

THE  
**STATE  
OF REHAB  
THERAPY**  
2019

*WebPT*<sup>®</sup>



**Rehab therapy is a process.**

This is something we tell our patients all the time. We tell them to stick with it—to put in the work and stay consistent. When progress is slow, we tell them to remain positive—that when that big breakthrough happens, it'll all be worth it. And as we say these words, we believe them; we believe in ourselves.

Just like our patients, our profession is facing some major challenges. Things aren't the way they used to be, and it's getting tougher and tougher for us stay afloat in the churning waves of change. Despite all the time and effort we've put into advocating for ourselves and our community, progress has been slow.

Many of us still face direct access limitations that seriously hamper our ability to assert ourselves as first-line providers for the patients we are most qualified to treat. Others can legally accept patients without obtaining a physician referral—but are ultimately held back by payer requirements or employer protocols. On top of all that, many patients aren't even aware that they can—or should—seek care from a rehab therapist directly.

Once patients do make their way to us, we must contend with ever-falling reimbursement rates, high patient copays and deductibles, and the too-common trend of early self-discharge—not to mention the daily drain of unrealistic productivity goals, unpaid documentation time, and clunky technology. Outside of the clinic, many of us struggle to pay down crippling amounts of student loan debt. And all of this affects our ability to meet our own potential—and to help our patients meet theirs.

In each of the last three years, we have surveyed the entire rehab therapy community on the metrics, strategies, and complicating factors that influence success in the current market. And each year, we've emerged with the same overarching takeaways—many of them related to the issues I mentioned above.

But, that doesn't mean we aren't progressing. It doesn't mean that we have failed. In fact, I would argue that it's actually a good sign: where we were once disjointed on our priorities, we are now more united than ever.

Now comes the time for action. And with the massive spotlight that continues to shine on America's opioid epidemic, there's never been a better time to put rehab therapy front and center as a safe, effective alternative to dangerous prescription painkillers. There's never been a better time to collect and present data that has the power to ignite change—in patient awareness levels, care paths, government regulations, and payer policies. There's never been a better time to take the future of our profession into our own hands.

But, we must stay committed—even when that change isn't immediate. We have to keep believing in ourselves. After all, we are rehab therapists, and we know that change doesn't always happen quickly. It's a process, but once we make that big breakthrough we've been dreaming about, **it'll all be worth it.**



**Dr. Heidi Jannenga**  
PT, DPT, ATC

President and Co-Founder  
of WebPT

We conducted this survey electronically using the SurveyGizmo platform. In an effort to secure as many responses as possible, we distributed and promoted the survey via multiple channels—to both the WebPT Member base and the general rehab therapy community—including email, digital ads, internal and external media outlets, and social platforms. We also offered an incentive for completing the survey (e.g., a chance to win an Amazon gift card).

The survey was open for a little more than a month. During this window, we collected a total of **6,358 responses**. **WebPT Members accounted for 46.8%** of those responses, and **non-WebPT Members accounted for 53.2%**.

In an effort to produce the cleanest data possible, we performed standard post-survey data cleansing, which eliminated duplicate responses, spam responses, and partially completed surveys that did not contain enough data to be considered.

6,358  
responses

46.8%  
WebPT Members

53.2%  
non-WebPT Members

Before we dive into the details, let's run through some high-level results and analysis. **Here are some of our biggest overall takeaways:**

**Direct access laws are misunderstood and underleveraged.**

- Despite the fact that some level of direct access is available in all 50 states, **13.7%** of survey-takers said patients could not access a physical therapist directly in their state, while 11.6% were unsure whether patients could access physical therapy directly. Furthermore, **less than 1 in 10** respondents reported receiving the majority of new patients via self-referral.

**Payers are the biggest barrier to first-line rehab therapy.**

- About **8 in 10** respondents cited payer requirements as the top reason why their organizations require physician referrals as a condition of treatment. Additionally, high copays and coinsurances are by far the top-ranked regulatory issue in terms of impact to the rehab therapy community—regardless of respondent role, longevity, or sex.

**Rehab therapy professionals are burning out.**

- About half of survey-takers are thinking about making a professional change within the next five years, with the top two most popular options being **(1)** working fewer hours and **(2)** moving out of patient care. The top motivator for making this type of change is improved work-life balance, followed closely by increased satisfaction and fulfillment.

**Consolidation is widespread in the rehab therapy market.**

- About **23%** of all respondents were involved in a merger or acquisition within the last five years, with the majority reporting that the transaction had an overall positive impact on their organization.

We've divided our results into five categories: **Demographics, Business and Financials, Salary, Challenges and Opportunities, and Technology.**

The **Demographics** category provides details about the survey respondents and the organizations they represent.

The **Business and Financials** category offers insights on revenue, reimbursements, productivity, and growth broken down by company or department size, payer mix, geographic location, and billing method.

The **Salary** category presents compensation information based on job role, years of experience, sex, and location.

The **Challenges and Opportunities** category explores factors influencing career and industry outlook, including student debt levels and healthcare policy developments.

The **Technology** category sheds light on rehab therapy technology usage and performance trends.

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# DEMOGRAPHICS

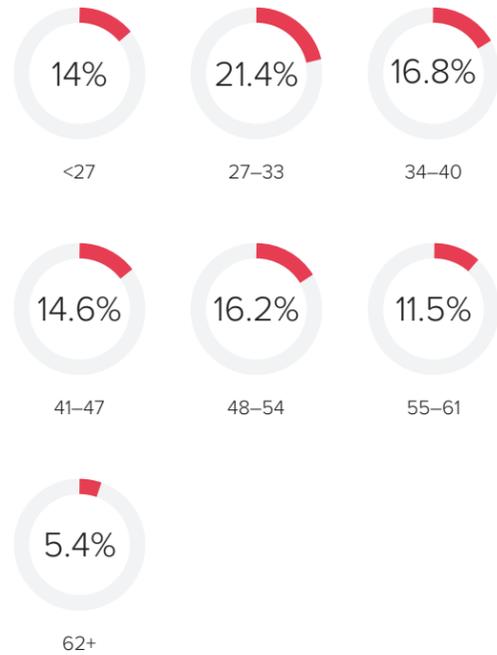
## RESPONDENT MAKEUP

### OVERALL ROLE DISTRIBUTION

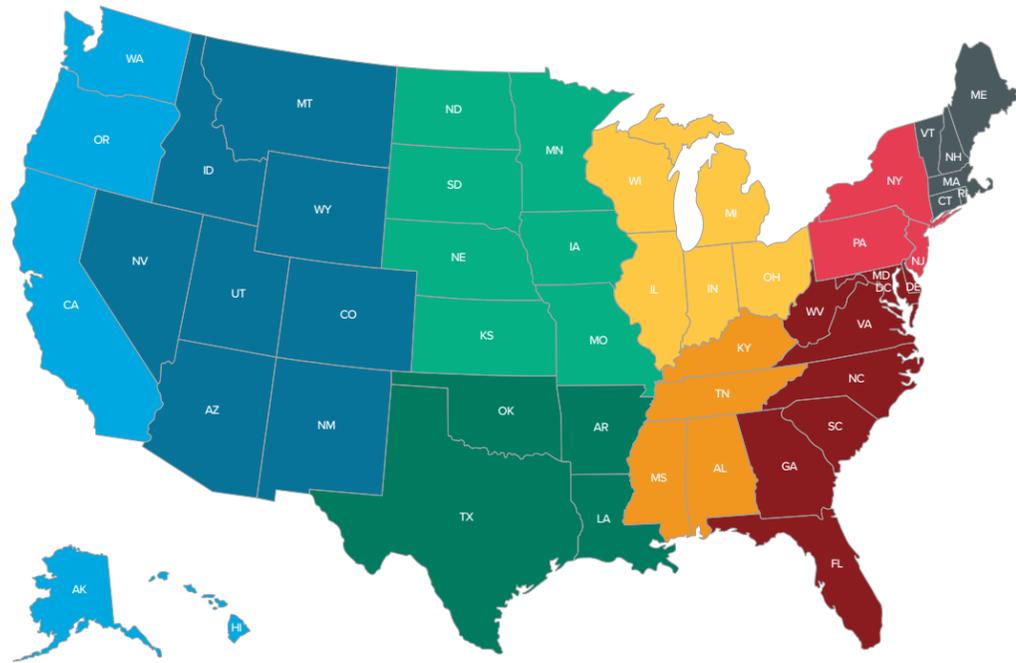
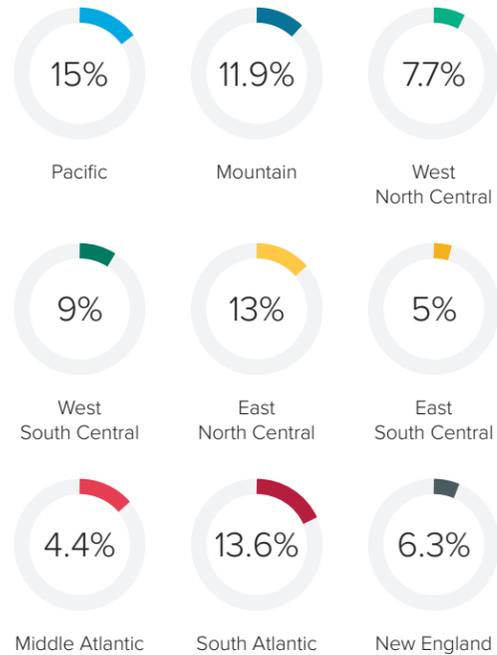
Some respondents selected multiple roles

Owner	1,186
C-Level Executive	100
VP/Director	407
<b>Executive Total</b>	<b>1,599</b>
Administrator	470
Office Manager	566
Billing Manager	338
<b>Manager Total</b>	<b>1,042</b>
Physical Therapist	2,883
Occupational Therapist	761
Speech-Language Pathologist	310
<b>Therapist Total</b>	<b>3,945</b>
Physical Therapist Assistant (PTA)	405
Occupational Therapy Assistant (OTA)	130
Speech-Language Pathologist Assistant (SLPA)	9
<b>Therapist Assistant Total</b>	<b>542</b>
Clerical Staff	241
Student	612
Other	490
<b>Clerical, Student, Other Total</b>	<b>1,285</b>

### OVERALL AGE DISTRIBUTION



### REGION/LOCATION DISTRIBUTION



### OVERALL ETHNICITY DISTRIBUTION

American Indian or Alaska Native	.7%
Asian	5.7%
Black or African American	2.2%
Hispanic or Latino	4%
Native Hawaiian or Other Pacific Islander	.4%
Other	1.6%
Prefer not to answer	6%
White	79.4%

Nearly **80%** of rehab therapy professionals are white.

Health care consumers want to be understood, and being cared for by someone who looks and talks like them can be incredibly powerful. But perhaps even more important: As long as our community's diversity is lacking, we are missing out on important perspectives that are necessary to reach our potential. That's why the APTA has made it a strategic priority to improve our inclusiveness so that we can strive to be as diverse as the society our profession serves.

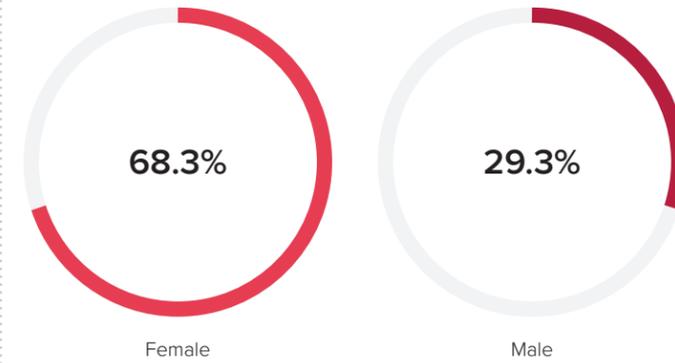
Sharon Dunn, PT, PhD, OCS  
President  
APTA



# DEMOGRAPHICS

## RESPONDENT MAKEUP

### OVERALL FEMALE/MALE BREAKDOWN



Women make up nearly **70%** of the rehab therapy profession. Additionally, while women hold more executive positions than men overall, men continue to hold the majority of C-level roles.

### ROLE OF RESPONDENTS BY SEX

Owner	F 52.4%	Administrator	F 67.7%	Physical Therapist	F 60.3%
	M 45.9%		M 29.4%		M 37.3%
C-Level Executive	F 38.9%	Office Manager	F 73.7%	Occupational Therapist	F 96%
	M 56.9%		M 22.9%		M 3.5%
VP/Director	F 53.3%	Billing Manager	F 79.5%	Speech-Language Pathologist	F 89.8%
	M 44.9%		M 16.7%		M 7.8%
<b>Executive Total</b>	<b>F 52.5%</b>	<b>Manager Total</b>	<b>F 71.9%</b>	<b>Therapist Total</b>	<b>F 68.3%</b>
	<b>M 45.7%</b>		<b>M 25.4%</b>		<b>M 29.3%</b>
Physical Therapist Assistant (PTA)	F 67.4%	Clerical Staff	F 86.6%		
	M 29.6%		M 9.5%		
Occupational Therapy Assistant (OTA)	F 86%	Student	F 65.3%		
	M 10.8%		M 33.1%		
Speech-Language Pathologist Assistant (SLPA)	F 100%	Other	F 70.9%		
	M 0%		M 25.2%		
<b>Therapist Assistant Total</b>	<b>F 74.1%</b>	<b>Clerical, Student, Other Total</b>	<b>F 70.2%</b>		
	<b>M 25.9%</b>		<b>M 27.2%</b>		

# DEMOGRAPHICS

## PRACTICE MAKEUP

### PRACTICE SETTING

Educational institution	2.4%
Gym or wellness center	.7%
Home health	4.8%
Inpatient hospital	6.1%
Mobile therapy	1%
Other	5.6%
Outpatient hospital-based rehab facility	11.5%
Outpatient multidisciplinary practice	6.1%
Outpatient private practice	47%
Physician-owned practice	5.1%
Pro bono clinic	.1%
School/academic/student	2.3%
SNF (skilled nursing facility)	7.3%

### YEARS IN BUSINESS OVERALL



Overall, **60.4%** of organizations represented have been in business for 11 or more years.

### YEARS IN BUSINESS BY PROVIDER SEGMENT

1 Year or Less	2 Years
1 Provider 28.1%	1 Provider 10.3%
2-5 Providers 6.1%	2-5 Providers 8.1%
6-20 Providers 1.1%	6-20 Providers 2.1%
21+ Providers .6%	21+ Providers 1%

3-5 Years	6-10 Years
1 Provider 18.4%	1 Provider 11.2%
2-5 Providers 17.4%	2-5 Providers 16.8%
6-20 Providers 12.3%	6-20 Providers 15.5%
21+ Providers 2.7%	21+ Providers 9.5%

11+ Years	Not Sure
1 Provider 31.4%	1 Provider .6%
2-5 Providers 50.7%	2-5 Providers .8%
6-20 Providers 67.4%	6-20 Providers 1.5%
21+ Providers 83.7%	21+ Providers 2.5%

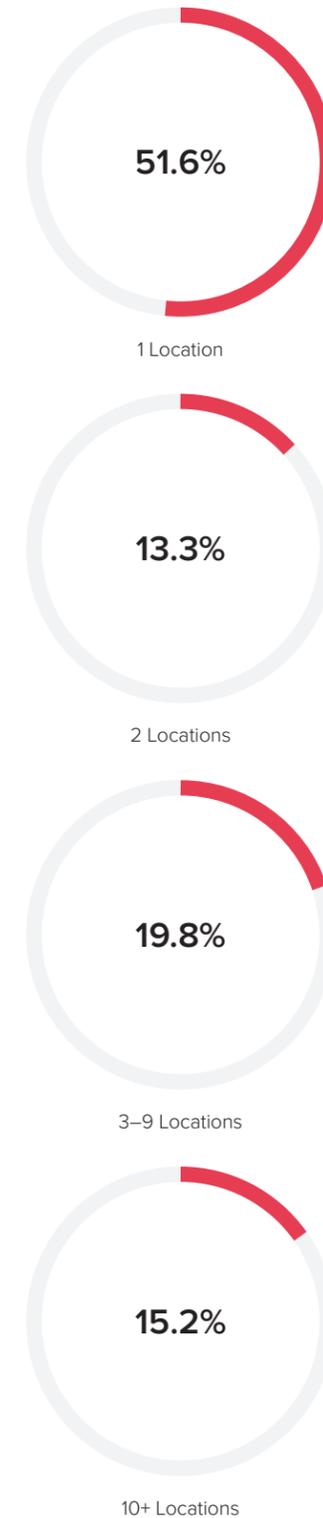
Generally speaking, the larger the organization, the longer it has been in business.

**4 out of 5** organizations with 21-plus providers have been in business for 11 or more years.

# DEMOGRAPHICS

## PRACTICE MAKEUP

### NUMBER OF CLINIC LOCATIONS



### NUMBER OF CLINIC LOCATIONS BY PROVIDER SEGMENT

1 Provider	2-5 Providers	6-20 Providers	21+ Providers
1 Location 92.6%	1 Location 77.2%	1 Location 37.4%	1 Location 9.5%
2 Locations 4.3%	2 Locations 13.5%	2 Locations 25.4%	2 Locations 3.9%
3-9 Locations 1.8%	3-9 Locations 6.5%	3-9 Locations 33.6%	3-9 Locations 31.5%
10+ Locations 1.2%	10+ Locations 2.8%	10+ Locations 3.6%	10+ Locations 55.1%

### NUMBER OF CLINIC LOCATIONS BY YEARS IN BUSINESS

1 Year or Less	2 Years
1 Location 91.4%	1 Location 78.4%
2 Locations 3.6%	2 Locations 8.8%
3-9 Locations 3.6%	3-9 Locations 7.8%
10+ Locations 1.4%	10+ Locations 4.9%

3-5 Years	6-10 Years
1 Location 64.6%	1 Location 55.5%
2 Locations 12.1%	2 Locations 19.6%
3-9 Locations 17.1%	3-9 Locations 15.7%
10+ Locations 6.2%	10+ Locations 9.3%

11+ Years	Not Sure
1 Location 42%	1 Location 22.2%
2 Locations 13.9%	2 Locations 3.7%
3-9 Locations 23.9%	3-9 Locations 29.6%
10+ Locations 20.2%	10+ Locations 44.4%

# DEMOGRAPHICS

PRACTICE MAKEUP

## NUMBER OF CLINIC LOCATIONS BY SETTING

1 Location		2 Locations		3–9 Locations		10+ Locations	
Educational institution	50%	Educational institution	30%	Educational institution	10%	Educational institution	10%
Gym or wellness center	60%	Gym or wellness center	10%	Gym or wellness center	15%	Gym or wellness center	15%
Home health	59.4%	Home health	6.3%	Home health	18.8%	Home health	15.6%
Inpatient hospital	20.3%	Inpatient hospital	1.6%	Inpatient hospital	50%	Inpatient hospital	28.1%
Mobile therapy	94.1%	Mobile therapy	2.9%	Mobile therapy	2.9%	Mobile therapy	0%
Other	43.4%	Other	7.1%	Other	22.1%	Other	27.4%
Outpatient hospital-based rehab facility	27.7%	Outpatient hospital-based rehab facility	14.2%	Outpatient hospital-based rehab facility	30.5%	Outpatient hospital-based rehab facility	27.7%
Outpatient multidisciplinary practice	30.3%	Outpatient multidisciplinary practice	17.4%	Outpatient multidisciplinary practice	29.4%	Outpatient multidisciplinary practice	22.9%
Outpatient private practice	58.3%	Outpatient private practice	14.3%	Outpatient private practice	16.1%	Outpatient private practice	11.3%
Physician-owned practice	46.1%	Physician-owned practice	20%	Physician-owned practice	26.1%	Physician-owned practice	7.8%
Pro bono clinic	100%	Pro bono clinic	0%	Pro bono clinic	0%	Pro bono clinic	0%
School/academic/student	50%	School/academic/student	8.3%	School/academic/student	16.7%	School/academic/student	25%
SNF (skilled nursing facility)	17.4%	SNF (skilled nursing facility)	0%	SNF (skilled nursing facility)	28.3%	SNF (skilled nursing facility)	54.3%

# DEMOGRAPHICS

PRACTICE MAKEUP

## TYPES OF SERVICES PROVIDED

Audiology	4.7%
Chiropractic	3.9%
Fitness/wellness	30.5%
Geriatrics	42.4%
Massage	12.7%
Neurological	32.2%
Occupational therapy	50.8%
Orthopedics	50.9%
Other	10.8%
Pediatrics	23.9%
Pelvic health	19.2%
Physical therapy	91.7%
Speech-language pathology	37.1%
Sports therapy	38.8%
Telemedicine/virtual services	3.6%

Orthopedics, geriatrics, and sports therapy are the three most-represented specialties.

Fitness and wellness services are the most popular non-therapy offerings.

# BUSINESS AND FINANCIALS

## REVENUE AND PAYER MIX

### ANNUAL GROSS REVENUE BY NUMBER OF PROVIDERS

1 Provider		2–5 Providers	
<\$100,000	57.7%	<\$100,000	11.6%
\$100,001–\$250,000	32.4%	\$100,001–\$250,000	22.3%
\$250,001–\$500,000	7.5%	\$250,001–\$500,000	33.9%
\$500,001–\$1 million	2.4%	\$500,001–\$1 million	26.7%
\$1,000,001–\$5 million	0%	\$1,000,001–\$5 million	4.6%
\$5,000,001–\$20 million	0%	\$5,000,001–\$20 million	.4%
\$20,000,001–\$50 million	0%	\$20,000,001–\$50 million	.2%
\$50 million+	0%	\$50 million+	.2%
6–20 Providers		21+ Providers	
<\$100,000	3.9%	<\$100,000	3.2%
\$100,001–\$250,000	6.4%	\$100,001–\$250,000	2.4%
\$250,001–\$500,000	10.1%	\$250,001–\$500,000	6.5%
\$500,001–\$1 million	26.6%	\$500,001–\$1 million	6.9%
\$1,000,001–\$5 million	50.3%	\$1,000,001–\$5 million	40.5%
\$5,000,001–\$20 million	2.8%	\$5,000,001–\$20 million	25.9%
\$20,000,001–\$50 million	.5%	\$20,000,001–\$50 million	10.1%
\$50 million+	0%	\$50 million+	4.5%

More than half of single-provider companies generate **less than \$100,000** in annual revenue.

About 3 in 4 organizations with 6–20 providers report \$500,000 to \$5 million in annual revenue, while more than 65% of organizations with 21-plus providers bring in \$1 million to \$20 million.

### ANNUAL GROSS REVENUE BY NUMBER OF LOCATIONS

1 Location		2 Locations	
<\$100,000	25.6%	<\$100,000	6.1%
\$100,001–\$250,000	20.8%	\$100,001–\$250,000	15%
\$250,001–\$500,000	22.2%	\$250,001–\$500,000	16.7%
\$500,001–\$1 million	21.3%	\$500,001–\$1 million	22.8%
\$1,000,001–\$5 million	9.2%	\$1,000,001–\$5 million	37.8%
\$5,000,001–\$20 million	.8%	\$5,000,001–\$20 million	1.1%
\$20,000,001–\$50 million	.1%	\$20,000,001–\$50 million	0%
\$50 million+	0%	\$50 million+	0.6%
3–9 Locations		10+ Locations	
<\$100,000	3.7%	<\$100,000	2.6%
\$100,001–\$250,000	6.9%	\$100,001–\$250,000	6.6%
\$250,001–\$500,000	7.3%	\$250,001–\$500,000	7.2%
\$500,001–\$1 million	13.4%	\$500,001–\$1 million	6.6%
\$1,000,001–\$5 million	56.1%	\$1,000,001–\$5 million	26.3%
\$5,000,001–\$20 million	11.4%	\$5,000,001–\$20 million	27.6%
\$20,000,001–\$50 million	1.2%	\$20,000,001–\$50 million	15.8%
\$50 million+	0%	\$50 million+	7.2%

The majority of organizations with three or more locations report annual revenues of **more than \$1 million**.

More than half of organizations with 10-plus locations earn more than \$5 million in annual revenue, and almost a quarter of those organizations earn more than \$20 million.

# BUSINESS AND FINANCIALS

## REVENUE AND PAYER MIX

### ANNUAL GROSS REVENUE BY YEARS IN BUSINESS

1 Year or Less		2 Years	
<\$100,000	69.9%	<\$100,000	42.5%
\$100,001–\$250,000	19.4%	\$100,001–\$250,000	30%
\$250,001–\$500,000	8.7%	\$250,001–\$500,000	12.5%
\$500,001–\$1 million	1%	\$500,001–\$1 million	11.3%
\$1,000,001–\$5 million	1%	\$1,000,001–\$5 million	3.8%
\$5,000,001–\$20 million	0%	\$5,000,001–\$20 million	0%
\$20,000,001–\$50 million	0%	\$20,000,001–\$50 million	0%
\$50 million+	0%	\$50 million+	0%
3–5 Years		6–10 Years	
<\$100,000	23.6%	<\$100,000	12.5%
\$100,001–\$250,000	26.6%	\$100,001–\$250,000	16.1%
\$250,001–\$500,000	19.6%	\$250,001–\$500,000	24%
\$500,001–\$1 million	15.1%	\$500,001–\$1 million	22.9%
\$1,000,001–\$5 million	14.1%	\$1,000,001–\$5 million	20.3%
\$5,000,001–\$20 million	1%	\$5,000,001–\$20 million	2.6%
\$20,000,001–\$50 million	0%	\$20,000,001–\$50 million	1%
\$50 million+	0%	\$50 million+	.5%
11+ Years			
<\$100,000	5.9%		
\$100,001–\$250,000	11.2%		
\$250,001–\$500,000	16.2%		
\$500,001–\$1 million	20.9%		
\$1,000,001–\$5 million	31.9%		
\$5,000,001–\$20 million	9.1%		
\$20,000,001–\$50 million	3.4%		
\$50 million+	1.4%		

Generally speaking, the longer an organization has been in business, the more annual revenue it generates.

### ANNUAL GROSS REVENUE BY BILLING METHOD

We handle billing in-house.		We handle part of the billing process in-house, but we also outsource part of it.	
<\$100,000	15.5%	<\$100,000	14.6%
\$100,001–\$250,000	15.6%	\$100,001–\$250,000	13.2%
\$250,001–\$500,000	17.3%	\$250,001–\$500,000	16%
\$500,001–\$1 million	17%	\$500,001–\$1 million	20.1%
\$1,000,001–\$5 million	24.5%	\$1,000,001–\$5 million	25%
\$5,000,001–\$20 million	6.8%	\$5,000,001–\$20 million	7.6%
\$20,000,001–\$50 million	2.7%	\$20,000,001–\$50 million	1.4%
\$50 million+	.7%	\$50 million+	2.1%
We outsource billing to another company/service.			
<\$100,000	17.1%		
\$100,001–\$250,000	18.5%		
\$250,001–\$500,000	17.4%		
\$500,001–\$1 million	20.8%		
\$1,000,001–\$5 million	21.1%		
\$5,000,001–\$20 million	3.1%		
\$20,000,001–\$50 million	1.1%		
\$50 million+	0.8%		

Overall, a company's billing method does not appear to influence its annual revenue.

# BUSINESS AND FINANCIALS

## REVENUE AND PAYER MIX

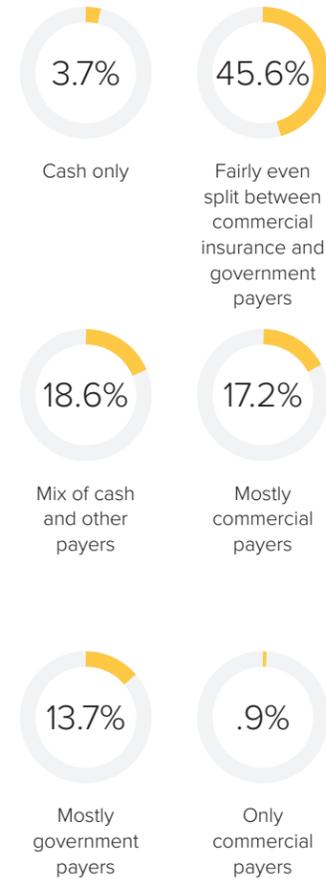
### ANNUAL GROSS REVENUE BY PAYER MIX

Cash only		Fairly even split between commercial insurance and government payers		Mix of cash and other payers	
<\$100,000	61.4%	<\$100,000	8.3%	<\$100,000	26.6%
\$100,001–\$250,000	28.1%	\$100,001–\$250,000	12.6%	\$100,001–\$250,000	18.8%
\$250,001–\$500,000	5.3%	\$250,001–\$500,000	17.8%	\$250,001–\$500,000	17.5%
\$500,001–\$1 million	3.5%	\$500,001–\$1 million	22.3%	\$500,001–\$1 million	17.9%
\$1,000,001–\$5 million	1.8%	\$1,000,001–\$5 million	27.7%	\$1,000,001–\$5 million	16.6%
\$5,000,001–\$20 million	0%	\$5,000,001–\$20 million	7.7%	\$5,000,001–\$20 million	1.3%
\$20,000,001–\$50 million	0%	\$20,000,001–\$50 million	2.8%	\$20,000,001–\$50 million	.4%
\$50 million+	0%	\$50 million+	.8%	\$50 million+	.9%

Mostly commercial payers		Mostly government payers		Only commercial payers	
<\$100,000	14.2%	<\$100,000	20.3%	<\$100,000	16.7%
\$100,001–\$250,000	17.5%	\$100,001–\$250,000	16.7%	\$100,001–\$250,000	33.3%
\$250,001–\$500,000	15%	\$250,001–\$500,000	19.8%	\$250,001–\$500,000	16.7%
\$500,001–\$1 million	14.6%	\$500,001–\$1 million	14.6%	\$500,001–\$1 million	25%
\$1,000,001–\$5 million	28.9%	\$1,000,001–\$5 million	19.3%	\$1,000,001–\$5 million	0%
\$5,000,001–\$20 million	4.9%	\$5,000,001–\$20 million	7.8%	\$5,000,001–\$20 million	8.3%
\$20,000,001–\$50 million	2.8%	\$20,000,001–\$50 million	1.6%	\$20,000,001–\$50 million	0%
\$50 million+	2%	\$50 million+	0%	\$50 million+	0%

### ORGANIZATIONS BY PAYER MIX



Organizations that accept reimbursement from commercial payers show higher annual revenue levels.

I believe there will always be a place for niche practices with a cash or out-of-network business model. When you start to scale, an important competitive advantage becomes negotiating in-network contracts that make sense.

**Dan Rootenberg, PT, DPT, CSCS**  
CEO  
SPEAR Physical Therapy



### PAYER MIX BY PROVIDER SEGMENT

Cash only		Fairly even split between commercial insurance and government payers	
1 Provider	14.9%	1 Provider	27.8%
2–5 Providers	3%	2–5 Providers	43.6%
6–20 Providers	1.1%	6–20 Providers	48.8%
21+ Providers	0.2%	21+ Providers	56.7%

Mix of cash and other payers		Mostly commercial payers	
1 Provider	28.5%	1 Provider	14.6%
2–5 Providers	19.3%	2–5 Providers	20.5%
6–20 Providers	17.6%	6–20 Providers	18.9%
21+ Providers	12.6%	21+ Providers	12.6%

Mostly government payers		Only commercial payers	
1 Provider	12.5%	1 Provider	1.7%
2–5 Providers	12.5%	2–5 Providers	1.1%
6–20 Providers	13%	6–20 Providers	.6%
21+ Providers	17.1%	21+ Providers	.7%

Most organizations—regardless of size—have a fairly even split between commercial and government payers.

### IN-NETWORK VS. OUT-OF-NETWORK PAYER RELATIONSHIPS

Mostly in-network		Fairly even split	
1 Provider	68.7%	1 Provider	13.6%
2–5 Providers	82%	2–5 Providers	6.5%
6–20 Providers	89.5%	6–20 Providers	4.3%
21+ Providers	81.6%	21+ Providers	8.8%

Mostly out-of-network		We do not accept commercial insurance	
1 Provider	9.3%	1 Provider	5.1%
2–5 Providers	7.5%	2–5 Providers	2.1%
6–20 Providers	3.2%	6–20 Providers	1.1%
21+ Providers	3.1%	21+ Providers	.3%

Not sure	
1 Provider	3.3%
2–5 Providers	1.9%
6–20 Providers	1.9%
21+ Providers	6.2%

Of those organizations that accept commercial insurance, **82.4%** report that their payer relationships are mostly in-network.

In watching the trends of health care—PT, specifically—more and more patients are less inclined to go out of network due to high deductibles and out-of-pocket expenses. Furthermore, many patients have their choice of high-quality, outcome-based, in-network providers. Our recognition of these trends and decision to remain mostly in-network has been a ticket to our success, and we believe it will keep us sustainable as the out-of-network pool starts to dry up and those providers who start scrambling to get in network, cannot.

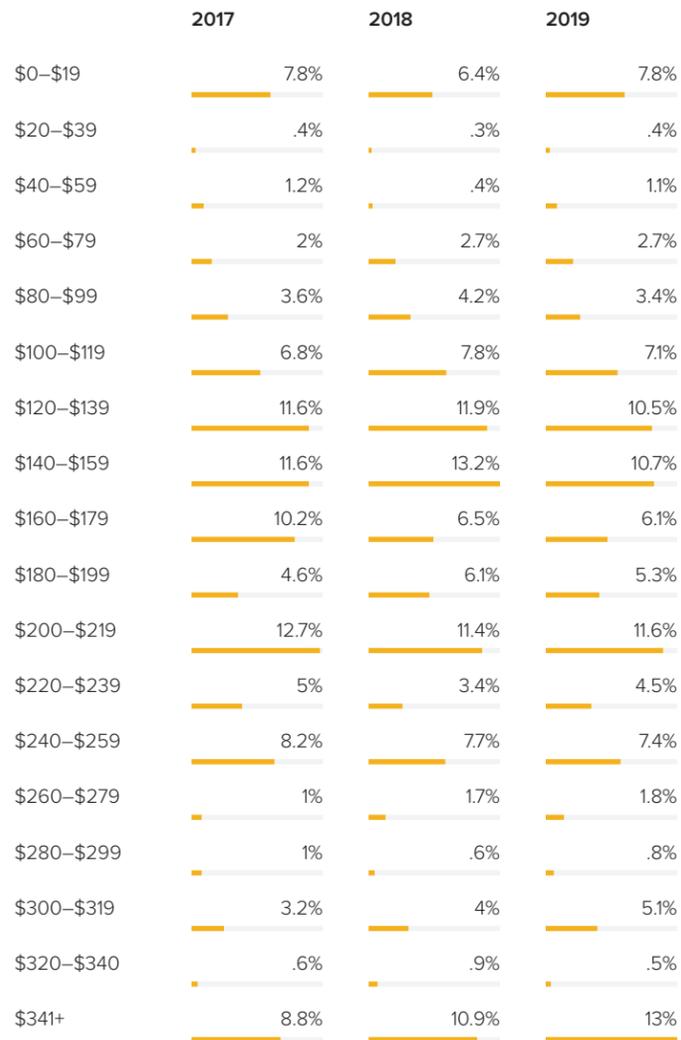
**Anthony DeSena, MSPT**  
Executive Vice President, Project Management; Director of Growth and Development  
JAG-ONE Physical Therapy



# BUSINESS AND FINANCIALS

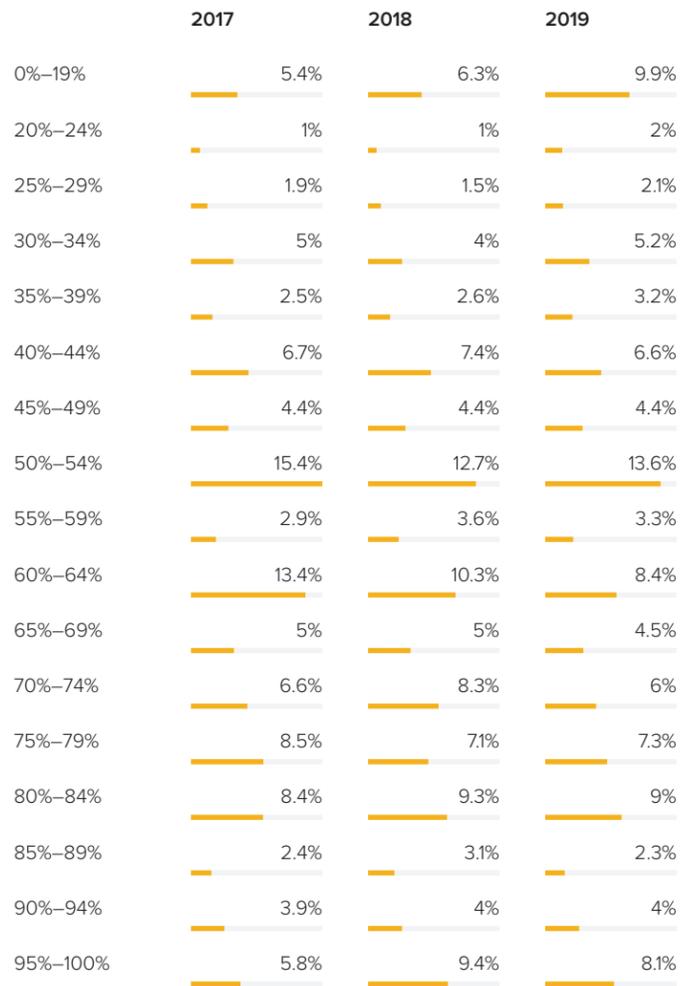
## REIMBURSEMENTS

### AVERAGE AMOUNT BILLED PER CLAIM (2017–2019)



The distribution of average billed amounts has remained fairly consistent over the last three years.

### AVERAGE PERCENT OF BILLED AMOUNT RECEIVED AS REIMBURSEMENT (2017–2019)

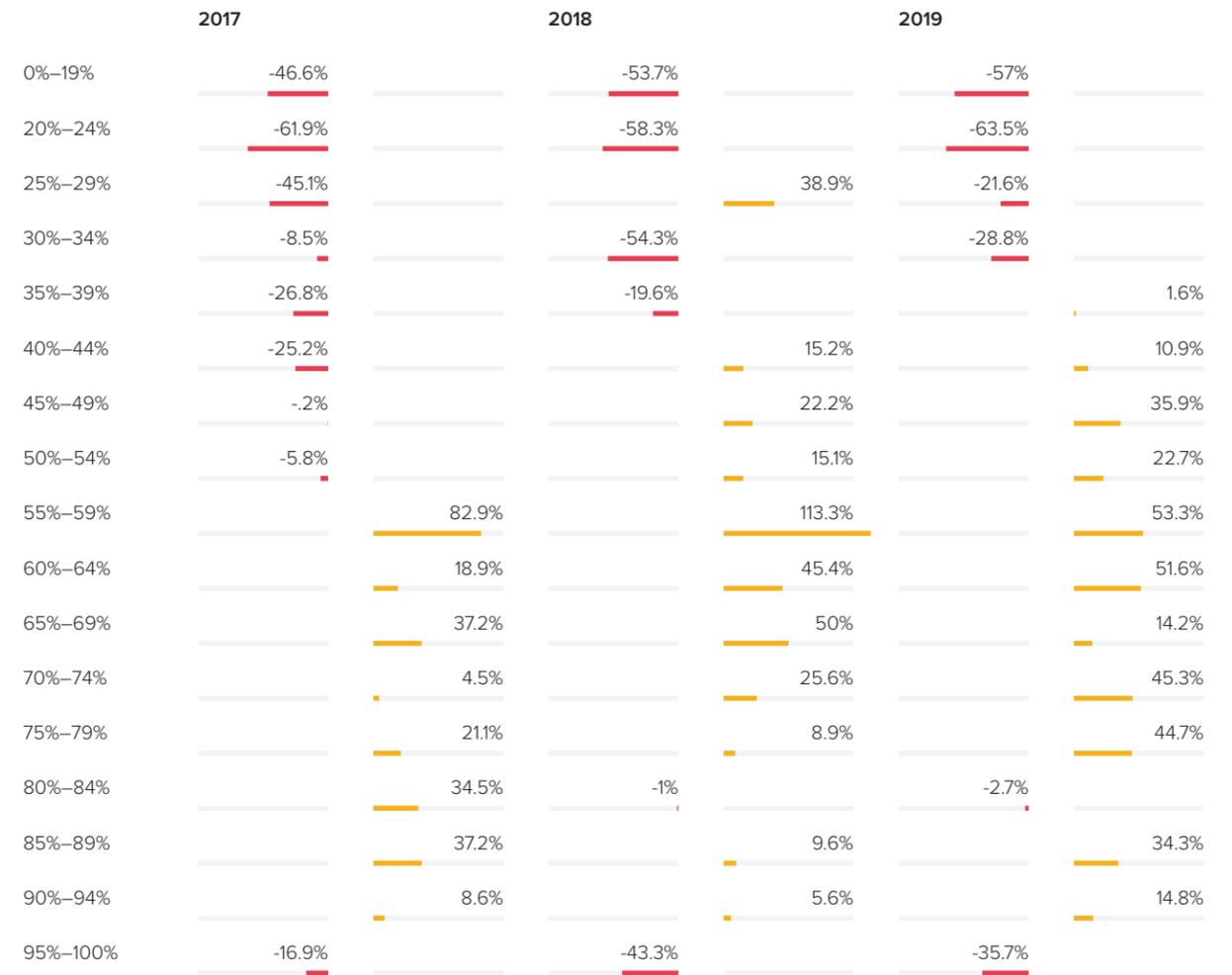


The overall distribution of reimbursement percentages has remained fairly consistent over the last three years.

# BUSINESS AND FINANCIALS

## REIMBURSEMENTS

### AVERAGE PERCENTAGE OF BILLED AMOUNT RECEIVED AS REIMBURSEMENT WEBPT VS. NON-WEBPT (2017–2019)



The percentages in the 2017, 2018, and 2019 columns show the difference in WebPT Member representation relative to non-WebPT Member representation for each reimbursement percentage range listed in the far left column. For example, in 2019, 57% fewer WebPT Members than non-WebPT Members reported receiving 0%–19% of the billed amount. However, during that same year, 44.7% more WebPT Members than non-WebPT Members reported receiving 75%–79% of the billed amount.

Compared to non-WebPT Members, WebPT Members have seen better—and consistently improving—reimbursement ratios over the last three years.

# BUSINESS AND FINANCIALS

## REIMBURSEMENTS

### AMOUNT BILLED PER CLAIM BY GEOGRAPHIC REGION

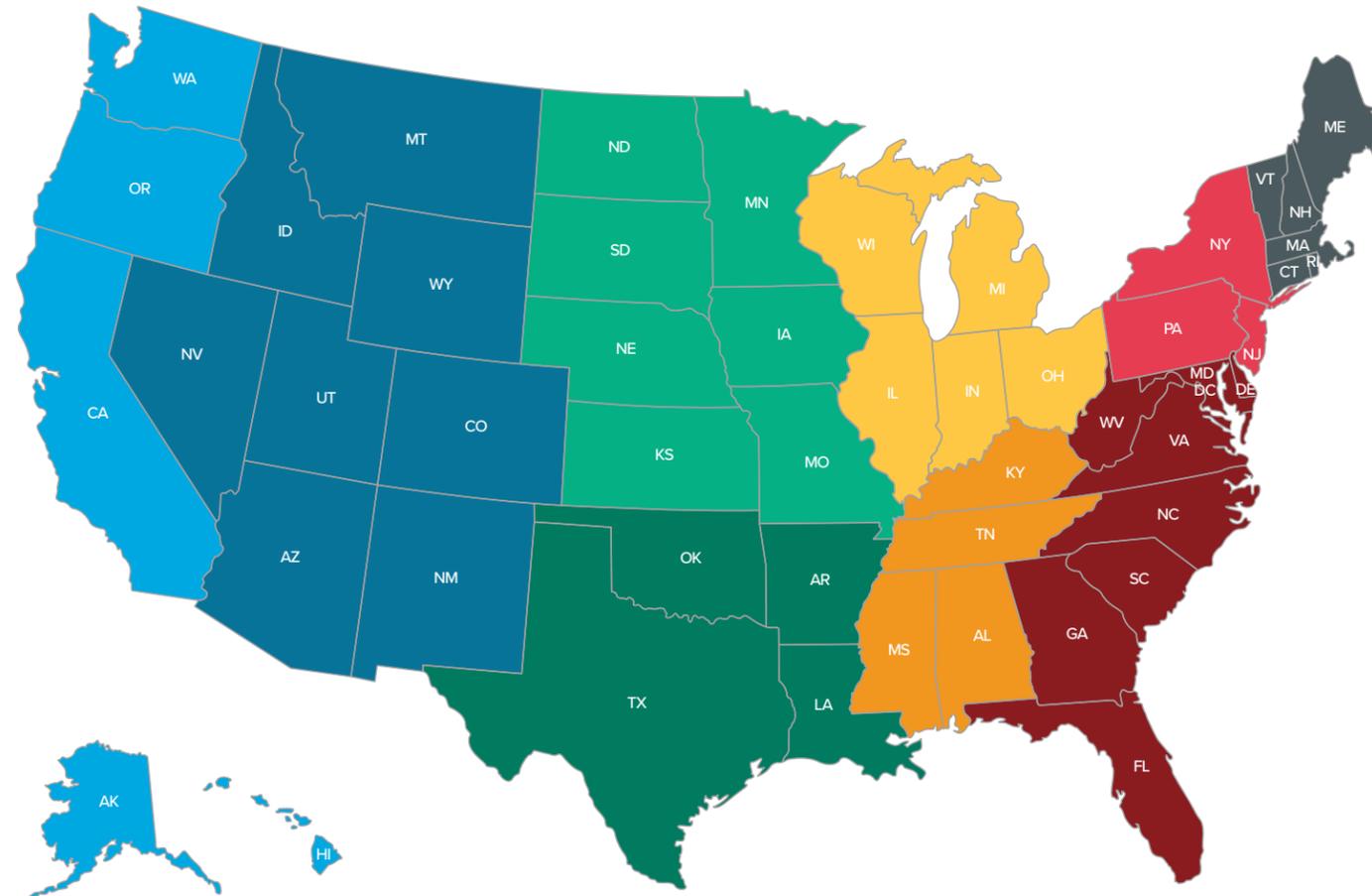
Pacific		Mountain		West North Central		West South Central	
\$0-\$99	9.7%	\$0-\$99	13.3%	\$0-\$99	13.9%	\$0-\$99	15.2%
\$100-\$199	39.4%	\$100-\$199	48.6%	\$100-\$199	41.7%	\$100-\$199	36.6%
\$200-\$299	32.3%	\$200-\$299	26.7%	\$200-\$299	31.5%	\$200-\$299	23.8%
\$300+	18.6%	\$300+	11.4%	\$300+	13%	\$300+	24.4%

East North Central		East South Central		Middle Atlantic		South Atlantic	
\$0-\$99	16.3%	\$0-\$99	10.3%	\$0-\$99	17.4%	\$0-\$99	16.2%
\$100-\$199	21.7%	\$100-\$199	33.3%	\$100-\$199	39.6%	\$100-\$199	47.1%
\$200-\$299	29.3%	\$200-\$299	33.3%	\$200-\$299	20.8%	\$200-\$299	25.9%
\$300+	32.6%	\$300+	23.1%	\$300+	22.2%	\$300+	10.8%

New England	
\$0-\$99	17.3%
\$100-\$199	39.4%
\$200-\$299	24%
\$300+	19.2%



# BUSINESS AND FINANCIALS

## REIMBURSEMENTS

### PERCENT OF BILLED AMOUNT CLAIMED AS REIMBURSEMENT BY GEOGRAPHIC REGION

Pacific		Mountain		West North Central		West South Central	
0%–39%	16.6%	0%–39%	18.8%	0%–39%	19%	0%–39%	24.7%
40%–59%	29.1%	40%–59%	25.3%	40%–59%	31%	40%–59%	25.3%
60%–79%	32.5%	60%–79%	36%	60%–79%	30%	60%–79%	30%
80%–100%	21.9%	80%–100%	19.9%	80%–100%	20%	80%–100%	20%

East North Central		East South Central		Middle Atlantic		South Atlantic	
0%–39%	31.4%	0%–39%	21.1%	0%–39%	26.3%	0%–39%	19.0%
40%–59%	30.2%	40%–59%	29.6%	40%–59%	29.9%	40%–59%	27.4%
60%–79%	19.8%	60%–79%	25.4%	60%–79%	21.1%	60%–79%	23.8%
80%–100%	18.6%	80%–100%	23.9%	80%–100%	22.7%	80%–100%	29.8%

New England	
0%–39%	27.7%
40%–59%	28.7%
60%–79%	20.8%
80%–100%	22.8%

THERAPIST DAILY PATIENT LOAD BY PROVIDER SEGMENT

1 Provider		2–5 Providers	
6 or Fewer Patients	41.6%	6 or Fewer Patients	12%
7–8 Patients	18.2%	7–8 Patients	14.9%
9–10 Patients	9.4%	9–10 Patients	17.8%
11–12 Patients	7.9%	11–12 Patients	15.4%
13–16 Patients	7.3%	13–16 Patients	17.8%
17+ Patients	15.5%	17+ Patients	22.2%
6–20 Providers		21+ Providers	
6 or Fewer Patients	8.5%	6 or Fewer Patients	7.2%
7–8 Patients	16.1%	7–8 Patients	17%
9–10 Patients	19.4%	9–10 Patients	25.3%
11–12 Patients	19.9%	11–12 Patients	22.8%
13–16 Patients	20.5%	13–16 Patients	15.7%
17+ Patients	15.6%	17+ Patients	12%

**41.6%**  
of full-time therapists in single-provider clinics see 6 or fewer patients per day.

A quarter of full-time therapists in organizations with 21-plus providers see 9 to 10 patients per day.

There are certainly ways to maintain high quality standards with an increased volume, although it does create a more complex challenge for a practice. That being said, there is likely a correlation between patient volume and quality of care due to the fact that the provider will be spending less time both thinking about and treating each patient.

**Brett Kestenbaum, DPT**  
COO  
CovalentCareers, Inc.



THERAPIST DAILY PATIENT LOAD BY ANNUAL REVENUE

<\$100,000		\$100,001–\$250,000		\$250,001–\$500,000	
6 or Fewer Patients	54.7%	6 or Fewer Patients	23.3%	6 or Fewer Patients	7%
7–8 Patients	20.6%	7–8 Patients	18.1%	7–8 Patients	15.3%
9–10 Patients	8.1%	9–10 Patients	17.2%	9–10 Patients	19.7%
11–12 Patients	3.1%	11–12 Patients	14.4%	11–12 Patients	17.9%
13–16 Patients	4.9%	13–16 Patients	12.6%	13–16 Patients	21.8%
17+ Patients	8.5%	17+ Patients	14.4%	17+ Patients	18.3%
\$500,001–\$1,000,000		\$1,000,001–\$5,000,000		\$5,000,001+	
6 or Fewer Patients	5.3%	6 or Fewer Patients	3.5%	6 or Fewer Patients	3.4%
7–8 Patients	13.1%	7–8 Patients	16.8%	7–8 Patients	6.8%
9–10 Patients	18%	9–10 Patients	23.1%	9–10 Patients	35.6%
11–12 Patients	20%	11–12 Patients	20.6%	11–12 Patients	28.8%
13–16 Patients	18.8%	13–16 Patients	18.4%	13–16 Patients	17.8%
17+ Patients	24.9%	17+ Patients	17.7%	17+ Patients	7.6%

In the majority of organizations earning less than \$100,000 in annual revenue, a full-time therapist sees 6 or fewer patients per day.

In 35.6% of organizations earning more than \$5,000,000 in annual revenue, a full-time therapist sees 9 to 10 patients per day.

You can only cram so many patients into a day and still deliver great care, and we therapists are taught to believe our greatest asset is our minds—so many therapists find themselves asking why we are treated like assembly line workers.

**Meredith Castin, PT, DPT**  
Founder  
The Non-Clinical PT



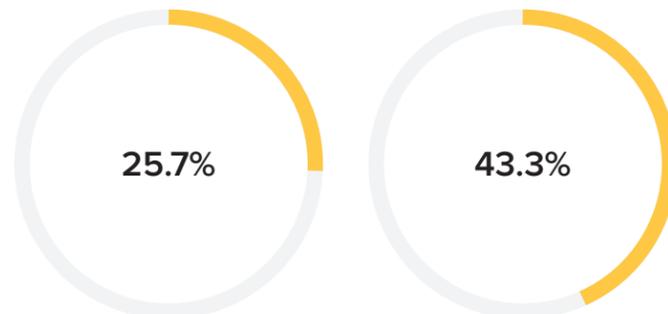
Productivity goals and standards give one a framework and target; however, payer mix, diagnoses, and complicated patient presentation often affect a clinician’s daily productivity and patient load. Most of us pursued a career in physical or occupational therapy because we wanted to affect lives one at a time—while also helping our profession impact as many lives as possible. In my view, when we look at what we do and the overwhelming possibilities of what physical and occupational therapy can offer, each of us should be living out the mantra, “One more patient!”

**Jason Chambers, PT, MBA**  
President  
KORT - Kentucky  
Orthopedic Rehab Team



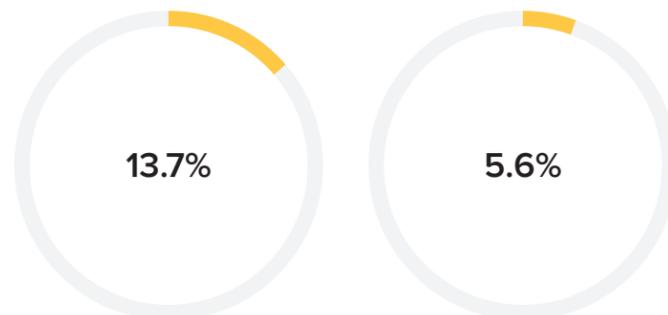
DEFINING DIRECT ACCESS

Which of the following most closely describes the level of direct access available to you?



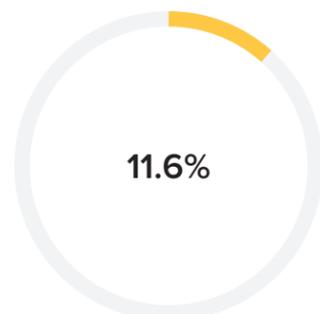
25.7% Patients can access PT directly without any restrictions.

43.3% Patients can access PT directly as long as certain requirements are fulfilled.



13.7% Patients cannot access PT directly.

5.6% None of the above.



11.6% I'm not sure.

**13.7%** of all survey respondents said patients could not access a physical therapist directly in their state.

11.6% of all survey respondents said they weren't sure what level of direct access was available to them in their state.

So overall, more than a quarter of survey respondents were not adequately informed on direct access.

Our number-one weapon in building awareness of direct access is the general public. We need to educate each of our patients on the fact that they—as a consumer—can access us without a referral. If this becomes mainstream for the public, states with restricted direct access and insurance companies across the country will have no choice but to give into pressure from their constituents and customer demands.

**Stephanie Weyrauch, PT, DPT, MSCI**  
COO  
The Healthcare Education Transformation Podcast; Physical Therapist Physical Therapy & Sports Medicine Centers



COMPARISON OF DEFINITIONS TO ACTUAL STATE LAWS (TOP 25 MOST-REPRESENTED STATES)

Patients can access PT directly without any restrictions.

AZ (U)	43.3%	CA (L)	24.3%	CO (U)	39.5%	CT (L)	31.6%
FL (L)	19%	GA (L)	15.2%	IL (L)	19.9%	IN (L)	22.2%
KS (L)	29.6%	MA (U)	29.1%	MD (U)	32.2%	MI (L)	17.6%
MN (L)	16.5%	NC (L)	35.6%	NJ (L)	36%	NY (L)	22.3%
OH (L)	28.6%	OR (U)	26.4%	PA (L)	22.9%	SC (L)	16.3%
TN (L)	15.9%	TX (L)	5.9%	VA (L)	20%	WA (L)	39.4%
WI (L)	24.4%						

Patients can access PT directly as long as certain requirements are fulfilled.

AZ (U)	27.7%	CA (L)	52%	CO (U)	38.2%	CT (L)	43.4%
FL (L)	47.1%	GA (L)	48.6%	IL (L)	48%	IN (L)	48.1%
KS (L)	46.5%	MA (U)	40.2%	MD (U)	45.8%	MI (L)	48.8%
MN (L)	49.4%	NC (L)	33.3%	NJ (L)	42.2%	NY (L)	48.7%
OH (L)	33.3%	OR (U)	48.6%	PA (L)	41.6%	SC (L)	47.7%
TN (L)	57.3%	TX (L)	30.9%	VA (L)	60%	WA (L)	41.8%
WI (L)	56.7%						

Patients cannot access PT directly.

AZ (U)	7.1%	CA (L)	9.3%	CO (U)	7.6%	CT (L)	15.8%
FL (L)	17.1%	GA (L)	16.2%	IL (L)	13.5%	IN (L)	14.8%
KS (L)	8.5%	MA (U)	14.2%	MD (U)	12.7%	MI (L)	16.5%
MN (L)	15.3%	NC (L)	7.4%	NJ (L)	10.6%	NY (L)	10%
OH (L)	21.4%	OR (U)	2.8%	PA (L)	15%	SC (L)	19.8%
TN (L)	8.5%	TX (L)	47.1%	VA (L)	8%	WA (L)	3.6%
WI (L)	4.4%						

None of the above.

AZ (U)	5.7%	CA (L)	4.3%	CO (U)	6.4%	CT (L)	1.3%
FL (L)	7.1%	GA (L)	6.7%	IL (L)	6.4%	IN (L)	2.5%
KS (L)	4.2%	MA (U)	7.1%	MD (U)	2.5%	MI (L)	3.5%
MN (L)	7.1%	NC (L)	5.9%	NJ (L)	2.5%	NY (L)	5.6%
OH (L)	4.8%	OR (U)	8.3%	PA (L)	7%	SC (L)	5.8%
TN (L)	4.9%	TX (L)	6.6%	VA (L)	4%	WA (L)	2.4%
WI (L)	4.4%						

I'm not sure.

AZ (U)	16.3%	CA (L)	10.3%	CO (U)	8.3%	CT (L)	7.9%
FL (L)	9.5%	GA (L)	13.3%	IL (L)	12.3%	IN (L)	12.3%
KS (L)	11.3%	MA (U)	9.4%	MD (U)	6.8%	MI (L)	13.5%
MN (L)	11.8%	NC (L)	17.8%	NJ (L)	8.7%	NY (L)	13.4%
OH (L)	11.9%	OR (U)	13.9%	PA (L)	13.6%	SC (L)	10.5%
TN (L)	13.4%	TX (L)	9.6%	VA (L)	8%	WA (L)	12.7%
WI (L)	10%						

In this series of charts, we've labeled each state according to the level of direct access that is actually available to physical therapists in that state. For simplicity's sake, we have divided these laws into two categories: unrestricted (U) and limited (L). "Unrestricted" means therapists can see patients directly without fulfilling any additional requirements. "Limited" means therapists can only see patients directly if certain criteria are met. There are no states in which therapists are completely unable to access patients directly.

When broken out by state, responses still varied widely. In three of the five represented states with unrestricted direct access—MA, MD, and OR—less than a third of respondents indicated that their patients could access PT directly without any restrictions.

TOP-RANKED BARRIERS TO DIRECT ACCESS

- Insurance requirements
- Lack of awareness in patient market
- Lack of outcomes data supporting efficacy of care
- Other/I'm not sure
- State law (e.g., direct access law)

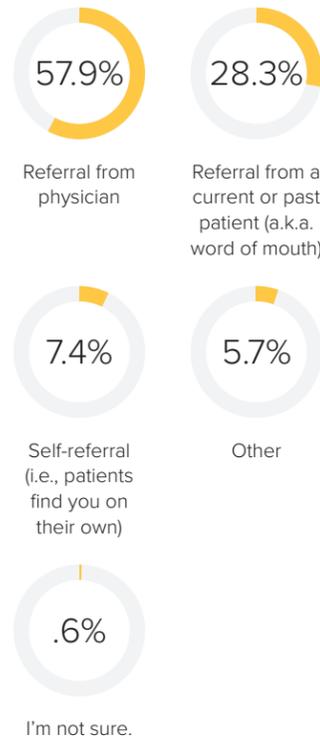
Across all provider segments, regions, and job roles, the top-reported barriers to accessing patients before they go to a physician are insurance requirements and lack of patient awareness.

Continued efforts to expand direct access are essential if physical therapists are going to reach their full potential in patient care and population health.

**Justin Moore, PT, DPT**  
CEO  
APTA



TOP REFERRAL SOURCE OVERALL



Overall, **86.2%** of respondents obtain the majority of their new patients via physician referral (57.9%) or word-of-mouth (28.3%).

Only 7.4% of respondents obtain the majority of their new patients via self-referral. This indicates that there is a huge opportunity for rehab therapy organizations to market directly to patients.

TOP REFERRAL SOURCE BY PROVIDER SEGMENT

Referral from physician	Referral from a current or past patient (a.k.a. word of mouth)
1 Provider 28.8%	1 Provider 47.3%
2–5 Providers 53.6%	2–5 Providers 32.5%
6–20 Providers 63.6%	6–20 Providers 25.6%
21+ Providers 76.4%	21+ Providers 13.1%
<b>Self-referral (i.e., patients find you on their own)</b>	<b>Other</b>
1 Provider 14.6%	1 Provider 8.5%
2–5 Providers 8.1%	2–5 Providers 5.7%
6–20 Providers 5.7%	6–20 Providers 4.7%
21+ Providers 3.7%	21+ Providers 5.2%
<b>I'm not sure.</b>	
1 Provider .7%	
2–5 Providers 0%	
6–20 Providers .4%	
21+ Providers 1.7%	

As organizations get larger, more of their new patients come via physician referral, with **76.4%** of organizations with 21-plus providers indicating this as their top source for new patients.

This means that direct-to-patient marketing is even more crucial for the small-to-medium-size practices that may have trouble competing for physician referrals.

Physician practices love giving their patients options—most prevalently, geographic options. The referral coordinator's job is done if they can help the patient find an "approved" PT provider near their home or work. Therefore, larger practices dominate the script-pad real estate at physician offices.

**Julianne Brandt, PT, MBA**  
COO  
Spooner Physical Therapy



PHYSICIAN REFERRAL REQUIREMENTS

Does your organization require patients to obtain a physician referral before beginning treatment?

Yes, for some patients.	Yes, for all patients.
1 Provider 38.8%	1 Provider 22.8%
2–5 Providers 56.4%	2–5 Providers 22%
6–20 Providers 47.1%	6–20 Providers 32.6%
21+ Providers 36.9%	21+ Providers 40.4%
<b>No.</b>	<b>I'm not sure.</b>
1 Provider 37.7%	1 Provider .7%
2–5 Providers 21.3%	2–5 Providers .4%
6–20 Providers 19.7%	6–20 Providers .6%
21+ Providers 21.7%	21+ Providers 1%

Overall, **78.8%** of rehab therapy organizations require a physician referral as a condition of treatment.

TOP REASON FOR REQUIRING A REFERRAL

It is a requirement for some payers.	It is required by state law.
1 Provider 79.8%	1 Provider 31.8%
2–5 Providers 81.8%	2–5 Providers 25.7%
6–20 Providers 79.5%	6–20 Providers 31.2%
21+ Providers 73.9%	21+ Providers 29.3%
<b>Our practice requires it for liability purposes.</b>	<b>I'm not sure.</b>
1 Provider 17.3%	1 Provider .6%
2–5 Providers 10.8%	2–5 Providers 1.2%
6–20 Providers 20.7%	6–20 Providers 1.9%
21+ Providers 25.5%	21+ Providers 5.4%

**8 in 10** respondents say payer requirements are the top reason why their organizations require physician referrals as a condition of treatment.

**MOST SUCCESSFUL REFERRAL MARKETING METHODS BY PROVIDER SEGMENT**

1 Provider	2–5 Providers	6–20 Providers	21+ Providers
1 Community events/outreach	1 Scheduled visits/meetings	1 Scheduled visits/meetings	1 Scheduled visits/meetings
2 Scheduled visits/meetings	2 Patient satisfaction/loyalty data	2 Community events/outreach	2 Community events/outreach
3 Social media	3 Social media	3 Lunches/in-person meetings	3 Lunches/in-person meetings
4 Emails/newsletters	4 Community events/outreach	4 Emails/newsletters	4 Patient satisfaction/loyalty data
5 Patient satisfaction/loyalty data	5 Emails/newsletters	5 Patient satisfaction/loyalty data	5 Unscheduled drop-in visits
6 Direct mail	6 Unscheduled drop-in visits	6 Social media	6 Emails/newsletters
7 Unscheduled drop-in visits	7 Lunches/in-person meetings	7 Unscheduled drop-in visits	7 Patient outcome reports/data
8 Patient outcome reports/data	8 Direct mail	8 Direct mail	8 Catered meals/treats
9 Lunches/in-person meetings	9 Catered meals/treats	9 Catered meals/treats	9 Social media
10 Catered meals/treats	10 Patient outcome reports/data	10 Patient outcome reports/data	10 Direct mail
11 Cold calls	11 Cold calls	11 Cold calls	11 Cold calls

**Overall**

1 Scheduled visits/meetings	7 Unscheduled drop-in visits
2 Community events/outreach	8 Catered meals/treats
3 Patient satisfaction/loyalty data	9 Direct mail
4 Lunches/in-person meetings	10 Patient outcome reports/data
5 Emails/newsletters	11 Cold calls
6 Social media	

Overall, scheduled visits and meetings are the most successful referral marketing method.

The top-ranked referral marketing methods for cash-only clinics are drastically different than those for any other payer mix, with email/newsletters and social media taking the first and second spots, respectively.

Cold calls are the least-effective referral marketing method across all types of organizations.

We find a tremendous benefit in tracking referrals across all channels, including physicians, direct access, community events, friends and family, and repeat customers. It enables us to focus our messaging, content, and financial support so we know we are delivering the right message at the right time to the right audience. No longer are we “throwing a dart” in our marketing efforts.

**Mike Durand, MBA, ATC**  
VP of Business Development  
Physical Therapy & Sports  
Medicine Centers



**HOW ORGANIZATIONS HANDLE BILLING**



**BILLING METHOD BY PROVIDER SEGMENT**

We handle billing in-house.	
1 Provider	61.8%
2–5 Providers	59%
6–20 Providers	63.4%
21+ Providers	66.3%
We handle part of the billing process in-house, but we also outsource part of it.	
1 Provider	7.4%
2–5 Providers	10.4%
6–20 Providers	10.8%
21+ Providers	12.4%
We outsource billing to another company/service.	
1 Provider	27%
2–5 Providers	29.9%
6–20 Providers	23.6%
21+ Providers	15.5%
I'm not sure.	
1 Provider	3.7%
2–5 Providers	.7%
6–20 Providers	2.2%
21+ Providers	5.9%

**BILLING METHOD BY PERCENT OF BILLED AMOUNT CLAIMED AS REIMBURSEMENT**

We handle billing in-house.	
0%–39%	23.3%
40%–59%	27.4%
60%–79%	24.6%
80%–100%	24.5%
We handle part of the billing process in-house, but we also outsource part of it.	
0%–39%	18.2%
40%–59%	29.8%
60%–79%	34.8%
80%–100%	17%
We outsource billing to another company/service.	
0%–39%	21.6%
40%–59%	28.9%
60%–79%	26.9%
80%–100%	22.4%

PLANNED CHANGES TO PRACTICE MODEL IN 2019 BY PROVIDER SEGMENT

I plan to add cash-based services.		I plan to go partially out-of-network.	
1 Provider	15.1%	1 Provider	7.1%
2–5 Providers	23.7%	2–5 Providers	12.3%
6–20 Providers	36.6%	6–20 Providers	8.5%
21+ Providers	20.3%	21+ Providers	4.9%
<b>Overall</b>	<b>25.8%</b>	<b>Overall</b>	<b>8.8%</b>

I plan to add home-based services.		I plan to become a concierge practice.	
1 Provider	5.6%	1 Provider	6.3%
2–5 Providers	4.4%	2–5 Providers	6.6%
6–20 Providers	9.8%	6–20 Providers	4%
21+ Providers	8.1%	21+ Providers	9.8%
<b>Overall</b>	<b>7%</b>	<b>Overall</b>	<b>6.3%</b>

I plan to go fully out-of-network.		I plan to become fully home-based.	
1 Provider	2.4%	1 Provider	0%
2–5 Providers	2.6%	2–5 Providers	.4%
6–20 Providers	2.2%	6–20 Providers	.9%
21+ Providers	2.4%	21+ Providers	0%
<b>Overall</b>	<b>2.4%</b>	<b>Overall</b>	<b>.4%</b>

Other	
1 Provider	17.5%
2–5 Providers	13.6%
6–20 Providers	13.4%
21+ Providers	10.6%
<b>Overall</b>	<b>13.7%</b>

Overall, more than a quarter of rehab therapy business leaders plan to start offering cash-based services in the next year.

With the overall increase in copays and deductibles, patients are relying less and less on their health insurance and are taking a more proactive approach to health care. With this trend, cash-pay business is growing by leaps and bounds. With the insurance model, we have to live in a reactive state—but by moving toward cash pay, patients can be more proactive about their health and prevent many issues by correcting underlying issues.

**Thomas Loper, PT**  
Regional Director  
EXOS Physical Therapy and Sports Medicine



Cash-only practices aren't for everybody—they require a whole different mindset. The market will determine your value and success—not your degree or specializations. Therapists often struggle with what consumers will pay for and value. Consumers don't want what therapists do; they want what it will do for them. Therapists who succeed in cash-only practices let go of control over their patients in order to help enough people get what they want.

**Paul Potter, PT, MS, MDT, CSMT, CEEAA**  
Director  
LifeTouch Physical Therapy Center;  
Producer  
Functional Freedom Podcast



TOP BUSINESS STRATEGIES FOR NEXT 5 YEARS BY PROVIDER SEGMENT

Maintain growth		Expand into more locations		Acquire another practice or group		Go into a specialized area	
1 Provider	50.8%	1 Provider	19.8%	1 Provider	5.6%	1 Provider	13.5%
2–5 Providers	56.1%	2–5 Providers	31.6%	2–5 Providers	8.3%	2–5 Providers	10.1%
6–20 Providers	51.8%	6–20 Providers	53.6%	6–20 Providers	17.9%	6–20 Providers	13.8%
21+ Providers	57.7%	21+ Providers	51.2%	21+ Providers	24.4%	21+ Providers	15.4%
<b>Overall</b>	<b>54.1%</b>	<b>Overall</b>	<b>39.9%</b>	<b>Overall</b>	<b>13.7%</b>	<b>Overall</b>	<b>13%</b>
Merge with another practice or group		Get acquired		Introduce an employee stock ownership program (ESOP)		Franchise	
1 Provider	7.1%	1 Provider	6.3%	1 Provider	.8%	1 Provider	3.2%
2–5 Providers	10.1%	2–5 Providers	12.3%	2–5 Providers	5.3%	2–5 Providers	4.4%
6–20 Providers	12.9%	6–20 Providers	12.1%	6–20 Providers	12.9%	6–20 Providers	3.6%
21+ Providers	7.3%	21+ Providers	3.3%	21+ Providers	2.4%	21+ Providers	4.1%
<b>Overall</b>	<b>10%</b>	<b>Overall</b>	<b>9.5%</b>	<b>Overall</b>	<b>6.4%</b>	<b>Overall</b>	<b>3.8%</b>
Accept investment funding (i.e., venture capital)		Move to a management services organization (MSO)		None of the above		Other	
1 Provider	2.4%	1 Provider	0%	1 Provider	20.6%	1 Provider	11.9%
2–5 Providers	3.1%	2–5 Providers	1.8%	2–5 Providers	13.6%	2–5 Providers	7.5%
6–20 Providers	4%	6–20 Providers	3.1%	6–20 Providers	8.5%	6–20 Providers	2.7%
21+ Providers	4.9%	21+ Providers	2.4%	21+ Providers	13.8%	21+ Providers	2.4%
<b>Overall</b>	<b>3.6%</b>	<b>Overall</b>	<b>2%</b>	<b>Overall</b>	<b>13.2%</b>	<b>Overall</b>	<b>5.8%</b>

The top-reported business strategy across all practice settings and sizes is maintaining growth. That being said, more than half of respondents from organizations with six or more locations plan to expand into more locations within the next five years.

# BUSINESS AND FINANCIALS

GROWTH AND CONSOLIDATION

## PLANS FOR VALUE-BASED PAYMENT PROGRAM PARTICIPATION IN NEXT 5 YEARS

Undecided		Need more information	
1 Provider	30.7%	1 Provider	29.9%
2–5 Providers	35.6%	2–5 Providers	27%
6–20 Providers	36.6%	6–20 Providers	17.5%
21+ Providers	22.8%	21+ Providers	18.8%
<b>Overall</b>	<b>32.2%</b>	<b>Overall</b>	<b>22.7%</b>

Plan to participate in some or all		Do not plan to participate in any	
1 Provider	6.1%	1 Provider	29.9%
2–5 Providers	12.5%	2–5 Providers	18.6%
6–20 Providers	23.1%	6–20 Providers	15.1%
21+ Providers	23.6%	21+ Providers	9.3%
<b>Overall</b>	<b>17.2%</b>	<b>Overall</b>	<b>17.2%</b>

Already participating in some or all	
1 Provider	3.4%
2–5 Providers	6.3%
6–20 Providers	7.8%
21+ Providers	25.5%
<b>Overall</b>	<b>10.6%</b>

Overall, **more than half** of respondents are either undecided on their plans for value-based payment program participation—or they need more information before they make a decision.

As organizations get larger, they are increasingly participating—or planning to participate—in value-based payment programs. In fact, more than 25% of 21-plus-provider companies report that they already participate in such programs.

As the evidence mounts that physical therapy has high value in health care, we anticipate that more practices and physical therapists will participate and excel in value-based payment programs.

**Justin Moore, PT, DPT**  
CEO  
APTA



I believe early adoption to value-based payment programs is correlated to an organization's risk tolerance. Companies with enhanced business intelligence and sophisticated metric analysis platforms are naturally able to forecast and project both the benefits and downside risks to alternative payment systems. As more providers participate and more data is available, other organizations will make their determinations. From a pragmatic standpoint, each of us should be in pursuit of delivering the best care available, in the right setting, and at the right time. To me, this is the overarching principle I believe we can all agree on: value, outcomes, and cost-containment are simply the byproduct of the consistent delivery of clinical excellence.

**Jason Chambers, PT, MBA**  
President  
KORT - Kentucky  
Orthopedic Rehab Team

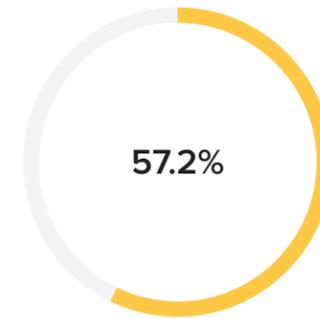


# BUSINESS AND FINANCIALS

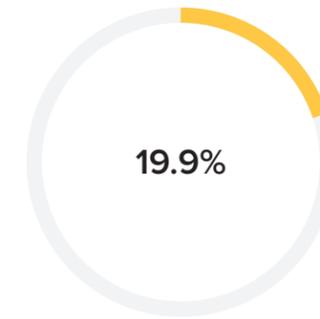
GROWTH AND CONSOLIDATION

## TRENDS IN M&A OVER LAST 5 YEARS

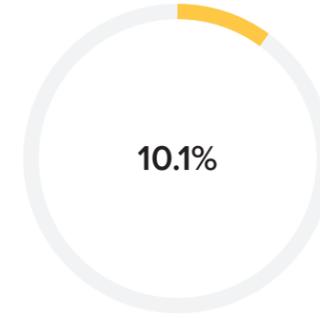
Was your organization involved in any M&A (merger/acquisition) transactions in the last five years?



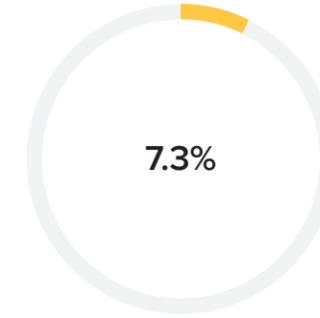
We were not involved in any M&A transactions in the last five years.



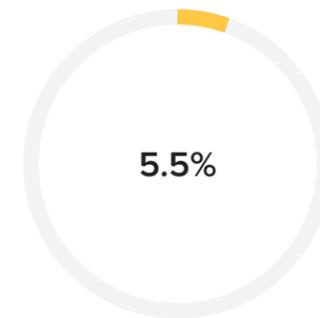
I'm not sure./I'd rather not answer.



We acquired another organization/organizations.



We were acquired by another organization.



We merged with another organization.

About **23%** of all respondents reported being involved in a merger or acquisition within the last five years.

## OVERALL IMPACT OF M&A

We acquired another organization/organizations.	
Strong Positive Impact	23.4%
Positive Impact	47.2%
No Impact	13.7%
Negative Impact	14.2%
Strong Negative Impact	1.5%

We merged with another organization.	
Strong Positive Impact	11.3%
Positive Impact	37.7%
No Impact	24.5%
Negative Impact	22.6%
Strong Negative Impact	3.8%

We were acquired by another organization.	
Strong Positive Impact	4.9%
Positive Impact	36.6%
No Impact	20.4%
Negative Impact	24.6%
Strong Negative Impact	13.4%

Overall	
Strong Positive Impact	14.6%
Positive Impact	41.6%
No Impact	18.4%
Negative Impact	19.6%
Strong Negative Impact	5.8%

Across all types of transactions, the reported impact of M&A is overwhelmingly positive. However, more respondents reported experiencing a negative impact when their organization was being acquired rather than acquiring.

Globally, the M&A activity and consolidation in physical therapy has mixed blessings. A more consolidated front of large physical therapy providers will have greater impact—through its size and scale—with payers, hospital systems, and government regulations that could support the increased utilization and payment of physical therapy. The challenge—if one chooses to not be part of the consolidation—is surviving it long enough as a smaller entity to reap any benefits of these potential changes. In order to do so, a practice must create or take advantage of any differentiation it can find.

**Mike Durand, MBA, ATC**  
VP of Business Development  
Physical Therapy & Sports  
Medicine Centers



# BUSINESS AND FINANCIALS

GROWTH AND CONSOLIDATION

## MOST COMMON SETTING TO EXPAND TO BY YEARS IN BUSINESS

	1 Year or Less	2 Years	3–5 Years	6–10 Years	11+ Years
I do not expect to move to another practice setting.	47.2%	50%	57.7%	57.8%	59.6%
Educational institution	0%	2%	.8%	0%	0.9%
Gym or wellness center	5.6%	4.9%	3.5%	3.9%	4.4%
Home health	.7%	2.9%	.8%	2.1%	2%
Inpatient hospital	1.4%	1%	0%	.7%	.7%
Mobile therapy	3.5%	3.9%	2.3%	1.8%	1.7%
Other	0%	1%	1.5%	1.4%	3.3%
Outpatient hospital-based rehab facility	8.5%	7.8%	8.1%	6.7%	3.3%
Outpatient multidisciplinary practice	24.6%	22.5%	19.2%	18.4%	17.8%
Outpatient private practice	2.1%	0%	1.9%	1.4%	1.7%
Physician-owned practice	.7%	0%	0%	1.1%	.2%
Pro bono clinic	.7%	0%	.4%	.7%	.5%
School/academic/student	.7%	0%	0%	.7%	.7%
SNF (skilled nursing facility)	4.2%	3.9%	3.8%	3.2%	3.2%

The longer an organization has been in business, the less it plans to expand into a different setting.

# BUSINESS AND FINANCIALS

GROWTH AND CONSOLIDATION

## MOST COMMON SETTING TO EXPAND TO BY PROVIDER SEGMENT

	1 Provider	2–5 Providers	6–20 Providers	21+ Providers	Overall
I do not expect to move to another practice setting.	61.3%	62%	56.4%	51.9%	51.7%
Educational institution	.3%	.5%	.8%	1.2%	1.8%
Gym or wellness center	3.9%	5.2%	5.2%	2.5%	3%
Home health	1.2%	1.5%	1.5%	3.3%	4.4%
Inpatient hospital	6%	0%	1%	1.2%	2.5%
Mobile therapy	3.6%	1.8%	1.6%	1.4%	1.8%
Other	3.9%	2.1%	2.9%	4.7%	4.2%
Outpatient hospital-based rehab facility	0%	1%	3.1%	5.3%	4.2%
Outpatient multidisciplinary practice	4.8%	4.2%	4.9%	6.2%	4.9%
Outpatient private practice	18.4%	19.2%	19.4%	17.5%	16.8%
Physician-owned practice	.6%	2.4%	1.6%	1.4%	1.3%
Pro bono clinic	.3%	0%	.7%	.2%	.3%
School/academic/student	.9%	.2%	.2%	1.2%	1.4%
SNF (skilled nursing facility)	0%	0%	.7%	1.9%	1.6%

For rehab therapy business leaders, outpatient private practice is by far the most popular setting to expand or move into. About **17%** of respondents expect to move into this setting within the next five years.

# SALARY

## SALARY BY ROLE

### GROSS ANNUAL SALARY: THERAPISTS

#### Physical Therapist

\$0-\$40,000	5.7%
\$40,001-\$60,000	9.9%
\$60,001-\$80,000	34.5%
\$80,001-\$100,000	28.9%
\$100,001-\$120,000	12.5%
>\$120,000	8.5%

#### Speech-Language Pathologist

\$0-\$40,000	10.1%
\$40,001-\$60,000	22.5%
\$60,001-\$80,000	36%
\$80,001-\$100,000	23%
\$100,001-\$120,000	3.9%
>\$120,000	4.5%

#### Occupational Therapist

\$0-\$40,000	8.6%
\$40,001-\$60,000	18%
\$60,001-\$80,000	35.9%
\$80,001-\$100,000	24%
\$100,001-\$120,000	8.8%
>\$120,000	4.8%

#### Therapist Overall



**57.4%**  
of therapists are making \$60,001 to \$100,000 per year.

### GROSS ANNUAL SALARY: THERAPIST ASSISTANTS

#### Physical Therapist Assistant (PTA)

\$0-\$40,000	24.4%
\$40,001-\$60,000	52.8%
\$60,001-\$80,000	16.1%
\$80,001-\$100,000	5%
\$100,001-\$120,000	.7%
>\$120,000	1%

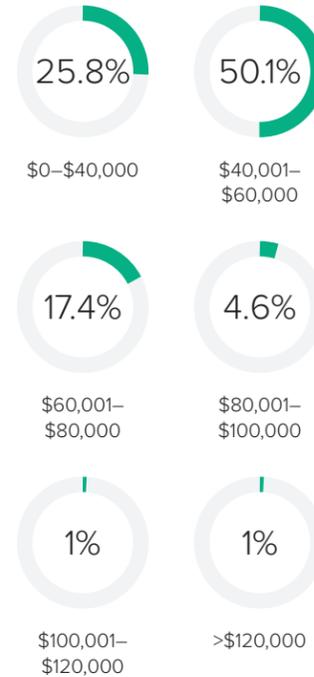
#### Speech-Language Pathologist Assistant (SLPA)

\$0-\$40,000	60%
\$40,001-\$60,000	0%
\$60,001-\$80,000	0%
\$80,001-\$100,000	0%
\$100,001-\$120,000	20%
>\$120,000	20%

#### Occupational Therapy Assistant (OTA)

\$0-\$40,000	28.7%
\$40,001-\$60,000	43.7%
\$60,001-\$80,000	23%
\$80,001-\$100,000	3.4%
\$100,001-\$120,000	1.1%
>\$120,000	0%

#### Therapist Assistant Overall



**3 in 4**  
therapist assistants make \$60,000 or less per year.

# SALARY

## SALARY BY ROLE

### GROSS ANNUAL SALARY: CLERICAL

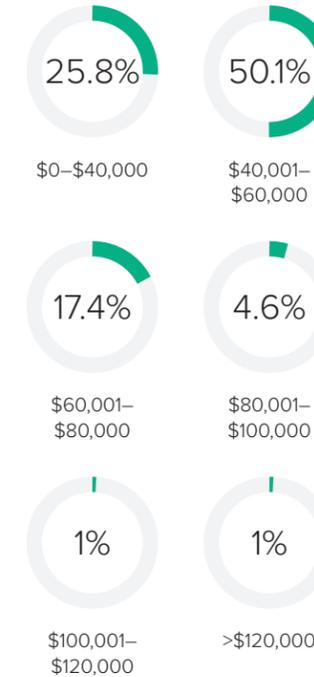
#### Clerical Staff

\$0-\$40,000	72.2%
\$40,001-\$60,000	15.2%
\$60,001-\$80,000	5.7%
\$80,001-\$100,000	2.5%
\$100,001-\$120,000	.6%
>\$120,000	3.8%

#### Other

\$0-\$40,000	24.3%
\$40,001-\$60,000	17.6%
\$60,001-\$80,000	21.4%
\$80,001-\$100,000	17.6%
\$100,001-\$120,000	12.5%
>\$120,000	6.7%

#### Clerical and Other Overall



**72%**  
of clerical employees make \$40,000 or less per year.

### GROSS ANNUAL SALARY: MANAGERS

#### Administrator

\$0-\$40,000	16.8%
\$40,001-\$60,000	19%
\$60,001-\$80,000	15.4%
\$80,001-\$100,000	21.1%
\$100,001-\$120,000	16.1%
>\$120,000	11.5%

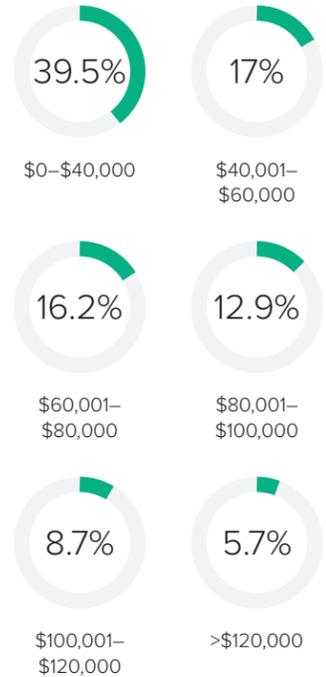
#### Office Manager

\$0-\$40,000	30.9%
\$40,001-\$60,000	28.2%
\$60,001-\$80,000	16%
\$80,001-\$100,000	16.3%
\$100,001-\$120,000	5.6%
>\$120,000	3%

#### Billing Manager

\$0-\$40,000	35.1%
\$40,001-\$60,000	36.6%
\$60,001-\$80,000	14.7%
\$80,001-\$100,000	5.2%
\$100,001-\$120,000	4.2%
>\$120,000	4.2%

#### Manager Overall

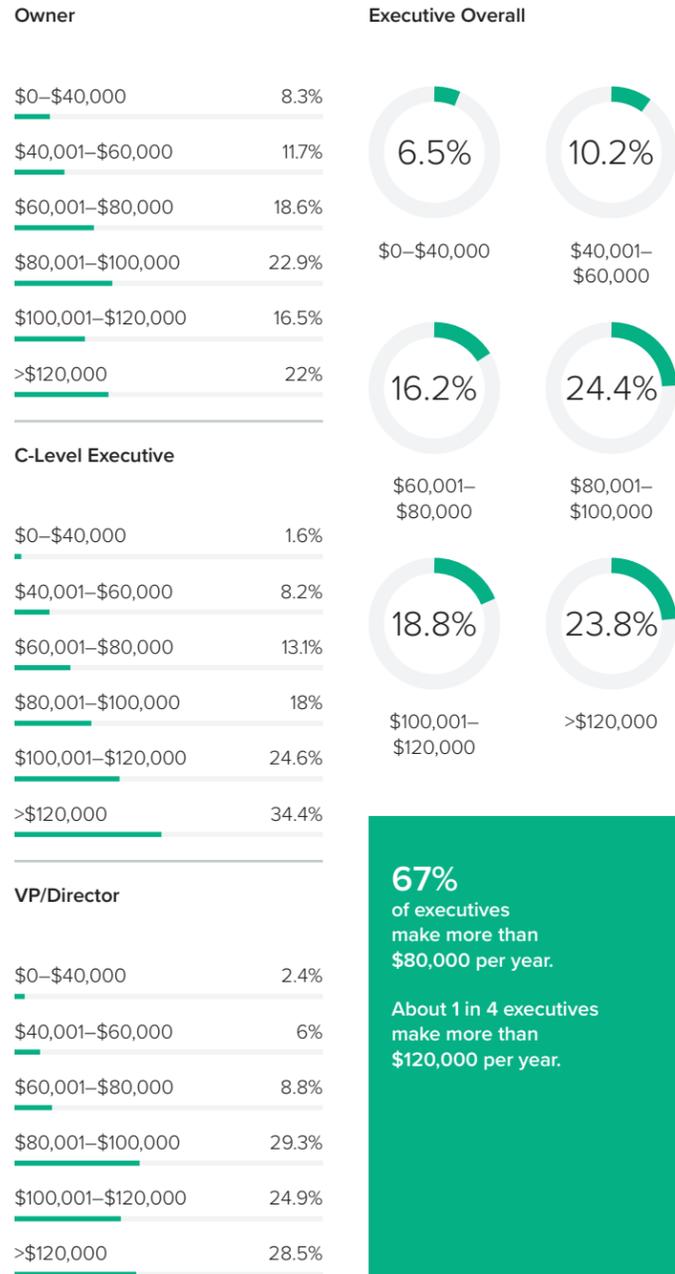


**1 in 2**  
managers make \$60,000 or less per year.

# SALARY

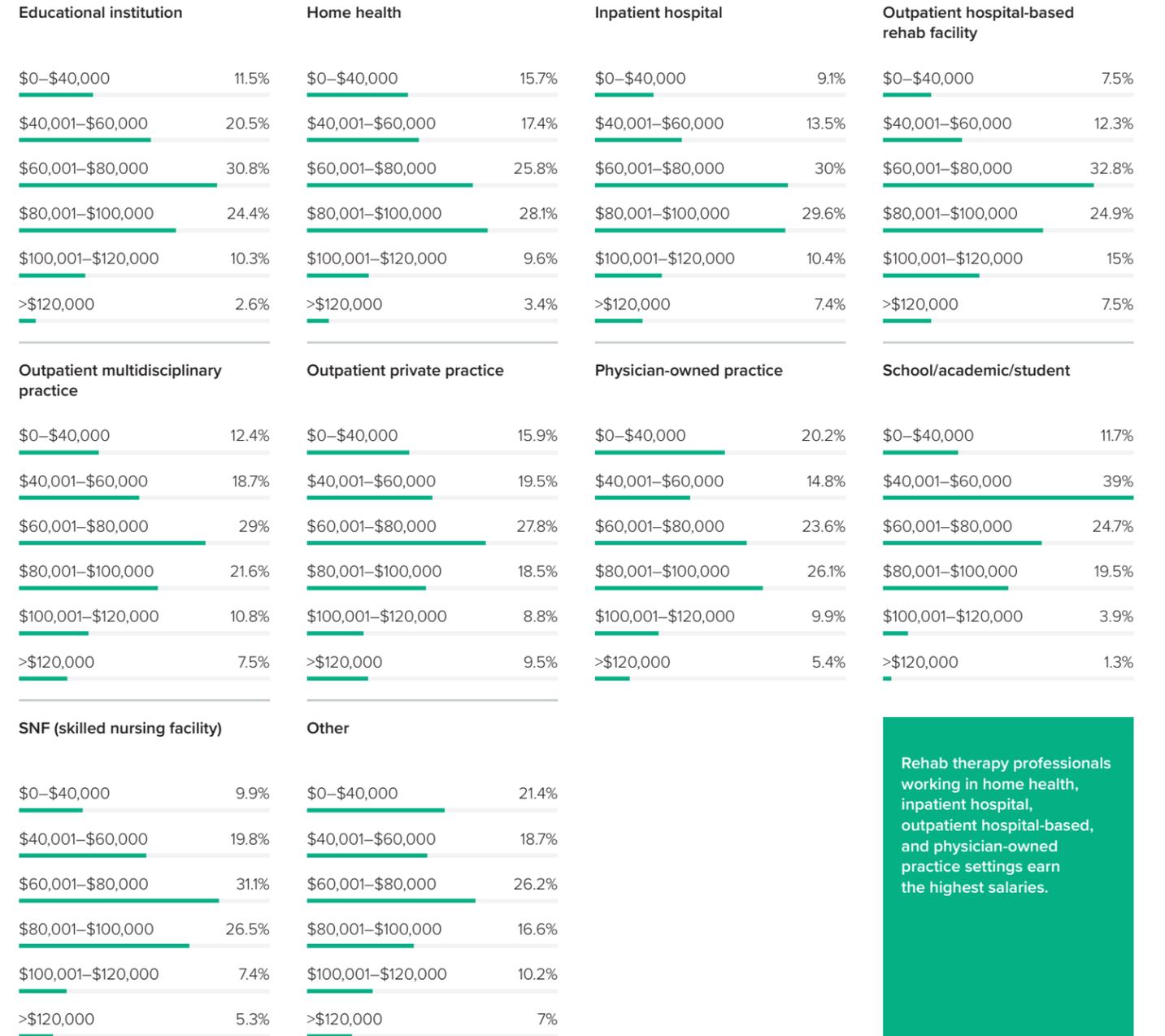
## SALARY BY ROLE

### GROSS ANNUAL SALARY: EXECUTIVES



# SALARY

### GROSS ANNUAL SALARY BY SETTING



Rehab therapy professionals working in home health, inpatient hospital, outpatient hospital-based, and physician-owned practice settings earn the highest salaries.

GROSS ANNUAL SALARY BY REGION

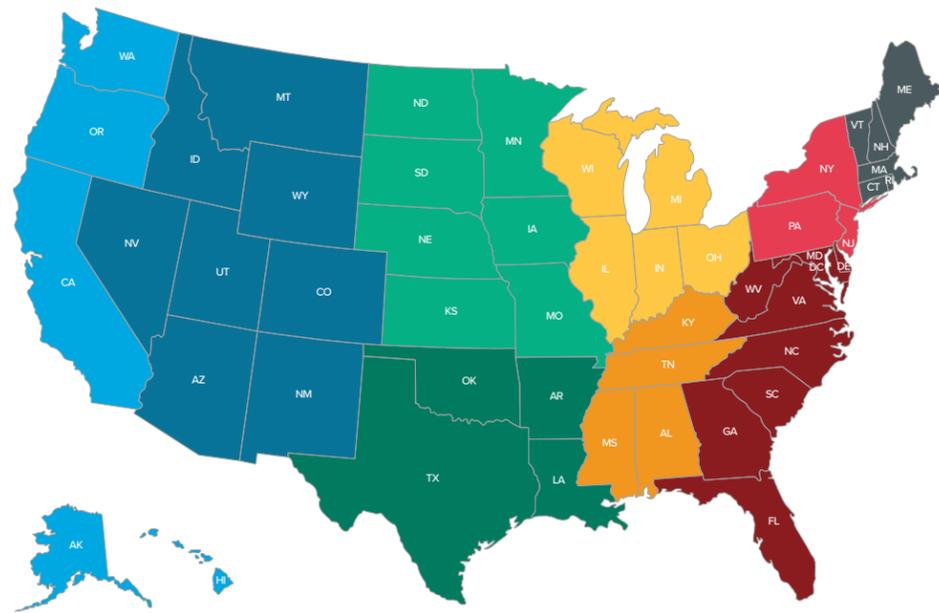
Pacific		Mountain		West North Central		West South Central	
\$0-\$40,000	14.4%	\$0-\$40,000	15.3%	\$0-\$40,000	10.8%	\$0-\$40,000	11.6%
\$40,001-\$60,000	17.2%	\$40,001-\$60,000	18.8%	\$40,001-\$60,000	22.4%	\$40,001-\$60,000	13.8%
\$60,001-\$80,000	21.3%	\$60,001-\$80,000	32.2%	\$60,001-\$80,000	32.9%	\$60,001-\$80,000	32.2%
\$80,001-\$100,000	23.7%	\$80,001-\$100,000	19.3%	\$80,001-\$100,000	19.1%	\$80,001-\$100,000	21.2%
\$100,001-\$120,000	12.5%	\$100,001-\$120,000	7.7%	\$100,001-\$120,000	9.7%	\$100,001-\$120,000	11.6%
>\$120,000	10.9%	>\$120,000	6.8%	>\$120,000	5.1%	>\$120,000	9.6%

East North Central		East South Central		Middle Atlantic		South Atlantic	
\$0-\$40,000	14.5%	\$0-\$40,000	16.9%	\$0-\$40,000	13.7%	\$0-\$40,000	14.8%
\$40,001-\$60,000	21%	\$40,001-\$60,000	17.4%	\$40,001-\$60,000	18.1%	\$40,001-\$60,000	18.6%
\$60,001-\$80,000	27.1%	\$60,001-\$80,000	29.8%	\$60,001-\$80,000	27.4%	\$60,001-\$80,000	29.2%
\$80,001-\$100,000	23.4%	\$80,001-\$100,000	17.4%	\$80,001-\$100,000	21%	\$80,001-\$100,000	22.5%
\$100,001-\$120,000	8.5%	\$100,001-\$120,000	10.7%	\$100,001-\$120,000	9.9%	\$100,001-\$120,000	9.2%
>\$120,000	5.6%	>\$120,000	7.9%	>\$120,000	9.9%	>\$120,000	5.8%

New England	
\$0-\$40,000	14.3%
\$40,001-\$60,000	15.9%
\$60,001-\$80,000	29.9%
\$80,001-\$100,000	23.1%
\$100,001-\$120,000	10%
>\$120,000	6.8%



GROSS ANNUAL SALARY BY HOURS WORKED PER WEEK

	<40 Hours	40-45 Hours	46+ Hours
\$0-\$30,000	15.2%	4.2%	3.1%
\$30,001-\$40,000	12.2%	5.4%	2.2%
\$40,001-\$50,000	14.2%	7%	4.4%
\$50,001-\$60,000	14.4%	8%	6.9%
\$60,001-\$70,000	15.1%	14.4%	8.2%
\$70,001-\$80,000	10.9%	17.6%	10.9%
\$80,001-\$90,000	7.3%	14.8%	8.9%
\$90,001-\$100,000	4.1%	11.8%	13.1%
\$100,001-\$110,000	2.4%	7.2%	11.1%
\$110,001-\$120,000	1.2%	3.4%	8.2%
\$120,001-\$130,000	.8%	2%	5.3%
\$130,001-\$140,000	.5%	.9%	3.3%
\$140,001-\$150,000	.4%	.9%	2.7%
>\$150,000	1.4%	2.3%	12%

In general, the more hours per week a rehab therapy professional works, the higher his or her salary.

As rehab therapy professionals get older, they increasingly work more than 40 hours per week or fewer than 40 hours per week.

HOURS WORKED PER WEEK BY AGE

	<40 Hours
<27 Years	29.9%
27-33 Years	21.5%
34-40 Years	28%
41-47 Years	29.5%
48-54 Years	32.4%
55-61 Years	31.1%
62+ Years	42.6%

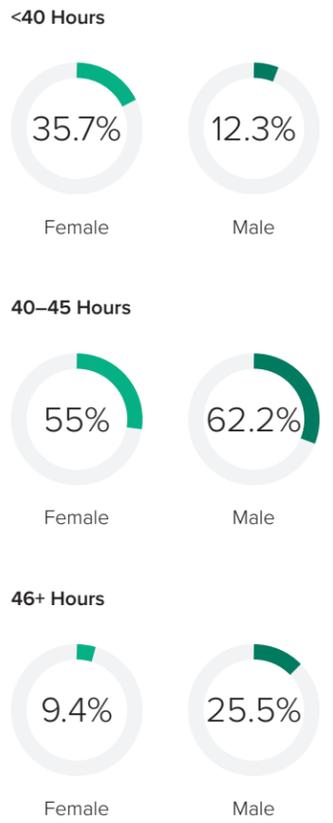
  

	40-45 Hours
<27 Years	65.1%
27-33 Years	69.4%
34-40 Years	58.6%
41-47 Years	54.6%
48-54 Years	48.6%
55-61 Years	52%
62+ Years	38.2%

	46+ Hours
<27 Years	5%
27-33 Years	9.2%
34-40 Years	13.4%
41-47 Years	15.8%
48-54 Years	19%
55-61 Years	16.9%
62+ Years	19.1%

HOURS WORKED PER WEEK BY SEX



Nearly three times more women than men report working fewer than 40 hours per week. Furthermore, while 1 in 4 men report working 46-plus hours per week, only 1 in 10 women fall into the same category.

GROSS ANNUAL SALARY BY EMPLOYMENT TYPE

	Full time in one therapy clinic/ organization	Part time in one therapy clinic/ organization	Part time in more than one therapy clinic/ organization	PRN	Educator
\$0-\$30,000	1.3%	15.4%	9.6%	33.3%	5.3%
\$30,001-\$40,000	1.9%	17.6%	12.2%	11.1%	2.6%
\$40,001-\$50,000	5.3%	20.4%	13.8%	13.7%	9.2%
\$50,001-\$60,000	8.2%	17.9%	12.8%	9.4%	10.5%
\$60,001-\$70,000	16.3%	12.5%	14.4%	12%	11.8%
\$70,001-\$80,000	19.7%	6.5%	10.1%	9.4%	19.7%
\$80,001-\$90,000	15.8%	4.3%	10.6%	5.1%	10.5%
\$90,001-\$100,000	12.4%	2.9%	6.4%	2.6%	11.8%
\$100,001-\$110,000	7.7%	1.1%	2.1%	.9%	7.9%
\$110,001-\$120,000	3.7%	0%	3.7%	0%	5.3%
\$120,001-\$130,000	2.2%	.4%	1.6%	.9%	3.9%
\$130,001-\$140,000	1.1%	.4%	1.1%	.9%	0%
\$140,001-\$150,000	1.2%	0%	.5%	0%	0%
>\$150,000	3.2%	.7%	1.1%	.9%	1.3%

Full-time rehab therapy professionals make higher salaries than part-time professionals. However, those who work part time in more than one organization earn more than those who work full time in one organization.

EMPLOYMENT TYPE BY SEX

Full time in one therapy clinic/organization	F 64.8% M 35.1%
Part time in one therapy clinic/organization	F 91% M 8.9%
Part time in more than one therapy clinic/organization	F 81.6% M 18.4%
PRN	F 90.3% M 9.7%
Educator	F 83.5% M 16.4%
Travel therapy	F 72.1% M 27.9%
Other non-clinical role	F 62.7% M 37.2%

Women comprise more than 80% of professionals in educator, part-time, and PRN roles.

Outside of employment type, women represent nearly 92% of students surveyed.

GROSS ANNUAL SALARY BY SEX

	Female	Male	Overall
\$0-\$30,000	9.1%	3.2%	7.5%
\$30,001-\$40,000	8.7%	2.3%	6.8%
\$40,001-\$50,000	10.2%	5%	8.6%
\$50,001-\$60,000	11.6%	5.2%	9.6%
\$60,001-\$70,000	15%	10.8%	13.7%
\$70,001-\$80,000	14.7%	14.7%	14.7%
\$80,001-\$90,000	11.4%	12.9%	11.8%
\$90,001-\$100,000	7.7%	14.5%	9.8%
\$100,001-\$110,000	5%	9.5%	6.4%
\$110,001-\$120,000	2.3%	6.2%	3.4%
\$120,001-\$130,000	1.5%	3.6%	2.1%
\$130,001-\$140,000	.8%	1.9%	1.1%
\$140,001-\$150,000	.6%	2.2%	1%
>\$150,000	1.4%	8.1%	3.4%

Men are more represented in the salary ranges above \$80,000, while women are more represented in the salary ranges below \$70,000.

Therapists who have been licensed for more than three years have greater representation in the salary ranges above \$80,000.

LICENSED THERAPIST SALARY BY TIME IN ROLE

	<1 Year	1-3 Years
<\$50,000	16.7%	7.5%
\$50,001-\$60,000	5.6%	8.6%
\$60,001-\$70,000	42.6%	34.2%
\$70,001-\$80,000	37%	31.2%
\$80,001-\$90,000	3.7%	9.7%
\$90,001-\$100,000	0%	5%
\$100,001-\$110,000	0%	2.9%
>\$110,000	0%	.9%
4-6 Years		7-14 Years
<\$50,000	8.2%	13.5%
\$50,001-\$60,000	7.1%	7.5%
\$60,001-\$70,000	19.5%	11.3%
\$70,001-\$80,000	28.5%	17.9%
\$80,001-\$90,000	20.3%	17.3%
\$90,001-\$100,000	11.6%	15.1%
\$100,001-\$110,000	2.8%	6.9%
>\$110,000	2%	10.6%
15-30 Years		31+ Years
<\$50,000	11.2%	14.8%
\$50,001-\$60,000	6.7%	5.7%
\$60,001-\$70,000	9%	7.7%
\$70,001-\$80,000	11.2%	12.3%
\$80,001-\$90,000	14.7%	12.1%
\$90,001-\$100,000	14.9%	12.8%
\$100,001-\$110,000	11.3%	11.6%
>\$110,000	21.1%	23%

# CHALLENGES AND OPPORTUNITIES

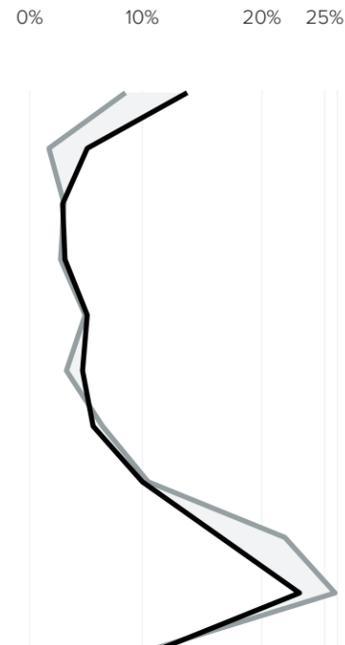
PROFESSIONAL GOALS AND DEBT

## TOTAL STUDENT DEBT AT GRADUATION

\$0	13.5%
\$1-\$5,000	5%
\$5,001-\$10,000	2.9%
\$10,001-\$20,000	3.1%
\$20,001-\$30,000	5%
\$30,001-\$40,000	4.6%
\$40,001-\$50,000	5.5%
\$50,001-\$70,000	9.7%
\$70,001-\$100,000	16.4%
\$100,001-\$150,000	23.1%
>\$150,000	11.3%

## TOTAL STUDENT DEBT AT GRADUATION: 2018 VS. 2019

2018		2019	
\$0	8.3%	\$0	13.5%
\$1-\$5,000	1.8%	\$1-\$5,000	5%
\$5,001-\$10,000	3.1%	\$5,001-\$10,000	2.9%
\$10,001-\$20,000	2.8%	\$10,001-\$20,000	3.1%
\$20,001-\$30,000	4.9%	\$20,001-\$30,000	5%
\$30,001-\$40,000	3.3%	\$30,001-\$40,000	4.6%
\$40,001-\$50,000	6.4%	\$40,001-\$50,000	5.5%
\$50,001-\$70,000	10.3%	\$50,001-\$70,000	9.7%
\$70,001-\$100,000	22%	\$70,001-\$100,000	16.4%
\$100,001-\$150,000	26.3%	\$100,001-\$150,000	23.1%
>\$150,000	10.8%	>\$150,000	11.3%



**More than half** of rehab therapy students will graduate with over \$70,000 in debt.

High debt loads will discourage students from pursuing PhDs, residencies, and fellowships, and from starting new businesses. This is a problem if we want to show our value, expertise, leadership, and innovation in the healthcare marketplace.

**Stephanie Weyrauch, PT, DPT, MSCI**  
COO  
The Healthcare Education Transformation Podcast; Physical Therapist Physical Therapy & Sports Medicine Centers



I think you'll start to see smart students who might have chosen PT as their profession take a smart look at the situation (high cost, low payoff) and choose something else. Keep in mind that payoff doesn't only equal salary; it's also job satisfaction and burnout. If you want to attract smart people, you need to make their day-to-day appealing, and right now with documentation, the expectation of unbillable hours, and friction navigating the healthcare system, the juice doesn't equal the squeeze. I think debt will scare a lot of bright people away—and we can never have too many bright people.

**Jimmy McKay, PT, DPT**  
Creator/Host  
PT Pintcast



Overall, students report slightly lower levels of debt in 2019 compared to 2018, with the percentage of students owing \$0 at graduation jumping from 8.3% in 2018 to 13.5% in 2019.

We have to accelerate the time required to achieve a DPT—by creating more two-year models, for example—and continue to push for regulatory change that allows interns to be integrated members of the team who can create billable hours.

**Tim Flynn, PT, PhD, OCS, FAAOMPT, FAPTA**  
Principal  
Evidence in Motion; Professor  
School of Physical Therapy at South College



In my view, we seriously overshot the increase in length of programs when we transitioned to the doctoral degree, and it's time to rein that back in with accelerated programs that allow students to complete PT school in 2–2.5 years versus 3 years. Applicants will clearly prefer schools that can get them to degree and employment more quickly and efficiently.

**Dr. John Childs, PT, PhD, MBA**  
Founder and CEO  
Evidence in Motion



# CHALLENGES AND OPPORTUNITIES

PROFESSIONAL GOALS AND DEBT

## STUDENT IDEAL JOB TYPE

- 1 Outpatient setting
- 2 Private practice
- 3 Hospital/inpatient setting
- 4 Travel therapy
- 5 Contract/per diem/part time
- 6 Private-equity backed
- 7 Home health
- 8 Corporate
- 9 Non-clinical position

Students are most interested in jobs in an outpatient and/or private practice setting.

## STUDENT IDEAL JOB TYPE: FEMALE VS. MALE

Female	Male
1 Outpatient setting	1 Outpatient setting
2 Private practice	2 Private practice
3 Hospital/inpatient setting	3 Travel therapy
4 Contract/per diem/part time	4 Private-equity backed
5 Travel therapy	5 Contract/per diem/part time
6 Private-equity backed	6 Hospital/inpatient setting
7 Home health	7 Corporate
8 Corporate	8 Home health
9 Non-clinical position	9 Non-clinical position

Men show more interest in travel therapy jobs, whereas women show more interest in hospital/inpatient positions.

I thrive in collaborative and supportive environments, rather than ones where employees are pitted against each other. If I knew I was walking into a team where everyone was happy, optimistic, collaborative, and supportive, I'd gladly take less pay than a place where people are burned out and competitive or resentful—even if the latter job paid more.

**Meredith Castin, PT, DPT**  
Founder  
The Non-Clinical PT



## FACTORS INFLUENCING JOB SELECTION

- 1 Income stability
- 2 Salary/benefits
- 3 Company culture
- 4 Opportunity for growth
- 5 Work-life balance
- 6 Specialty/area of practice
- 7 Schedule flexibility

When it comes to job selection, financial factors hold the most sway with today's students: income stability and salary/benefits were the top-ranked considerations when weighing job opportunities.

One of the best pieces of advice I received as a new graduate was that the first five years of practice would set the trajectory of the rest of my career. I took this advice to heart and focused on interviewing with companies that had an amazing culture and executive team—and whose core values and mission matched up with mine.

**Stephanie Weyrauch, PT, DPT, MSCI**  
COO  
The Healthcare Education Transformation Podcast; Physical Therapist, Physical Therapy & Sports Medicine Centers



# CHALLENGES AND OPPORTUNITIES

## CAREER OUTLOOK

### PERCENTAGE OF LICENSED THERAPISTS IN EACH ROLE

Non-Therapists		Therapists	
Owner	24%	Owner	76%
C-Level Executive	67.3%	C-Level Executive	32.7%
VP/Director	36%	VP/Director	64%
<b>Executive Overall</b>	<b>30.8%</b>	<b>Executive Overall</b>	<b>69.2%</b>
Administrator	87.8%	Administrator	12.2%
Office Manager	95.2%	Office Manager	4.8%
Billing Manager	99.1%	Billing Manager	.9%
<b>Manager Overall</b>	<b>93.8%</b>	<b>Manager Overall</b>	<b>6.2%</b>

The majority of rehab therapy business owners, directors, and vice presidents are also licensed therapists. However, only 30% of C-level executive positions are held by licensed therapists.

Therapists who transition to executive roles typically do so about seven years into their career, and over 70% of these roles are held by professionals who are more than 40 years old.

Individuals with a physical therapy background will always be at the core of our industry. It is important that their input be at every level within an organization. In any industry or company, strength and the ability to look at issues and opportunities from different perspectives requires that you have a diverse workforce. Infusing new people, ideas, and disciplines across the physical therapy industry should be seen as a positive—and something that is highly valued. It can only make us stronger.

**Labeed Diab, RPh**  
CEO  
ATI Physical Therapy



I believe therapist ownership is critical to the long-term health and strength of our profession...That said, I do not believe it is critical that practices are managed by therapists. There was a day when practice owners could be great clinicians and succeed in private practice. However, these days are gone or are quickly coming to an end. With declining reimbursements, increased costs to run a practice, and more referral pattern control than ever before, the need for practices to be effectively run and managed is greater than ever. What becomes critical to understand—and I think is commonly overlooked in the physical therapy profession—is the ability to be effective as a manager or executive requires an entirely different skill set than that needed to be an effective clinician. The training we receive as therapists has little value or crossover to being a competent manager or executive. Thus, a therapist-owner must either (1) get trained as an executive, or (2) hire this skill set into his or her practice.

**Blaine Stimac, PT, MSPT**  
CEO  
Health & Rehab Solutions, Inc.



### PERCENTAGE OF PROFESSIONALS IN EACH SETTING WHO DON'T EXPECT TO CHANGE SETTINGS

Educational institution	61.8%
Gym or wellness center	58.8%
Home health	66.8%
Inpatient hospital	69.2%
Mobile therapy	63%
Other	66.3%
Outpatient hospital-based rehab facility	70.4%
Outpatient multidisciplinary practice	70.4%
Outpatient private practice	80%
Physician-owned practice	69.8%
Pro bono clinic	50%
School/academic/student	60.8%
SNF (skilled nursing facility)	50.1%

Pro bono and SNF organizations appear to be the most ripe for turnover, as only about half of the professionals currently employed in these settings expect to continue working in the same setting. By contrast, 80% of respondents in outpatient private practice expect to continue working in this setting.

### TOP-CONSIDERED PROFESSIONAL CHANGES IN NEXT 5 YEARS

	Overall	If Considering Change
I am not considering any professional changes at this time.	48.1%	
Decrease hours worked	13.3%	25.6%
Move into a non-clinical (i.e., non-treating) role	10.5%	20.2%
Retire	6.3%	12.1%
Increase hours worked	5.8%	11.1%
Change specialty	4.9%	9.4%
Move into a clinical (i.e., treating) role	2.3%	4.4%
Other	9%	17.3%

**About half** of respondents are thinking about making a professional change within the next five years, with the top two most-considered changes being (1) decreasing hours worked and (2) moving into a non-clinical role.

After four years of service, rehab therapy professionals increasingly consider reducing their work hours.

About a third of rehab therapy professionals with 31-plus years of service are considering retirement within the next five years.

# CHALLENGES AND OPPORTUNITIES

## CAREER OUTLOOK

Some PTs weigh the things they came to the profession for—versus the things they're doing during their workday—and feel like they're on the short end of the stick. The bottom line is that PT attracts people who want to help other people. Once they feel like they're not effectively doing that—and that they are spending too much time documenting versus treating, being forced to do non-PT activities like dealing with insurance or other bureaucracy, and getting paid less than they feel they should—they start to feel cheated.

**Jimmy McKay, PT, DPT**  
Creator/Host  
PT Pintcast



When students are preparing to enter the profession, the passion and desire to become a PT makes it hard to imagine there could ever be the possibility of burnout. Because it often is not proactively addressed, there is a tendency to think less of those who are bowing out early, as if it is a weakness. Talking about the things that lead to burnout—whether it be an overwhelming volume of patients, financial stress from student loans that are incompatible with earnings, the implied guilt of a work status change to part-time in order to balance more time with family, or any other reason—in advance of entering the job market, along with offering strategies and tools to recognize it and react to it in a healthy way, may help prevent future generations from finding themselves in a similar situation, frustrated and overwhelmed.

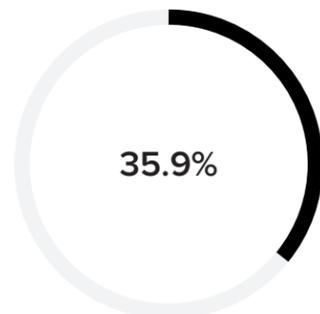
**Stephanie Bell, PT**  
Injury Analyst  
ESPN



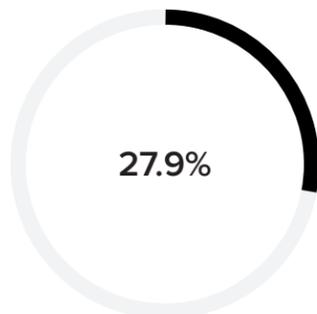
# CHALLENGES AND OPPORTUNITIES

CAREER OUTLOOK

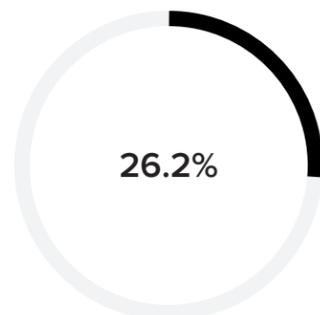
## TOP REASONS FOR CONSIDERING RETIREMENT



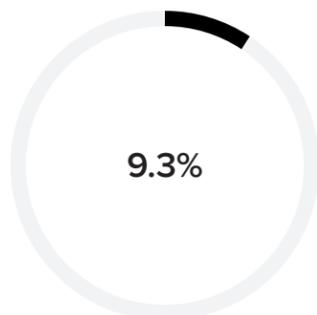
Personal financial goals met



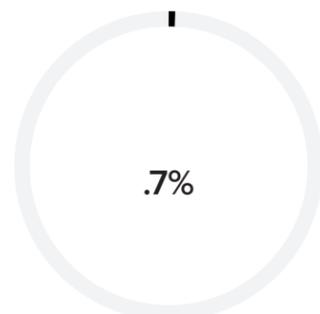
Other



Increasing regulations and decreasing reimbursements



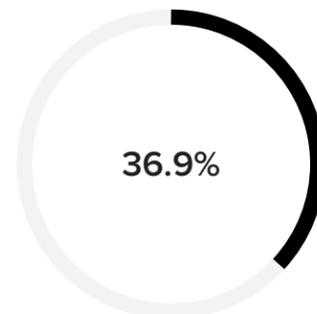
Personal health reasons



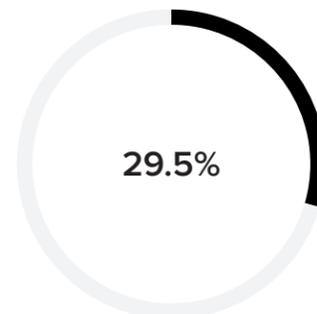
Market saturation/increased competition

Of those professionals who are considering retirement, just over a third are doing so because they've met their personal financial goals, and about a quarter are doing so due to increasing regulations and decreasing reimbursement.

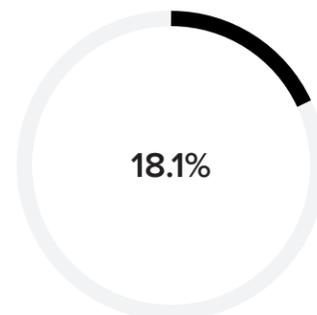
## TOP REASONS FOR CONSIDERING OTHER PROFESSIONAL CHANGES



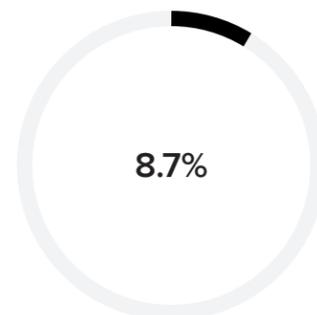
I want to improve my work/life balance.



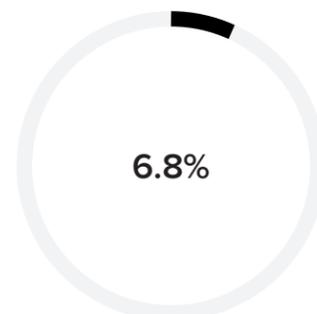
I want to increase professional fulfillment and satisfaction.



I want to improve my personal financial situation.



Other



I have experienced/anticipate I will experience a major life change.

The top motivator for making a professional change is improved work-life balance, followed closely by increased satisfaction and fulfillment.

Many therapists were initially attracted to the PT profession because they're caring, driven, and conscientious professionals. When these idealistic PTs enter the workforce and experience the current climate of unrealistic productivity demands, unethical billing policies, and glass ceilings, some are eager to form a plan B.

**Meredith Castin, PT, DPT**  
Founder  
The Non-Clinical PT



# CHALLENGES AND OPPORTUNITIES

CAREER OUTLOOK

## PROFESSIONAL CHANGES CONSIDERED BY REASONS FOR CONSIDERATION

I have experienced/anticipate I will experience a major life change.

Change specialty 5.3%

Decrease hours worked 10.2%

Increase hours worked 10.2%

Move into a clinical (i.e., treating) role 10.5%

Move into a non-clinical (i.e., non-treating) role 4.3%

Other 3.8%

### Other

Change specialty 5.3%

Decrease hours worked 4.9%

Increase hours worked 4.9%

Move into a clinical (i.e., treating) role 6.7%

Move into a non-clinical (i.e., non-treating) role 10.1%

Other 48.3%

I want to improve my personal financial situation.

Change specialty 24.4%

Decrease hours worked 3.2%

Increase hours worked 55.6%

Move into a clinical (i.e., treating) role 18.1%

Move into a non-clinical (i.e., non-treating) role 17.7%

Other 13%

Nearly 70% of professionals who are thinking about transitioning to a non-clinical role are doing so in order to improve work-life balance or increase satisfaction and fulfillment. On the other hand, more than half of professionals who are considering a different specialty or additional hours are doing so in order to improve their financial situation.

I want to improve my work/life balance.

Change specialty 13.3%

Decrease hours worked 76.8%

Increase hours worked 10.8%

Move into a clinical (i.e., treating) role 21%

Move into a non-clinical (i.e., non-treating) role 32%

Other 17.1%

Rehab professionals are leaving patient care in droves for all sorts of reasons. The debt-income ratio is a big part of things, but one of the biggest reasons is that it's challenging to deliver quality care in an environment that values productivity over anything else. This can take a toll on therapists who truly wish only to serve their patients in the best way possible.

**Meredith Castin, PT, DPT**  
Founder  
The Non-Clinical PT



I want to increase professional fulfillment and satisfaction.

Change specialty 51.6%

Decrease hours worked 4.9%

Increase hours worked 20.9%

Move into a clinical (i.e., treating) role 43.8%

Move into a non-clinical (i.e., non-treating) role 35.9%

Other 48.3%

There is a stigma among many PTs that those who leave clinical care are somehow "lesser" practitioners when, in fact, they may be providing an equal or greater contribution in a different lane. Those who are full-time clinicians may well benefit from the work those outside the clinic are doing. There is a balance to be struck here—where all who participate actively in the profession should be equally valued, and we all need to recognize that we need everyone to work together to advance our standing in medicine and in the public. But we also need to consider in educational programs how to outline career paths that may be less traditional and support the idea that staying involved even after leaving clinical care can be beneficial for all.

**Stephanie Bell, PT**  
Injury Analyst  
ESPN



# CHALLENGES AND OPPORTUNITIES

HEALTHCARE POLICY

## GOVERNMENT/REGULATORY ISSUES RANKED BY IMPACT

- 1 High copays/coinsurances
- 2 Referral and certification requirements
- 3 The therapy threshold and targeted medical review threshold
- 4 Direct access restrictions
- 5 Therapy assistant payment reductions
- 6 Multiple Procedure Payment Reduction (MPPR)
- 7 Competition from physician-owned practices
- 8 Mandated participation in quality payment incentives (e.g., MIPS)
- 9 Inability for rehab therapists to opt out of Medicare
- 10 Telehealth restrictions
- 11 Locum tenens restrictions

Cost-shifting by insurers creates all the wrong incentives for high-value care. It delays access, disrupts the continuum of care, and rewards services not impacted by these copays and patient costs. As a result, physical therapy is less accessible compared to pharmacologic approaches for managing pain. One only has to look at the opioid crisis as exhibit A on how these benefit restrictions are misaligned with high-value health care.

**Justin Moore, PT, DPT**  
CEO  
APTA



High copays and coinsurances are by far the top-ranked regulatory issue in terms of impact to the rehab therapy community—regardless of respondent role, longevity, or sex.

## HEALTHCARE INITIATIVES THE GOVERNMENT SHOULD PRIORITIZE (BY RANK)

- 1 Offering protection for patients with pre-existing conditions
- 2 Making conservative pain management interventions (e.g., physical therapy and chiropractic care) more accessible and affordable
- 3 Reducing prescription drug costs
- 4 Regulating the cost of medications
- 5 Increasing competition among insurance companies
- 6 Regulating Medicare and Medicaid costs
- 7 Allocating more funding to address the opioid crisis
- 8 Enacting a single-payer system
- 9 I'd prefer the government to stay out of health care altogether.

Consumers are paying high monthly premiums and are getting less and less for those insurance dollars as they continue to take on more of the financial burden of their rehabilitation. The complexity of the plans keeps them in the dark until they actually need the services.

**Tim Flynn, PT, PhD, OCS, FAAOMPT, FAPTA**  
Principal  
Evidence in Motion;  
Professor  
School of Physical Therapy  
at South College



The top-ranked healthcare initiatives that the government should prioritize are offering protection for patients with pre-existing conditions and making conservative pain management interventions more accessible and affordable.

# CHALLENGES AND OPPORTUNITIES

HEALTHCARE POLICY

## OVERALL HEALTHCARE LETTER-GRADE RATING OF CURRENT PRESIDENTIAL ADMINISTRATION BY PROVIDER SEGMENT

1 Provider	2–5 Providers	6–20 Providers	21+ Providers
A 2.7%	A 8.7%	A 8.8%	A 9%
B 19.8%	B 25.3%	B 28.7%	B 25.3%
C 25.6%	C 26.9%	C 29.5%	C 29.9%
D 17.4%	D 15%	D 12.9%	D 14.9%
F 34.5%	F 24.1%	F 20.1%	F 20.9%
<b>Overall</b>			
A 8.2%			
B 24.3%			
C 29.9%			
D 16.1%			
F 21.5%			

**30%** of rehab therapy professionals give the current presidential administration a C grade for health care.

About 35% of respondents from single-provider organizations give the current administration an F grade for health care.

Respondents in outpatient multidisciplinary practices, physician-owned practices, and inpatient hospitals tend to be more approving of the current administration, whereas respondents in educational settings tend to be less approving.

## OVERALL HEALTHCARE LETTER-GRADE RATING OF CURRENT PRESIDENTIAL ADMINISTRATION BY COMPANY REVENUE

<\$100,000	\$100,001–\$250,000	\$250,001–\$500,000	\$500,001–\$1,000,000	\$1,000,001–\$5,000,000	\$5,000,001–\$20,000,000
A 5.3%	A 8.9%	A 7.4%	A 9.8%	A 6.4%	A 9.4%
B 15.4%	B 26%	B 28.1%	B 22.9%	B 29.4%	B 29.2%
C 27.7%	C 18.8%	C 26.6%	C 30.8%	C 31.4%	C 31.1%
D 16%	D 17.2%	D 13.8%	D 13.6%	D 12.5%	D 11.3%
F 35.6%	F 29.2%	F 24.1%	F 22.9%	F 20.3%	F 18.9%

Respondents from organizations with higher annual revenues tend to be more approving of the current administration.

# CHALLENGES AND OPPORTUNITIES

HEALTHCARE POLICY

## OVERALL HEALTHCARE LETTER-GRADE RATING OF CURRENT PRESIDENTIAL ADMINISTRATION BY AGE

<27 Years		27–33 Years		34–40 Years	
A	7.4%	A	7.7%	A	7.5%
B	28%	B	23.4%	B	25.2%
C	37.9%	C	34.2%	C	30.4%
D	14%	D	18%	D	17.7%
F	12.7%	F	16.8%	F	19.3%

41–47 Years		48–54 Years		55–61 Years	
A	7.9%	A	9.8%	A	10.8%
B	24.6%	B	23.6%	B	22.2%
C	28.7%	C	27.3%	C	21.7%
D	16.3%	D	14.8%	D	14.8%
F	22.5%	F	24.4%	F	30.5%

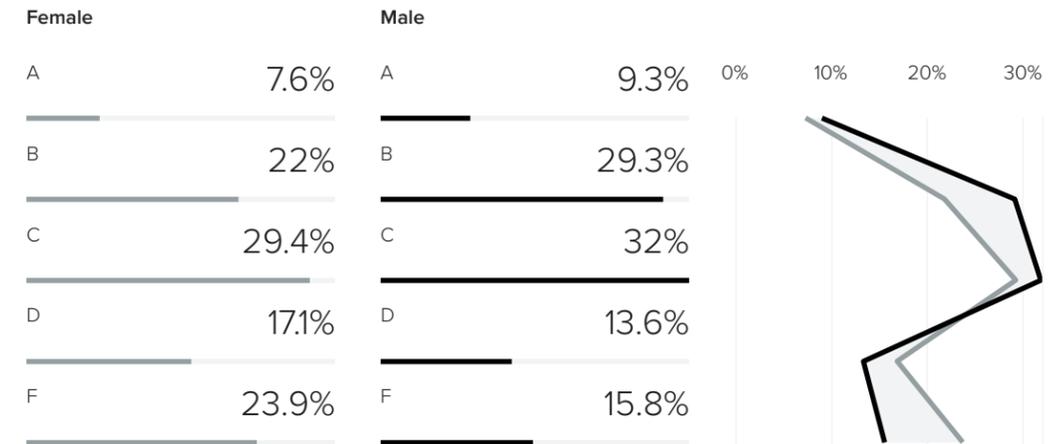
62+ Years	
A	6.1%
B	21.7%
C	19.4%
D	15.2%
F	37.6%

As rehab therapy professionals get older, the more they give an F grade to the current administration.

# CHALLENGES AND OPPORTUNITIES

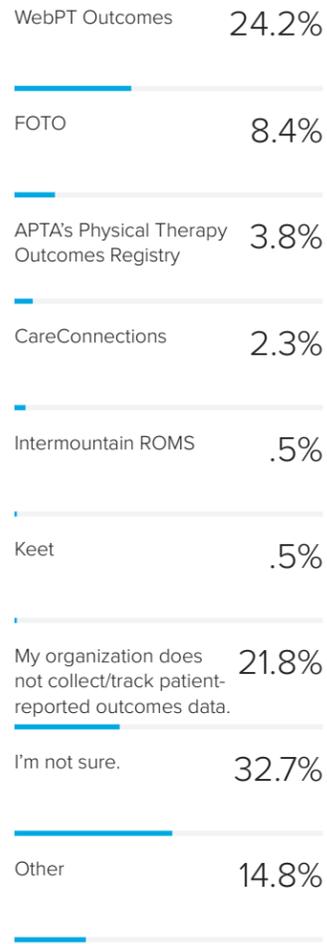
HEALTHCARE POLICY

## OVERALL HEALTHCARE LETTER-GRADE RATING OF CURRENT PRESIDENTIAL ADMINISTRATION BY SEX



Male rehab therapy professionals are more approving of the current administration than their female peers.

HOW ORGANIZATIONS TRACK OUTCOMES



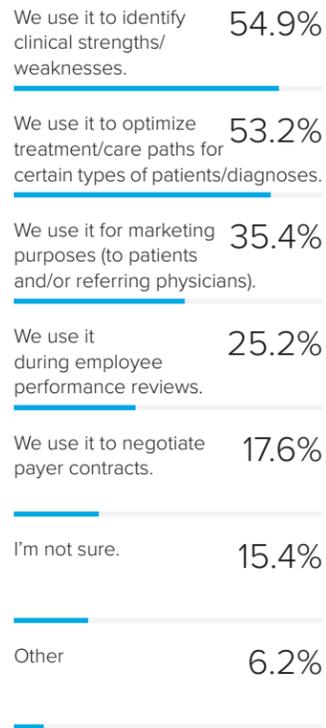
Overall, **more than half** of respondents either do not track patient-reported outcomes or are unsure whether they track patient-reported outcomes.

Tracking outcomes can help practitioners validate what they are doing right, modify interventions where necessary, and better understand specific patient populations. By pooling data, we can develop real-world evidence on a broader scale in real time. That would rapidly accelerate the evolution of our care, and it would clearly demonstrate the value of our services to consumers, payers, and policymakers.

**Sharon Dunn, PT, PhD, OCS**  
President  
APTA



HOW ORGANIZATIONS USE OUTCOMES DATA



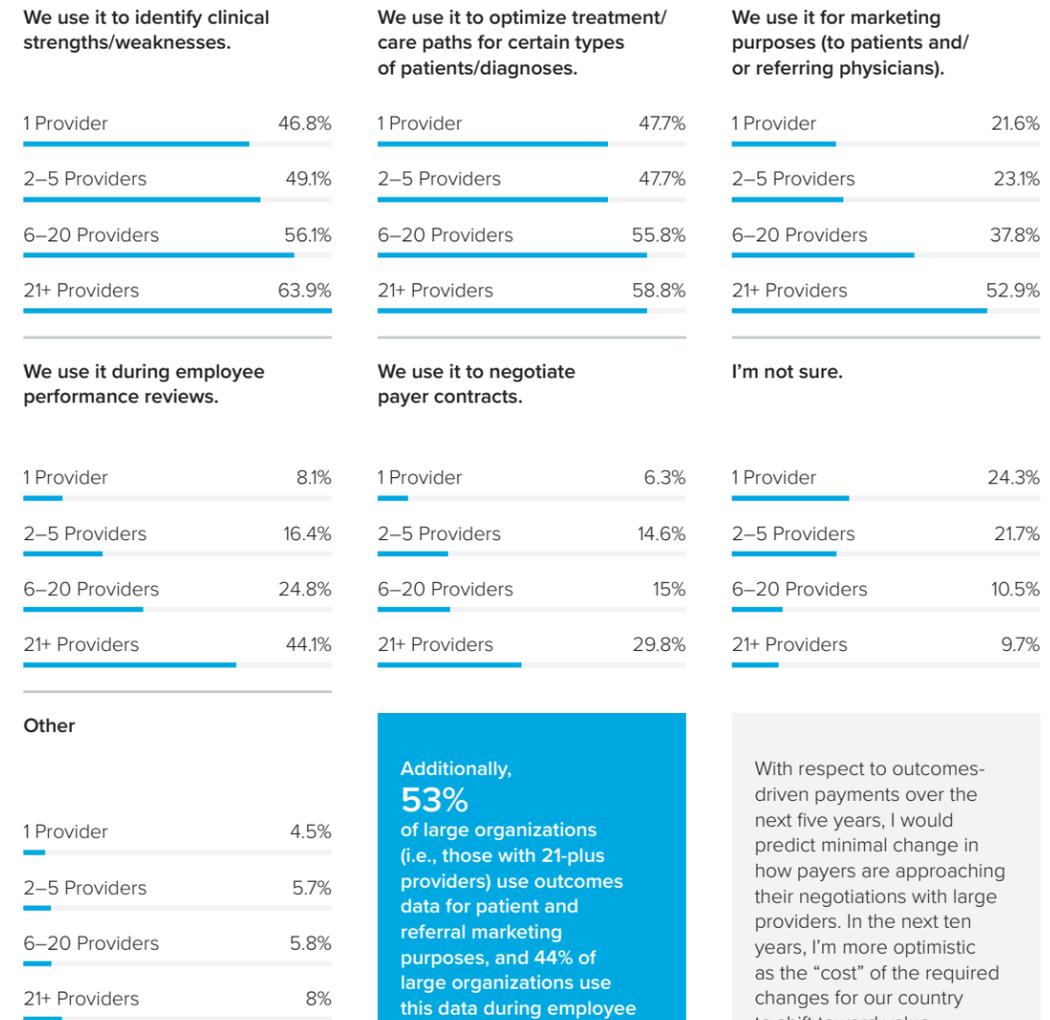
Of those respondents who do track outcomes, more than 50% indicated that they use the resulting data to identify clinical strengths or weaknesses and optimize patient treatment and care paths.

There is an incredible opportunity for our profession to raise the bar on the results we create with our patients every day. One of the best ways to "prove" this is by measuring, tracking, and reporting on clinical outcomes with our patients. Through these measurements, we are able to demonstrate functional improvement (above the minimum clinically important difference, or MCID) and show improvement in overall disability levels.

**Troy D. Bage, PT, DPT**  
COO  
Ivy Rehab Physical Therapy



HOW ORGANIZATIONS USE OUTCOMES DATA BY PROVIDER SEGMENT



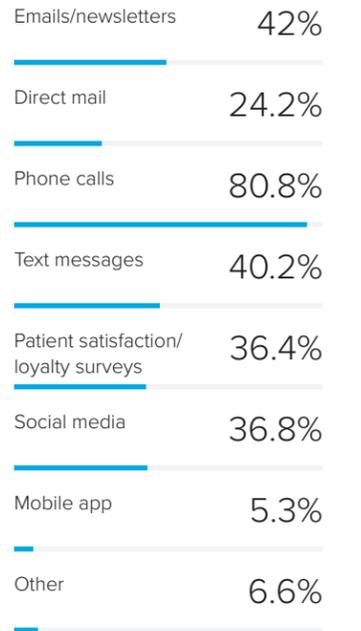
Additionally, **53%** of large organizations (i.e., those with 21-plus providers) use outcomes data for patient and referral marketing purposes, and 44% of large organizations use this data during employee performance reviews.

With respect to outcomes-driven payments over the next five years, I would predict minimal change in how payers are approaching their negotiations with large providers. In the next ten years, I'm more optimistic as the "cost" of the required changes for our country to shift toward value-based reimbursement is outweighed by our country's cost and budget strain to provide health care.

**Jason L. Kelsey, PT, DPT, MTC**  
VP of Rehabilitation and Sports Medicine Services  
WellStar Health System



HOW ORGANIZATIONS COMMUNICATE WITH PATIENTS OUTSIDE OF THE CLINIC



Overall, phone calls are the most popular method for communicating with patients outside of their appointments.

HOW ORGANIZATIONS COMMUNICATE WITH PATIENTS OUTSIDE OF THE CLINIC BY PROVIDER SEGMENT

Provider Segment	Emails/newsletters	Direct mail	Phone calls	Text messages	Patient satisfaction/loyalty surveys	Social media
1 Provider	50.5%	13.5%	85.1%	65.1%	10.7%	34.9%
2-5 Providers	50.6%	22.4%	85%	47.7%	20.9%	47.1%
6-20 Providers	50.7%	24.3%	80.6%	48.8%	36.8%	53.9%
21+ Providers	49%	23.4%	75.9%	41.4%	55.9%	50.7%

Provider Segment	Mobile app	Other
1 Provider	2.8%	3.6%
2-5 Providers	3.5%	2.6%
6-20 Providers	4.9%	2.7%
21+ Providers	8.6%	4.9%

Single-provider organizations are using text messages to communicate with their patients more than any other provider segment.

The larger companies get, the more they use patient satisfaction and loyalty surveys, with a little more than half of organizations with 21-plus providers reporting that they survey patients.

It's ten times cheaper to earn repeat business than it is to acquire new customers, and PRM software provides data to quickly deploy campaigns directed at the right audience. Existing referral data can then be used to create "look-alike" digital campaigns that target new customers with similar characteristics to your most satisfied customers.

**Nathan Perry**  
Chief Experience Officer  
Foothills Sports Medicine  
Physical Therapy

PERCENTAGE OF ORGANIZATIONS THAT AUTOMATE COMMUNICATION PLATFORMS

Emails/newsletters	52%
Direct mail	18.5%
Phone calls	27.2%
Text messages	61.6%
Patient satisfaction/loyalty surveys	50.8%
Social media	26.3%
Mobile app	36.6%
Other	20%
None of the above	31.1%

Overall, an average of 36.6% of respondents automate the platform they use to communicate with patients outside the clinic.

Text messaging is the most popular platform to automate.

HOW ORGANIZATIONS MANAGE REFERRALS



EMR reports and spreadsheets are the two most popular referral management tools.

HOW ORGANIZATIONS MANAGE REFERRALS BY PROVIDER SEGMENT

Provider Segment	EMR reports	Spreadsheets/electronic files	My organization does not currently manage referrals
1 Provider	26.8%	25.3%	45.7%
2-5 Providers	51.1%	30.3%	25.8%
6-20 Providers	52.7%	47.6%	16.9%
21+ Providers	61.8%	50.4%	8.5%

Provider Segment	CRM/PRM system	Other
1 Provider	3%	7.2%
2-5 Providers	5.2%	4%
6-20 Providers	8.8%	3.7%
21+ Providers	12.7%	6.5%

More than 45% of single-provider organizations do not manage referrals at all.

The biggest challenge in managing referral data is establishing a warehouse to store and access the information, which can be a barrier to entry for single providers. If the investment can be made in a patient referral management platform, the opportunities for leveraging data are endless.

**Michael Basten, PT, DPT**  
President and CEO  
Foothills Sports Medicine  
Physical Therapy

OVERALL NPS: WEBPT VS. MARKET (2017-2019)



Net Promoter Score® (NPS®) indicates how likely a customer is to recommend a particular brand, product, and/or service to a colleague or friend. Overall scores can range from -100 to +100, and in the healthcare technology space, the vast majority of vendor scores are negative.

**WebPT's NPS has exceeded the average NPS** for the rest of the rehab therapy technology market by more than 50 points for three consecutive years.

As you may have ascertained from the sheer size of this report, there are a lot of factors at play in the current rehab therapy market. Some—like expansion into alternative business models and increasing use of outcomes data to improve business and clinical performance—bode well for the future of our profession. Others—like the rise in therapist burnout and continued regulatory pressure from payers and government agencies—provide ample cause for concern.

It is our hope that this data will do more than inspire thoughtful consideration. Our ultimate goal is to inspire meaningful action—the kind that will not only allow rehab therapists to rise to their full potential as healthcare providers, but also ensure that every patient who could benefit from seeing a rehab therapist actually does.

So, in addition to sharing these insights within your own organization, I encourage all of you to take your action a step further by:

- Collecting, sharing, and leveraging patient-reported outcomes data to advocate for better payment rates and more pro-PT legislation.
- Doing your part to educate consumers and other healthcare providers—including referring physicians—on the benefits and value of your services.
- Marketing yourself, your organization, and your profession directly to patients by improving your online presence and sharpening your digital marketing tactics.
- Measuring patient loyalty and satisfaction—and then using the results to optimize each patient’s experience and thus, reduce the incidence of self-discharge.
- Providing your employees with the support, development, recognition, and work-life balance they need to deliver the best possible care while representing the profession in the best possible way.

While the data in this report tells a story of where we’ve been and where we are, it’s up to us to write the story of where we will go from here. **I believe that story is far from over—and I can’t wait to see what the next chapter will bring.**



Dr. Heidi Jannenga  
PT, DPT, ATC

President and Co-Founder  
of WebPT

With more than 80,000 Members and 15,000 clinics, WebPT is the leading software platform for outpatient physical, occupational, and speech therapists.

Simple and affordable, WebPT makes it easy for therapy professionals to transition from paper and outdated software to a user-friendly, cloud-based solution. With WebPT, therapists, directors, owners, billers, and front office staff have access to patients’ medical records, schedules, and claims anywhere, anytime, from any web-enabled device.

WebPT’s therapy-centric design and scalable architecture make it a great fit for clinics of any size, and the web-based application alleviates any large, upfront investments; costly IT support; or bulky, in-office servers. It provides an integrated method to manage patient documents and progress as well as clinic schedules, analytical reports, and billing. WebPT has an intuitive workflow, allowing therapists to efficiently create compliant and consistent documentation.

In addition to documentation, WebPT offers the tools necessary to run an organized clinic, including a multiuser scheduler with appointment reminders and the ability to upload external patient documents. With WebPT Analytics, therapists and staff can track productivity, cancellations, and no-shows as well as referrals. Therapists can also benchmark and track patient progress through WebPT’s outcomes tracking product and obtain continuing education units entirely online through WebPT CEU. Additionally, WebPT empowers practices to gain and retain patients through Reach, our powerful patient marketing and relationship management software, and improve patient compliance with our interactive, mobile-friendly home exercise program (HEP). Lastly, WebPT’s billing options—including the WebPT RCM Service and Billing Software as well as integrations with several certified billing partners—ensure clinics receive reliable, accurate claims submission and processing as well as speedy, maximized reimbursements.

With WebPT, rehab therapists have a modern and intuitive end-to-end software platform that’s well-suited to their needs, empowering them to be better in business—and more importantly, enabling them to provide better patient care.

Headquartered in the historic Warehouse District in downtown Phoenix, WebPT has a **99.9% uptime rate** and a **99% customer retention rate**. It was named to the Inc. 5000 list of the nation’s fastest-growing companies six years in a row and to the Deloitte Fast 500 list in 2016.

80,000+ Members  
15,000+ Clinics  
99.9% Uptime Rate  
99% Customer Retention Rate

See why thousands of rehab therapists choose WebPT over any other software solution in the industry.

Learn more about WebPT at [webpt.com/demo](http://webpt.com/demo)



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[webpt.com/demo](http://webpt.com/demo)