data for 2021. N/A = No data available.

Looking specifically at the PTs who entered the profession in 2021, data from the Commission on Accreditation in Physical Therapy Education shows that within the 2021 cohort of graduates from doctor of physical therapy programs, 26.4% are from racial and ethnic minority populations, leaving no more than 74.6% as graduates who are white. The past six years have seen overall growth in the percentage of students from underrepresented racial and ethnic populations.

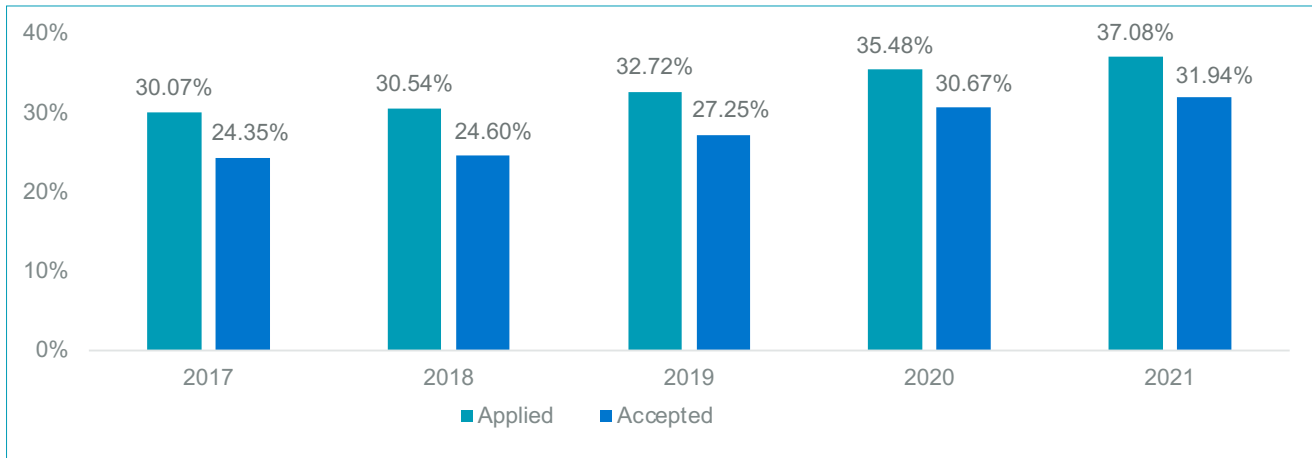
Minority Students as a Percentage of Graduates From U.S. DPT Programs 2016-21

	2016 (Accepted in 2013)	2017 (Accepted in 2014)	2018 (Accepted in 2015)	2019 (Accepted in 2016)	2020 (Accepted in 2017)	2021 (Accepted in 2018)
Graduation rate (mean)	97.2%	93.88%	96.4%	96.5%	—	96.77%
% of Minority graduates (mean)	20.9%	21.2%	21.8%	23.3%	20.1%	26.4%

(PTA students and programs are not represented, as available data is not robust enough for similar analysis.)

Even more encouraging, according to 2021 data from APTA’s PTCAS centralized application service for DPT programs, 37% of applicants were from underrepresented minority populations. Nearly 32% were accepted, representing 3,766 diverse students entering the PT education pathway, compared with less than 28% (2,030) entering in 2017. The percentage of both applicants and those accepted has trended higher each year since 2017. (In making comparisons with the chart above, keep in mind that the graduates from chart generally reflect students who were accepted into programs three years earlier.)

Percentage of Applicants and Accepted Students From Underrepresented Minorities 2017-21



The Pathway Into Tomorrow's Profession: Student Demographics

Age also influences diversity, with younger generations being more diverse than older ones. This creates a moving target for the physical therapy profession in terms of better matching the U.S. population, even as increasingly diverse graduating classes of PTs and PTAs are entering the workforce. Understanding and monitoring this relationship is important, as a diverse health care workforce can render the best health care to diverse patient populations.

Generation Z — those born after 1996 — is the most racially and ethnically diverse age group to date and reflects the trend of increasing diversity in the U.S. over time: According to Pew Research Center, 52% of 7- to 22-year-olds in 2019 were white, compared with 61% of millennials in 2003, 70% of Generation X in 1987, and 82% of early baby boomers in 1969 (benchmark years were chosen to place each population in approximately the same age range). Most of the increase in the non-white population comes from those who are Hispanic, making up 25% of Gen Z, 17% of millennials, 12% of Gen X, and 4% of early boomers. The Black population has remained between 13% and 15% of the population during this time, and the Asian population has grown from 1% of the early boomer population to 6% of Gen Z. "Other" populations, based on the Pew report, increased from 1% to 5%.

With older members of Gen Z approaching age 25, this group also includes many who are just entering the field of physical therapy or will be soon. The increasing diversity of the younger generation is being reflected in the applicants to and graduates from physical therapist education programs.

As younger generations in the U.S. continue to include higher percentages of diverse racial and ethnic populations, continued efforts to recruit and retain candidates from underrepresented minority populations will help achieve the goal of professionally representing the communities we serve. For example, APTA's PT Moves Me campaign, a grassroots effort to promote physical therapy as an accessible profession for students from all backgrounds, is in its beginning stages and has potential to expose younger diverse students to the professional pathway. Also, APTA strongly advocated for the Allied Health Diversity Workforce Act that was included in the final omnibus bill that passed at the end of 2022. The program enables academic programs for health professions including physical therapy to provide scholarships or to support recruitment and retention of students from underrepresented groups.

Continued efforts to recruit and retain candidates from underrepresented minority populations will help achieve the goal of professionally representing the communities we serve.

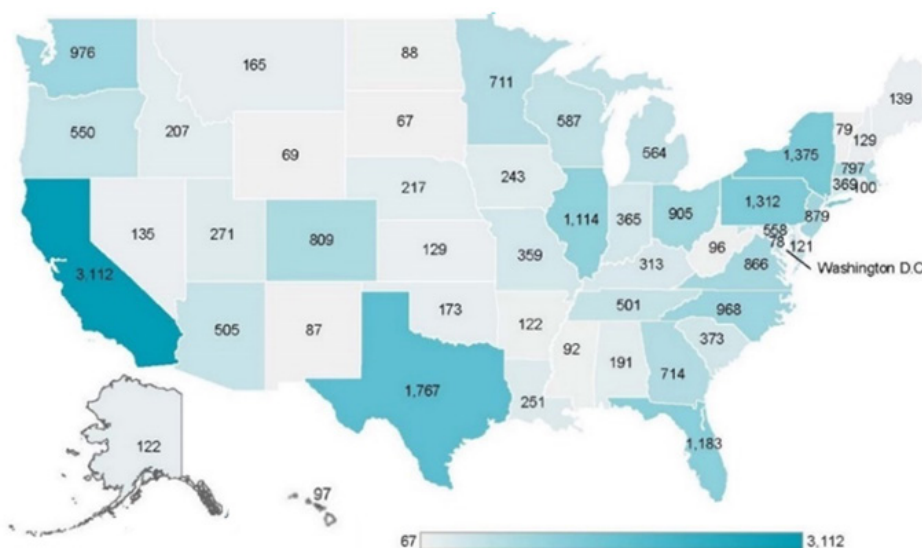
Professional Career Advancement in Physical Therapy

Clinical Specialization and Board Certification

APTA Specialist Certification was established in 1985 to advance the profession of physical therapy by establishing, maintaining, and promoting standards of excellence for clinical specialization and recognizing the advanced knowledge, skills, and experience of physical therapists through board certification. As of 2021 there are 10 areas of specialization, with 26,308 specialists nationwide.

State Distribution in Clinical Specialization

Not unlike the distribution of physical therapists, the number of board-certified clinical specialists in each state varies. The states with the highest populations of physical therapists also top the list of states with the highest number of certified specialists, including California (3,112), Texas (1,767), New York (1,375), Pennsylvania (1,312), Florida (1,183) and Illinois (1,114). South Dakota (67), Wyoming (69), the District of Columbia (78), and Vermont (79) have the lowest number of board-certified clinical specialists.

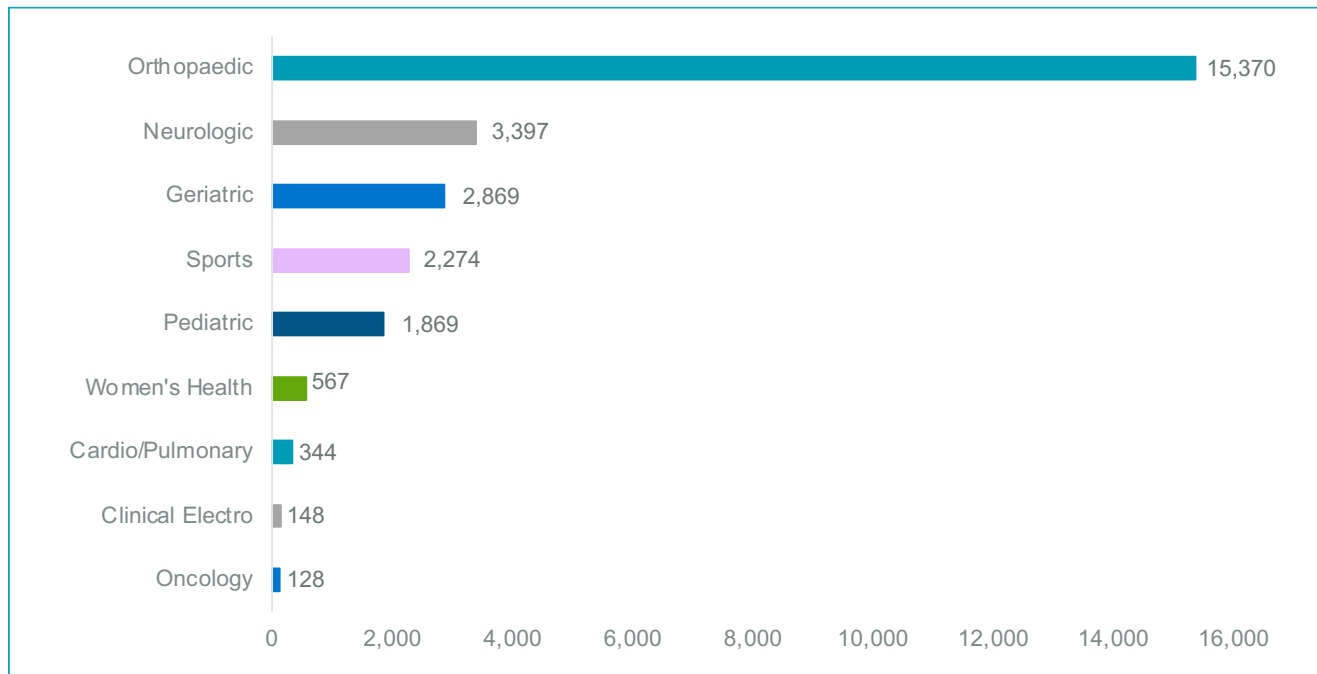


Number of Board-Certified Clinical Specialists by State in 2021

Specialty Distribution in Clinical Specialization

Board-certified clinical specialists in orthopaedic physical therapy make up the largest cohort, followed by the areas of neurologic, geriatric, sports, and pediatric physical therapy. (Specialization in wound management recognized its first cohort of board specialists in 2022.)

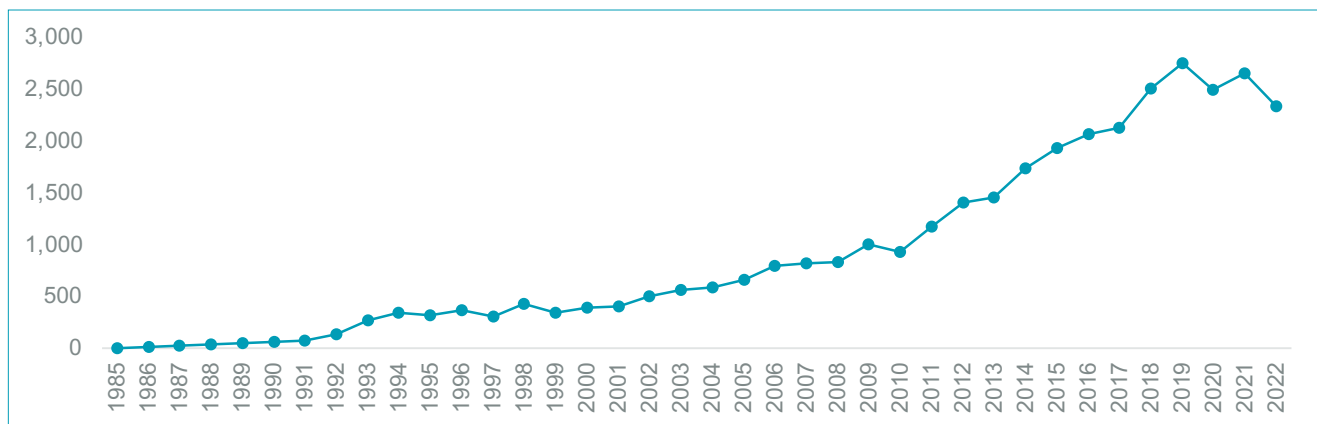
Number of Board-Certified Specialists by Specialty Area in 2021*



*Total of these numbers exceeds the number of specialists overall because some PTs have multiple board certifications.

While there is variability in the number of new specialists year to year across the program's history, the number of board-certified specialists has been rising significantly since its beginnings in 1985.

Number of Newly Certified PTs by Year, 1985-2022



Looking at the past five years, based on specialist data from APTA and the American Board of Physical Therapy Specialties, and FSBPT data on the number of licensed PTs in the U.S., the ratio of board-certified specialists to nonspecialist PTs has been increasing, from 8.45% in 2017 to 10.96% in 2021.

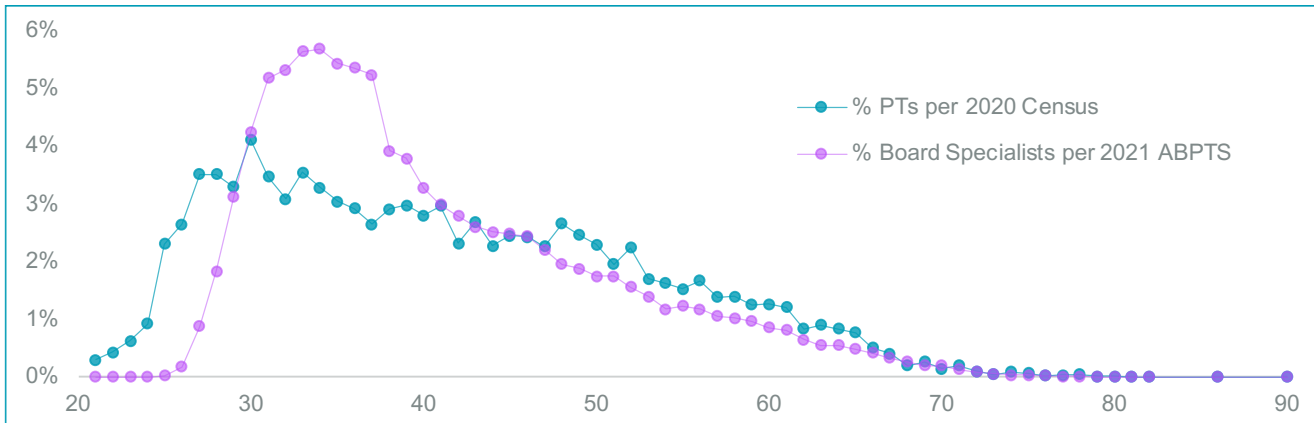
Sex/Gender Distribution in Clinical Specialization

Overall, 65% of board-certified specialists are women, but the proportions within specialties vary. For example, while the distribution is almost even among orthopaedic clinical specialists, women dominate other areas, such as geriatric physical therapy (75%), neurologic physical therapy (85%), and pediatric physical therapy (95%).

Age Distribution in Clinical Specialization

As may be expected, the age range of clinical specialists begins at age 24, which reflects the years of education necessary to obtain the DPT degree and then fulfill the requirements for board certification. Most board-certified specialists are 30-38 years old. This is slightly older than the highest number of PTs overall, which is in the age range of 27-34 years.

Age Distribution of Board-Certified Specialists Versus All PTs

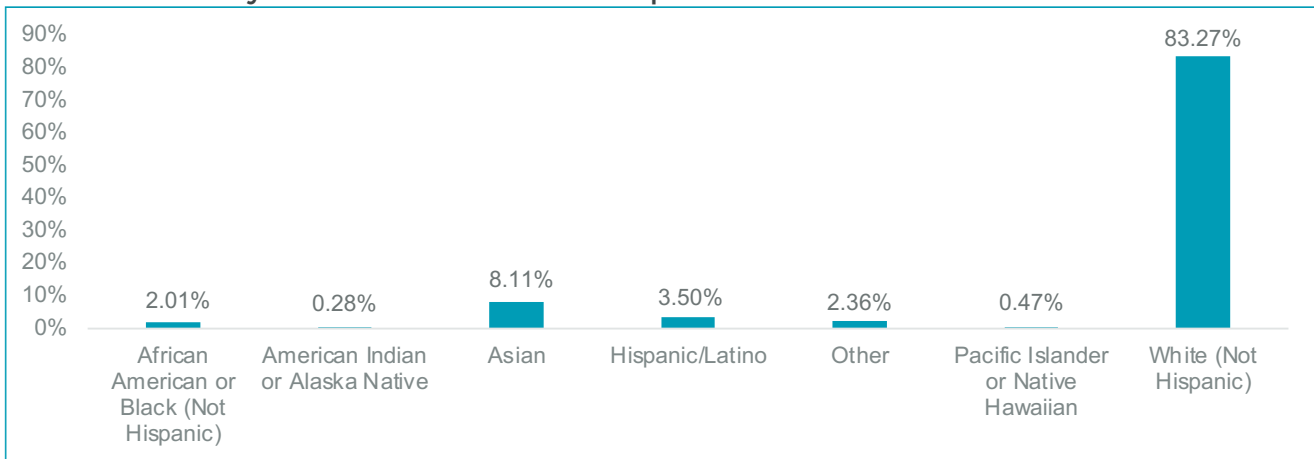


The steep drop-off in specialists after ages 34-37 reflect fewer specialization categories and examinees during the early years of the program. The number of specialists early on was low, with annual numbers well below 1,000 until 2008. A steeper climb since then peaked at over 2,700 in 2019. Smaller cohorts of those becoming board certified in the 1980s through the early 2000s correspond with fewer specialists who are now ages 40-65. Looking ahead, if specialists ages 30-38 maintain their certification throughout their clinical careers, and others ages 24-30 continue to keep pace at becoming certified, the overall numbers of certified specialists can be expected to grow, flattening the curve to more closely match the age distribution of physical therapists overall. In other words, if PTs maintain their board certification largely until retirement or leaving clinical practice, we will see a higher sustained number of clinical specialists throughout the age ranges in years to come.

Race and Ethnicity Distribution in Clinical Specialization

The racial and ethnic makeup of current board-certified clinical specialists largely reflects that of APTA membership overall, with a slightly higher proportion of those who are certified representing the Asian population and slightly lower proportion of those identifying as African American or Black, Pacific Islander or Native Hawaiian, and American Indian or Alaska Native.

Race and Ethnicity of Board-Certified Clinical Specialists



If PTs maintain their board certification largely until retirement or leaving clinical practice, we will see a higher sustained number of clinical specialists throughout the age ranges in years to come.

Physical Therapy Residency and Fellowship Programs

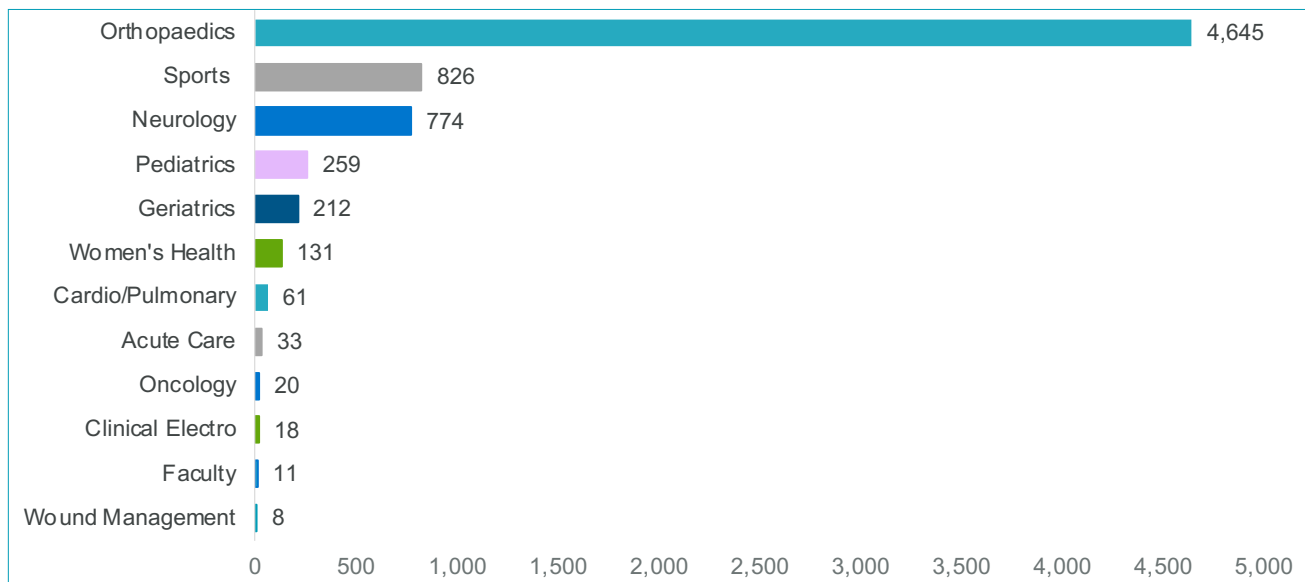
Advanced training through physical therapy residency and fellowship programs gives licensed, practicing physical therapists an opportunity to enhance their evidence-based practice and understanding of scientific principles in specialty areas through didactic, clinical, and mentor experiences. (Unlike some other health care disciplines that limit or restrict licensure until after graduates of the relevant academic program have completed a residency, graduates of doctor of physical therapy programs who pass the national physical therapy exam are granted full, unrestricted licenses; residencies are voluntary.)

Residencies and fellowships are distinguished from each other by the depth and scope of the area of practice. Residencies train PTs in enhanced knowledge, skills, and responsibilities within a defined specialty area. For specialties that offer board certification, the residency program prepares the physical therapist for the certification examination. Fellowships are planned learning experiences that train PTs in advanced knowledge, skills, and responsibilities within a defined area of subspecialty practice. Clinical fellowship candidates have either completed a residency program or are board-certified specialists in a specialty area related to the subspecialty being sought.

Residencies and fellowships are increasing in prevalence and popularity among PTs. As of October 2022, there were 377 residency programs and 49 fellowship programs accredited by the American Board of Physical Therapy Residency and Fellowship Education, up by 80 new programs combined since 2020. The largest residency specialty area is orthopaedics, with 4,645 graduates as of 2021, followed by sports (826) and neurology (774).

Residency programs prepare PTs for the exam, as data from ABPTS shows the first-time pass rate for those pursuing the residency option is 94% versus the overall first-time pass rate of 77%.

Residency Graduates by Practice Area



Completing a residency program essentially provides an expedited route to sitting for the board-certification exam over the traditional route that includes accumulating hours of relevant practice. Especially for those who enter a residency right after graduating from a DPT program, PTs in these programs can achieve board certification earlier than classmates who are not in residencies. Residency programs also appear to prepare PTs for the exam, as data from ABPTS shows the first-time pass rate for those pursuing the residency option is 94% versus the overall first-time pass rate of 77%. These advantages likely account for the growing interest of PTs in choosing a residency path to board certification, as the percentage has increased from 2% in 2008, the first year it was available, to 25% of the latest cohort of applicants in 2022, per ABPTS data.

Graduation from a residency program and earlier achievement of board certification can translate into higher earnings sooner in a PT's career. Cumulative APTA practice profile surveys that include self-reported income data indicate that board-certified clinical specialists earned, on average, \$4,540 more annually than PTs who are not board certified. The most marked difference was for PTs who become board certified in the first five years after graduation, at \$5,940 more per year. In addition, ABPTRFE studies have indicated that employers rate residency-trained PTs as more advanced in areas of leadership, communication, clinical aptitude, scholarship, evidence-based practice, and teaching compared with PTs with the same years of experience but without residency training.

Demographic Distributions in Residency and Fellowship Graduates

As of 2021, there were 6,996 PTs who had completed residency programs, and 2,588 PTs who had completed fellowships. In 2021 alone, 728 PTs graduated from residency programs (49.7% female/42% male) and 126 completed fellowships (40.5% female/54% male). The total of 854 is up from just 49 in 2001 and 340 in 2011, showing continued growth in these programs. Of note, the prevalence of men over women in fellowships was opposite the trend within board certification and residencies. (Male/female percentages do not total 100 because some PTs left the field blank.)

Looking at racial and ethnic diversity, the small cohorts of PTs participating in residencies and fellowships in 2021 left even smaller numbers in each racial and ethnic category. However, increased diversity is indicated among those physical therapists, based on ABPTRFE data. There was more diversity among PTs who completed residencies or fellowships than in APTA membership at large and among PTs nationwide. Resident and fellowship graduates in 2021 were represented by a lower percentage of white PTs and a higher percentage of Pacific Islander or Native Hawaiian individuals compared with the distribution of the profession as a whole. No representative from American Indian/Alaska Native populations graduated from a residency program in 2021, and one American Indian/Alaska Native PT became a fellow in that year. Hispanic/Latino, Black or African American, and Asian PTs were better represented among those in residencies than those in fellowships, in APTA PT membership, and in the profession as a whole in 2021.

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PTA Advanced Proficiency Pathways

APTA's PTA Advanced Proficiency Pathways is the premier program for physical therapist assistants to increase their knowledge and demonstrate their expertise in a chosen area of focus. Launched in 2017, the program now offers pathways in acute care, cardiovascular and pulmonary, geriatrics, neurology, oncology, orthopedics, pediatrics, and wound management. As of December 2022, 225 PTAs have completed an area of proficiency, and 540 PTAs are enrolled in the program. Because of the small number of participants so far in the program, identifying meaningful demographic trends among these PTAs are not available at this time. As the program grows, more detailed reporting will be possible.

Conclusion

The information shared in this report provides important insights into the demographics of the physical therapy profession. What's more, the data supports APTA membership as representative of the physical therapy profession. As the association continues its tradition of surveying and otherwise collecting data to create profiles of member PTs and PTAs, information gathered and analyzed can offer significant insight into the profession as a whole.

