

THE  
**STATE  
OF REHAB  
THERAPY**  
2018

WebPT®



### **The rapid rise in insurance premiums.** The proliferation of high-deductible health plans. The obesity epidemic. The opioid crisis.

In a healthcare landscape blighted by so many complex issues, hope is hard to come by. The quest to “fix” the US healthcare system—though noble—has yielded modest results. And although we live in one of the most prosperous nations in the world, many of us are living with pain and dysfunction that seriously compromise our freedom, mobility, and overall physical condition. In fact, according to [a 2016 report from the American Academy of Orthopaedic Surgeons](#), an “estimated **126.6 million Americans** (one in two adults) are affected by a musculoskeletal condition—comparable to the total percentage of Americans living with a chronic lung or heart condition—costing an estimated **\$213 billion** in annual treatment, care and lost wages.”

So, what gives? Well, as I see it, the system itself is only the beginning of the problem. We can rebuild the framework a thousand times—in a thousand different ways—and still, we will find ourselves right back where we started: firmly planted in a society driven by reaction—one full of people raised on the idea that:

1. the appropriate time to access care is after a health problem or condition has manifested, and
2. the best care route is the one that is the fastest—even if it requires more invasive interventions.

**It’s no wonder, then,** that the US healthcare system is buckling under the weight of:

1. costly treatment options like surgery and prescription painkillers (which often lead to even more serious health issues down the road), and
2. patients with advanced, complex conditions that could have been treated more easily and less expensively in the early stages—or perhaps even prevented entirely.

Mitigating that pressure requires a total overhaul of the paradigm that currently defines healthcare delivery and payment in this country. More than that, it requires a shift in societal norms—specifically, the accepted manner in which we, as individuals, interact with the healthcare system.

What if, for example, patients were conditioned to access preventive care in all areas of their personal health and wellbeing—physical and emotional? And what if—when problems did arise—those patients were empowered and incentivized to seek treatment as quickly as possible, and their providers were empowered to route them to the best healthcare professional for the job? Finally, what if all payment models and insurance plans encouraged this type of behavior?

**Sure, the tides are turning**—regulatory pressures are slowly pushing the transition to a value-based philosophy of payment and care delivery. But, many providers—especially those who have traditionally gravitated toward the types of treatment that are partially responsible for our current predicament—are fighting that shift. They are clinging to a system that rewards volume, perhaps because they have yet to find their place in the emerging environment of value.

Rehab therapists, on the other hand, have already found our place on the value-based stage. We already know how to deliver safe, effective, cost-efficient care. We’re already equipped to positively impact health at the population level—because as I mentioned before, literally half of the US population is affected by the types of conditions we are specifically trained to address.

**That puts us in a pretty powerful position.** But, to effectively harness that power, we must develop data-backed strategies to:

- reach the vast population of people who could benefit from our services;
- advocate for payment structures that reward the short- and long-term value we provide; and
- own our roles as care coordinators for the patients we serve.

The more data we have, the sounder—and more successful—those strategies will be. That’s exactly why my team and I have committed to not only conducting a survey of the entire rehab therapy community every year, but also sharing the results publicly in the form of an annual industry report. In this report, you’ll find data insights and analysis that will help you:

- understand the current state of the PT, OT, and SLP professions;
- assess your performance at both the individual and organizational levels; and
- make more intelligent business decisions on everything from hiring and compensation to billing methods and technology solutions.

It is my hope that this data will drive meaningful change throughout the entire rehab therapy industry—change that will allow us to reach our full potential as healers and trailblazers. And while we certainly cannot “fix” the US healthcare system on our own, we can play a vital role in alleviating some of the burden that is dragging it down.

**We are, after all, healers by nature—and that is exactly what our country needs.**

It is my hope that this data will drive meaningful change throughout the entire rehab therapy industry—change that will allow us to reach our full potential as healers and trailblazers.



**Dr. Heidi Jannenga, PT, DPT, ATC**  
President and Co-Founder of WebPT

## SURVEY METHODS

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 **6,864 responses**. **WebPT Members accounted for 51%** of those responses, and **non-WebPT Members accounted for 49%**.

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 statistically relevant.

**6,864**  
Responses

**51%**  
WebPT Members

**49%**  
Non-WebPT Members

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### CONCLUSION

### ABOUT WEBPT

25%  
of patients in  
one-provider  
organizations  
complete  
more than  
90%  
of their care plan

6 in 10  
rehab therapy  
students will have  
more than  
\$70,000  
in debt upon  
graduation

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

The majority of rehab therapy patients do not complete their course of care.

Patient dropout is a pervasive problem in rehab therapy, and it appears to worsen the larger an organization gets. According to our results, **25%** of patients in one-provider organizations complete more than **90%** of their care plan. That rate drops to **13.6%** for organizations with 2–5 providers, **8.9%** for organizations with 6–20 providers, and **6.3%** for organizations with more than 21 providers.

Marketing is not a budget priority for most rehab therapy organizations.

Across all practice size categories, the majority of executives surveyed are either:

- spending nothing on marketing, or
- unsure of how much they are spending on marketing.

There is a huge disparity between student debt and starting salaries.

Across all roles, overall annual salaries in the rehab therapy industry primarily fall into the **\$60,001–\$90,000** range.

- The average pay range for individuals with under seven years of experience is **\$60,001–\$70,000**, whereas the average pay range for individuals with seven or more years of experience is **\$70,001–\$100,000**.
- Males are more heavily represented in the **\$70,001-plus** salary segments, whereas females are more heavily represented in salary segments below **\$70,000**—meaning that overall, females are being paid less than males.
- Female students expect to make less money in their first post-graduation job than their male peers.

Still, while new grads can expect to make around **\$65,000** a year, nearly 6 in 10 students will have more than **\$70,000** in debt upon graduation, and more than 1 in 4 students will have **\$100,001–\$150,000** in debt upon graduation.

Rehab therapists like their jobs but show concern over the general direction of the industry.

More than **60%** of therapists strongly agreed that they liked being a rehab therapist. However, significantly fewer respondents strongly agreed that they:

- were fairly happy with their careers;
- would recommend their career to young people;
- were happy with the overall direction of rehab therapy; and
- were happy with the overall direction of health care in general.

>60%  
of therapists strongly  
agreed that they  
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rehab therapist

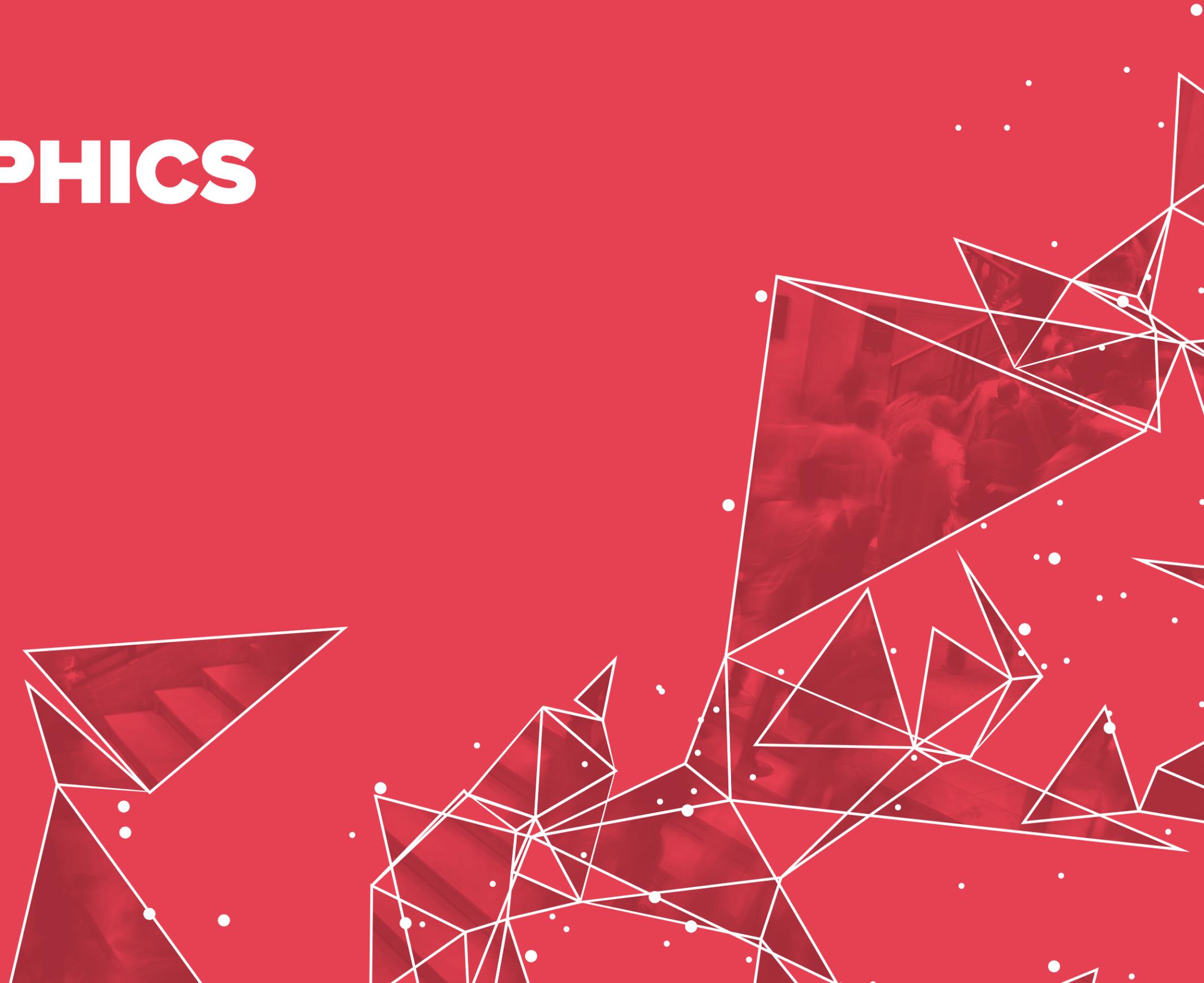
**We've divided our results into five categories:**  
**Demographics, Business and Financials, Salary,**  
**Challenges and Opportunities, and Technology.**

1. The **Demographics** category provides a breakdown of respondents according to role, age, location, and sex.
2. The **Business and Financials** category offers revenue and reimbursement data based on company or department size, payer mix, geographic location, and billing method.
3. The **Salary** category presents compensation information based on job role, years of experience, sex, and location.
4. The **Challenges and Opportunities** category explores barriers to delivering valuable care, deploying effective marketing campaigns, and achieving professional growth and satisfaction.
5. The **Technology** category sheds light on the desired attributes of rehab therapy technology solutions—as well as those platforms' performance in various categories.

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# 01

# DEMOGRAPHICS



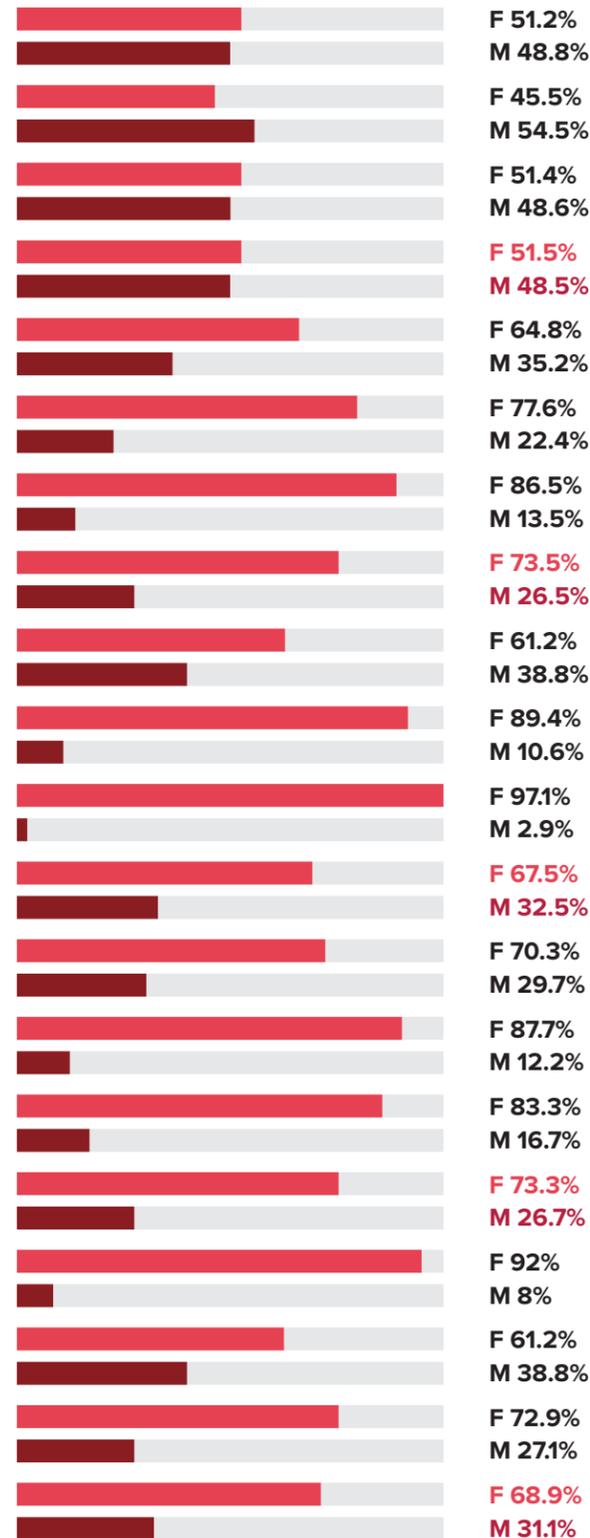
# DEMOGRAPHICS

## OVERALL ROLE DISTRIBUTION

*Some respondents selected multiple roles.*

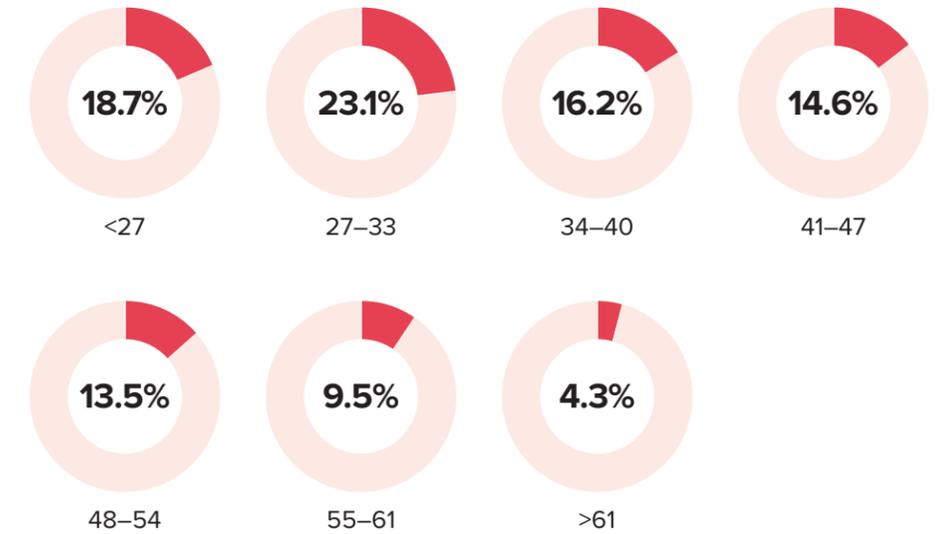
1,139	Owner
87	C-Level Executive
320	VP/Director
<b>1,468</b>	<b>Executive Total</b>
477	Administrator
557	Office Manager
370	Billing Manager
<b>1,084</b>	<b>Manager Total</b>
3,218	Physical Therapist
672	Occupational Therapist
297	Speech-Language Pathologist
<b>4,178</b>	<b>Therapist Total</b>
468	Physical Therapist Assistant (PTA)
89	Occupational Therapy Assistant (OTA)
10	Speech-Language Pathologist Assistant (SLPA)
<b>566</b>	<b>Therapist Assistant Total</b>
252	Clerical Staff
827	Student
535	Other
<b>1,559</b>	<b>Clerical, Student, and Other Total</b>

## ROLE OF RESPONDENTS BY SEX



While rehab therapy has always been a female-dominated profession, males have historically filled the vast majority of leadership roles. According to this data, however, a shift is occurring, with the representation of females surpassing that of males in all leadership categories except C-level executive roles. And even at the C-level, males only out-represent females by 9%.

## OVERALL AGE DISTRIBUTION



## OVERALL FEMALE/MALE DISTRIBUTION

68.9% **F**  
31.1% **M**

52.4% of rehab therapy professionals surveyed are APTA members, and 30.9% do not belong to any associations.

**“As a majority female profession, it stands to reason that women would be similarly represented at all levels of our profession.** Unfortunately, as in many professions, women have been under-represented in leadership roles in physical therapy. This survey data is thus extremely encouraging, suggesting that we’re starting to see change.”

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





**Bridgit Finley**  
**PT, DPT, OCS,**  
**FAAOMPT**

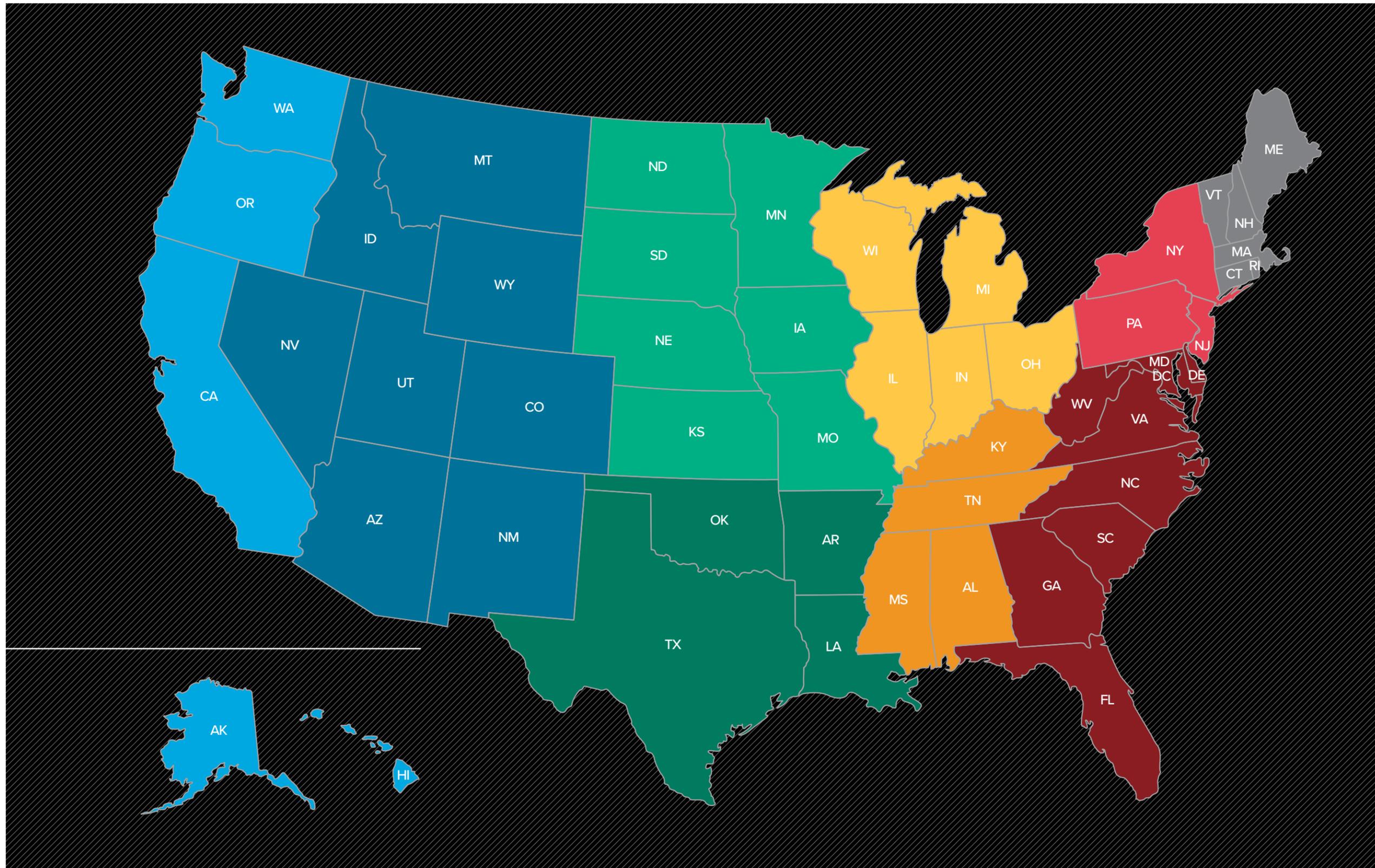
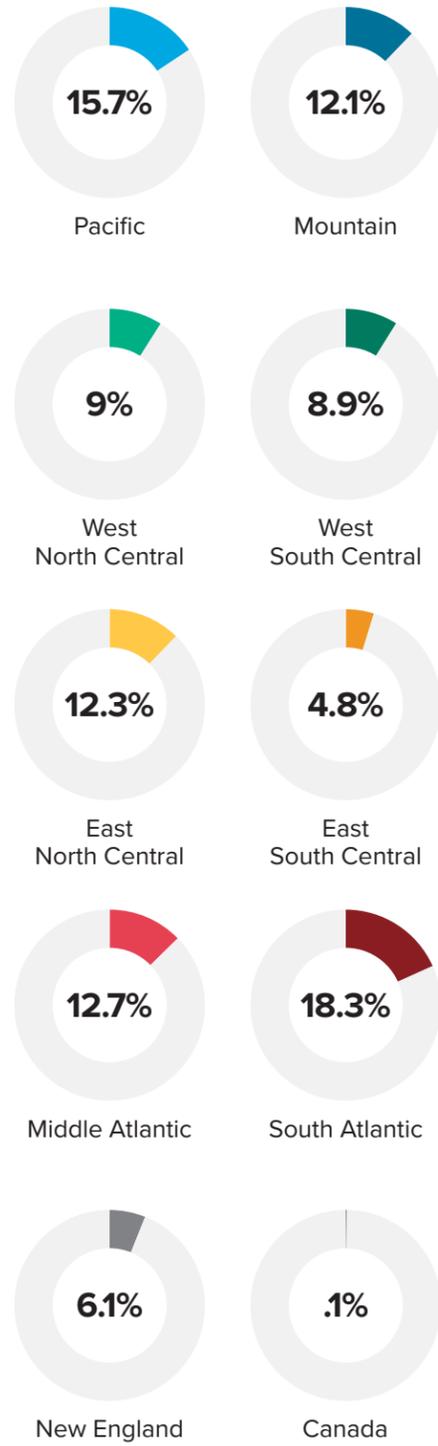
Founding Partner  
and CEO  
*Physical Therapy  
Central*

I am encouraged to see and meet more and more women in leadership positions in private practice...[but while] I feel like it is changing, it is not enough. I want to encourage women to step up and ask for what they want and not self-limit. When fear limits our actions, that is when we need to remember why we do what we do and allow our passion to overcome our fear. When we do that, all things are possible.



# DEMOGRAPHICS

## SURVEY RESPONDENTS BY REGION



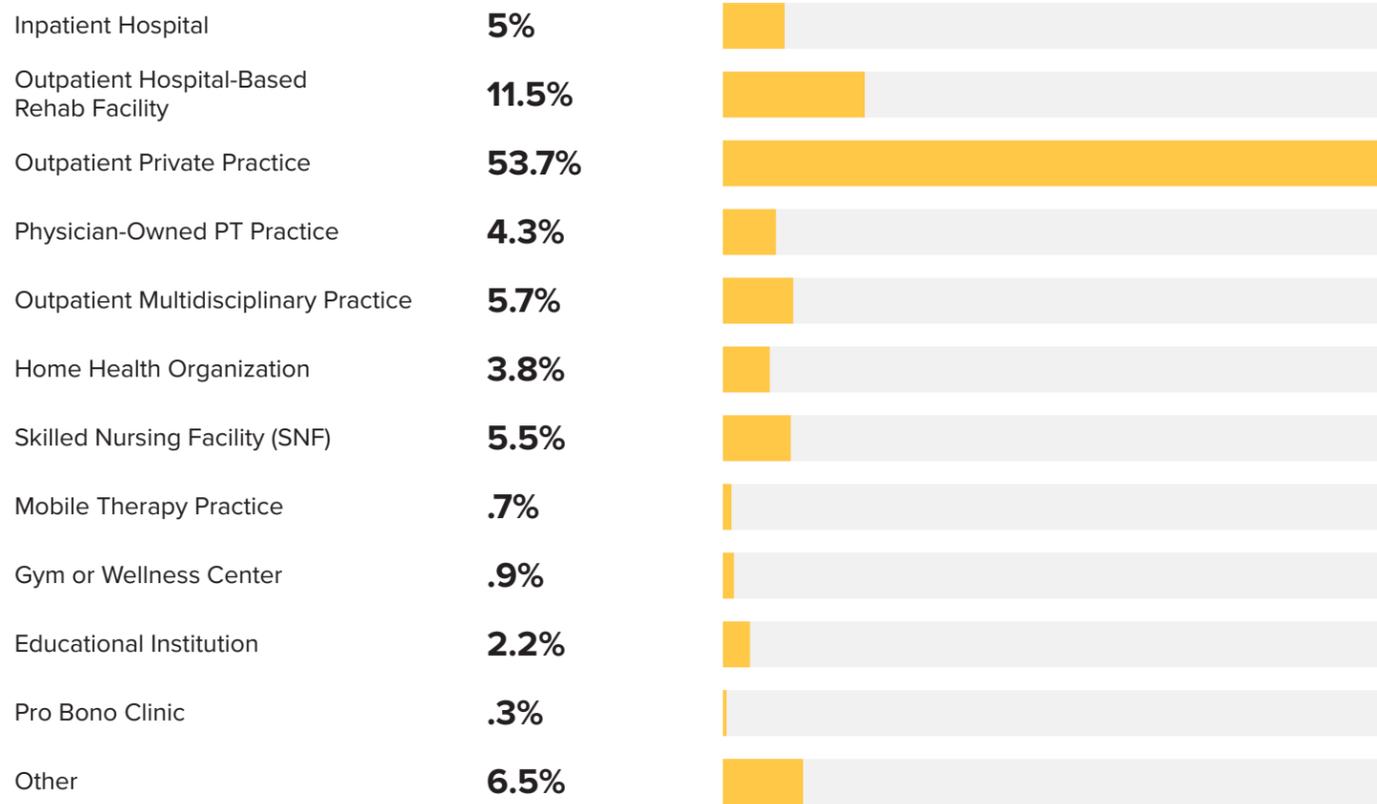
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# 02

# BUSINESS AND FINANCIALS

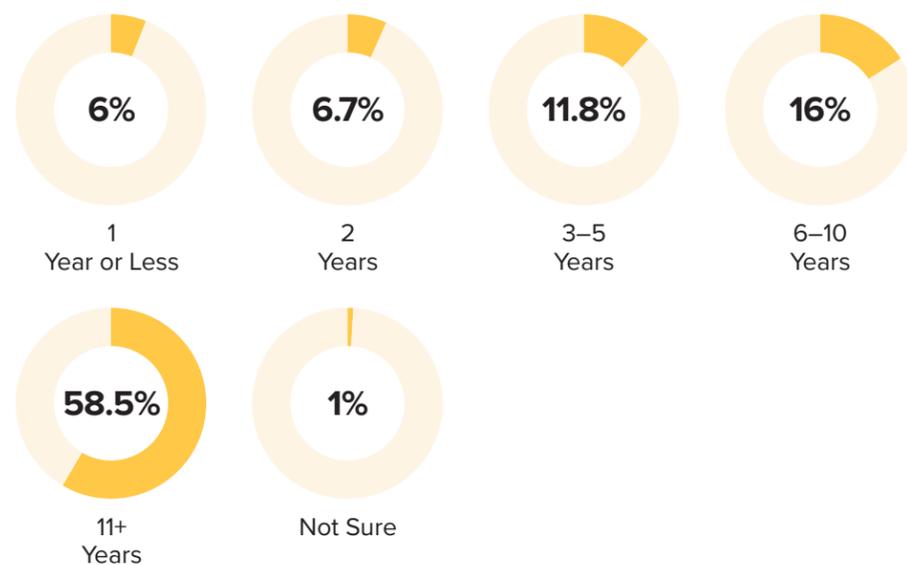


PRACTICE SETTING

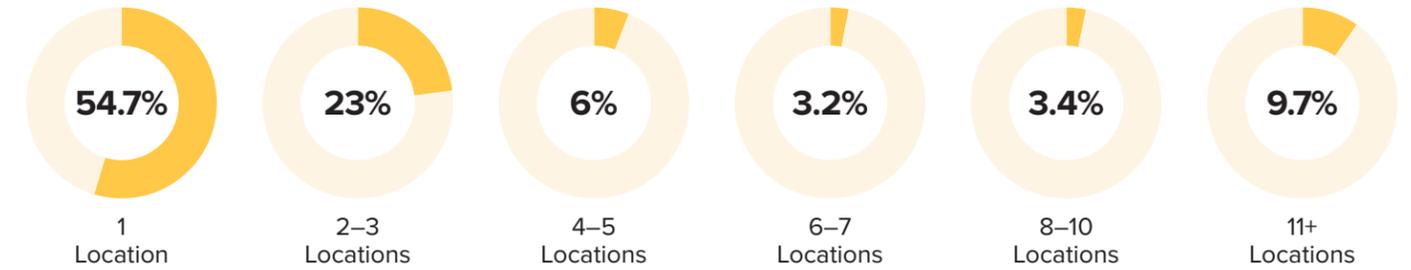


More than half of the organizations represented have been in business for **11** or more years.

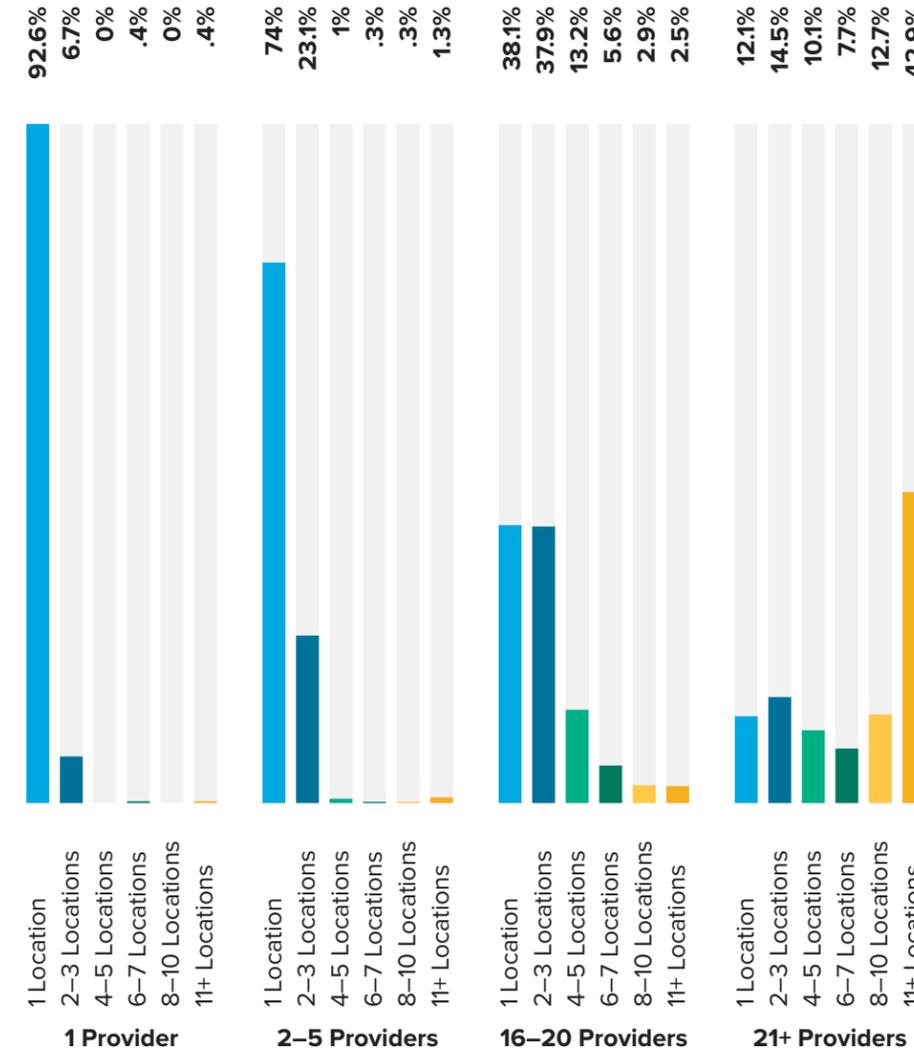
YEARS IN BUSINESS



NUMBER OF CLINIC LOCATIONS



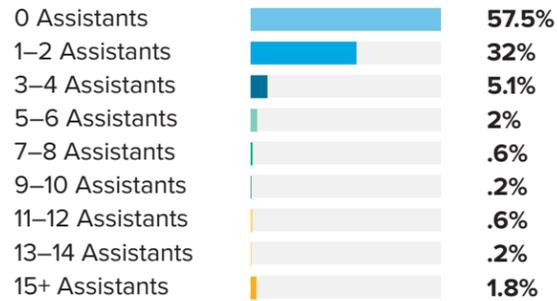
NUMBER OF CLINIC LOCATIONS BY PROVIDER SEGMENT



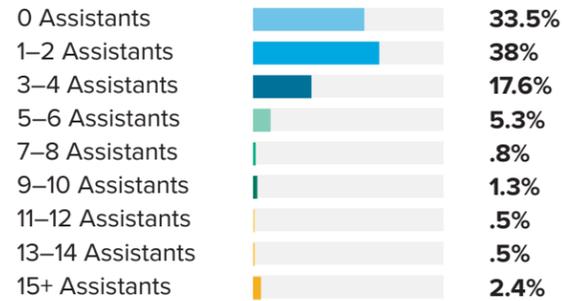
More than half of the organizations represented have only one clinic location, and more than **90%** of those organizations have only one provider on staff. This suggests that—despite the often-discussed consolidation trend—small, independent practices still have a strong foothold in the rehab therapy market.

USE OF THERAPIST ASSISTANTS VS. NUMBER OF PATIENTS SEEN PER DAY

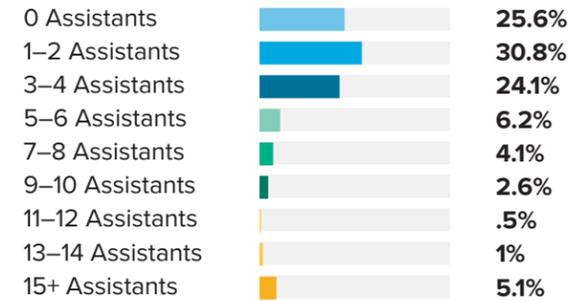
1–20 Patients Seen per Day



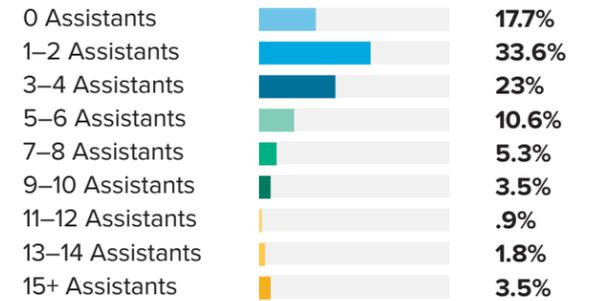
21–40 Patients Seen per Day



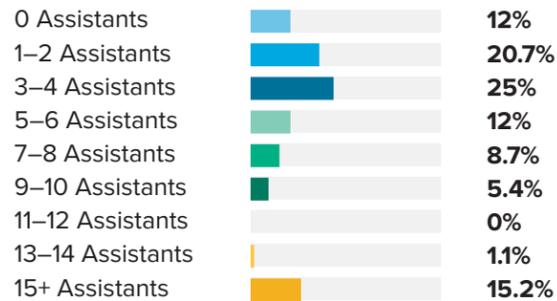
41–60 Patients Seen per Day



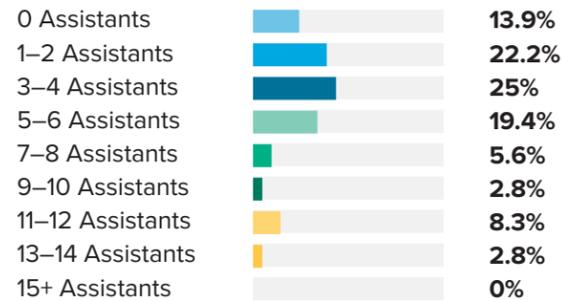
61–80 Patients Seen per Day



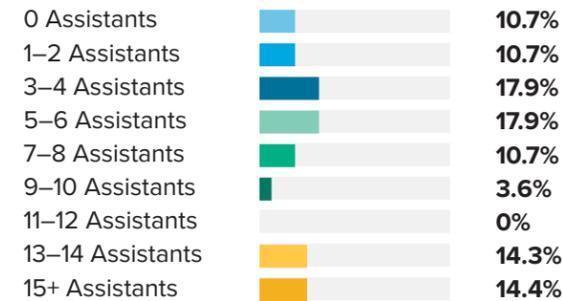
81–100 Patients Seen per Day



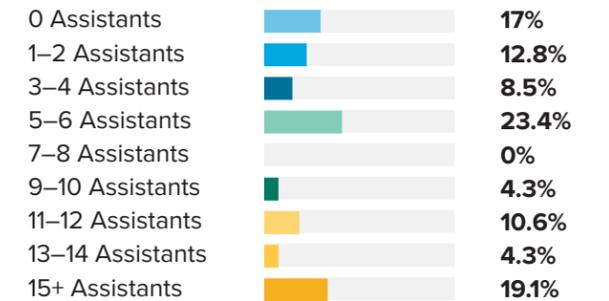
101–120 Patients Seen per Day



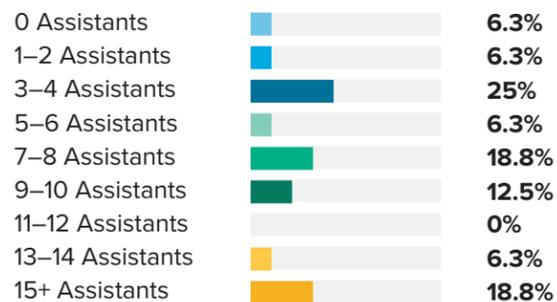
121–140 Patients Seen per Day



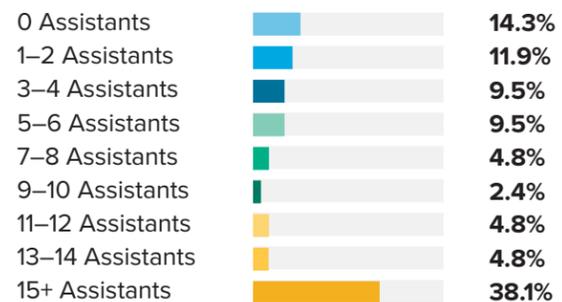
141–160 Patients Seen per Day



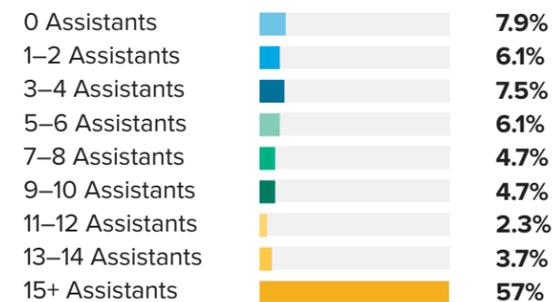
161–180 Patients Seen per Day



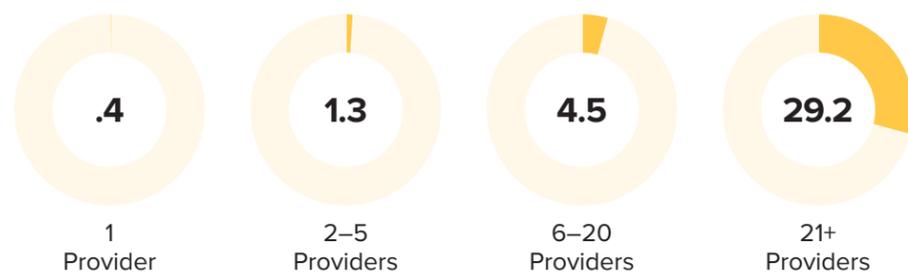
181–200 Patients Seen per Day



200+ Patients Seen per Day



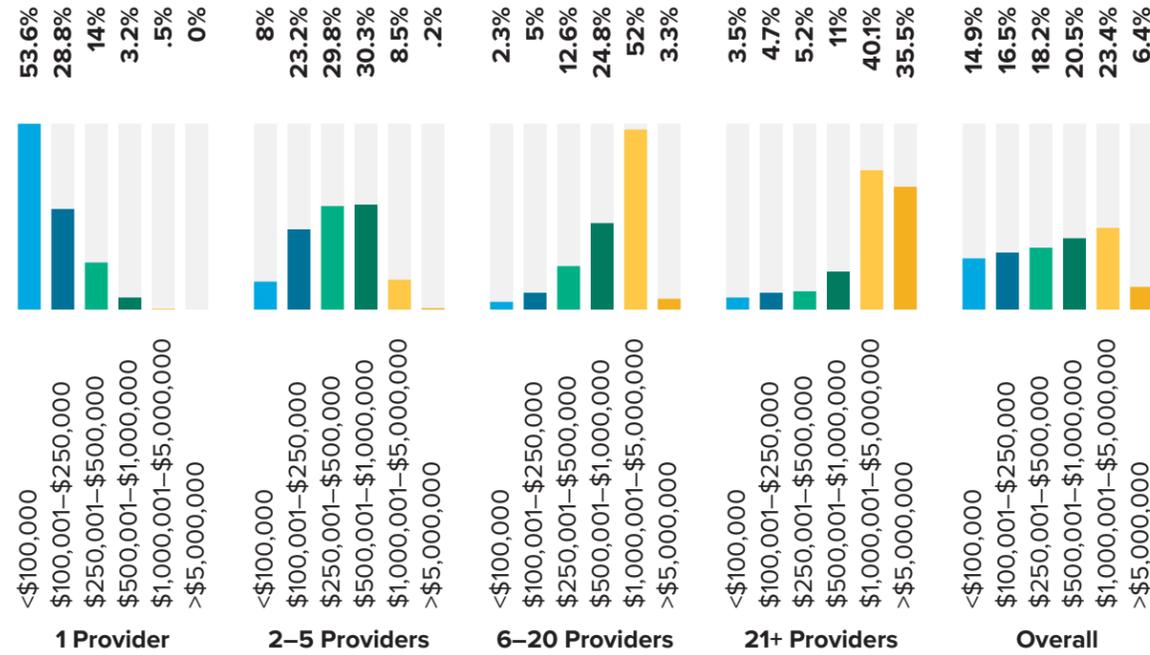
AVERAGE NUMBER OF ASSISTANTS ON STAFF



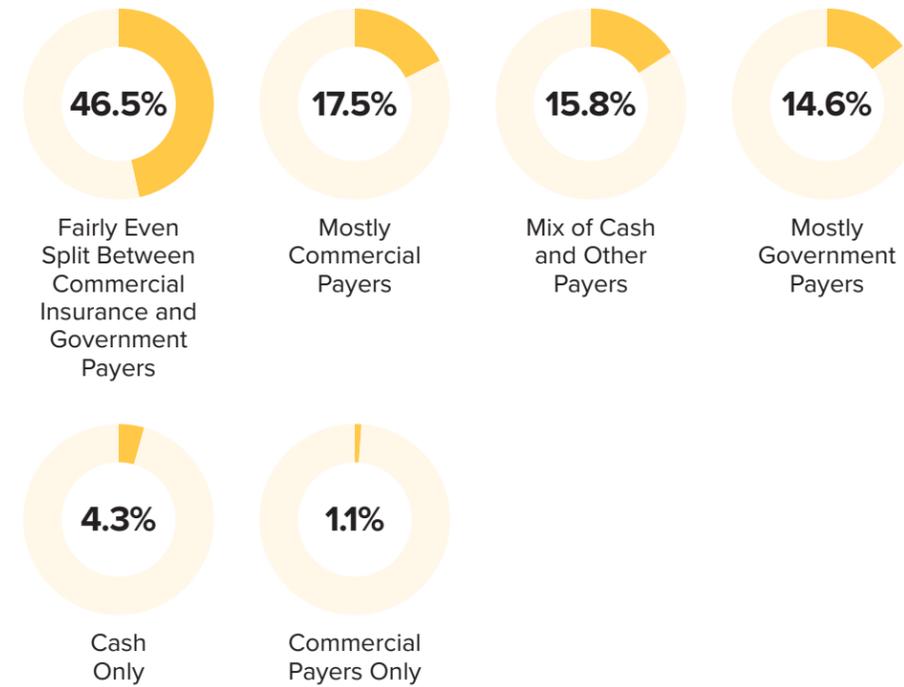
The use of therapist assistants becomes more prevalent as organizations get larger, with the majority of organizations that staff more than **15** assistants seeing at least **121** patients per day.

Most organizations with six or more providers generate at least **\$1,000,000** in annual gross revenue.

**ANNUAL GROSS REVENUE BY NUMBER OF PROVIDERS**

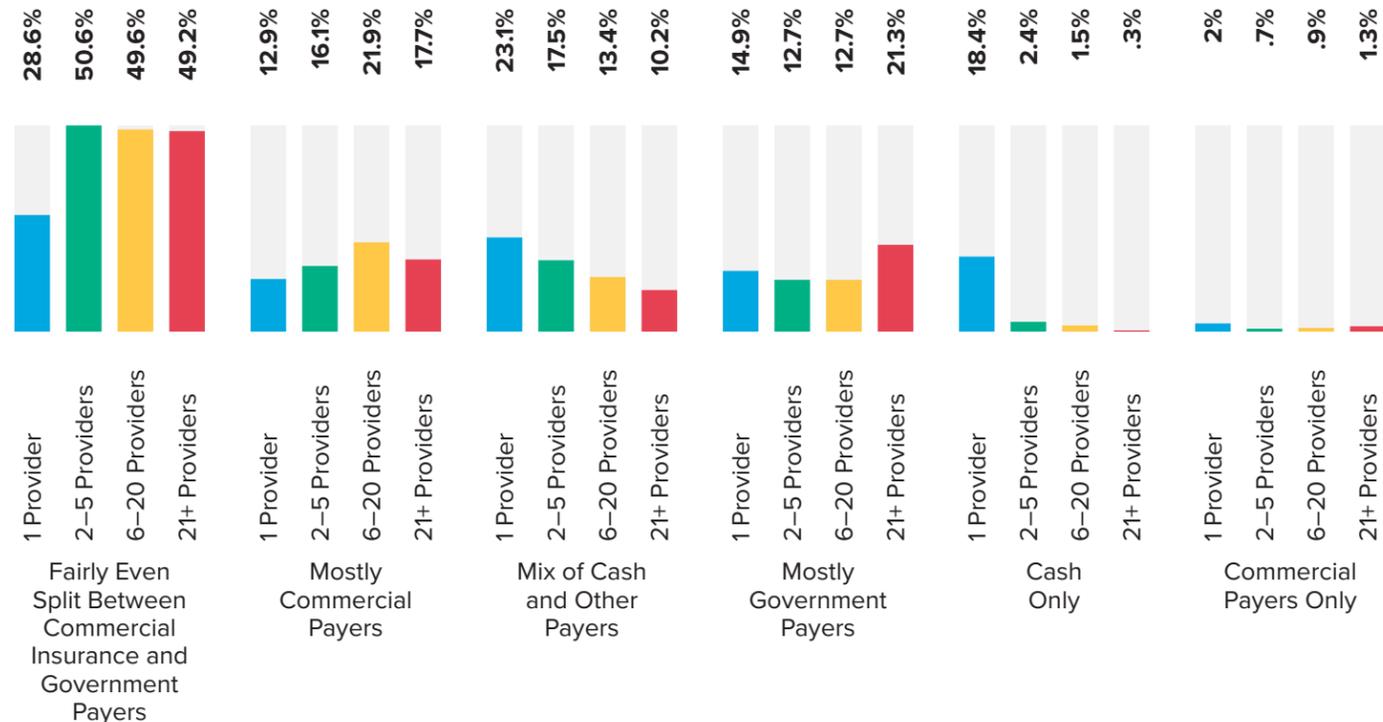


**ORGANIZATIONS BY PAYER MIX**

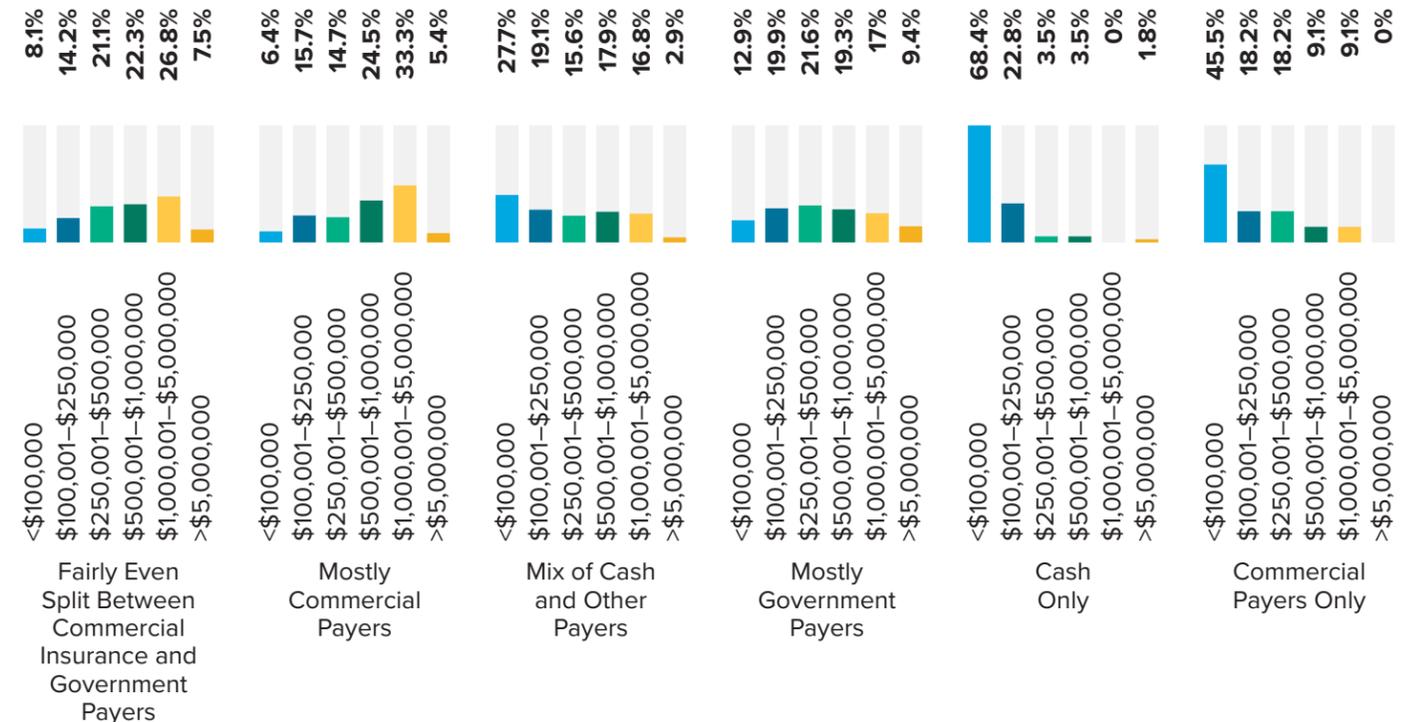


Generally speaking, there's a fairly even distribution of payer mixes across all revenue segments, with one exception: the cash-only payment category is dominated by providers with a gross annual revenue of less than **\$100,000**. This makes sense considering that cash-based entities account for **18.4%** of single-provider organizations but do not represent more than **2.4%** of any other provider segment.

**PAYER MIX BY PROVIDER SEGMENT**



**ANNUAL GROSS REVENUE BY PAYER MIX**





**Dr. Jarod Carter**  
**PT, DPT, MTC**

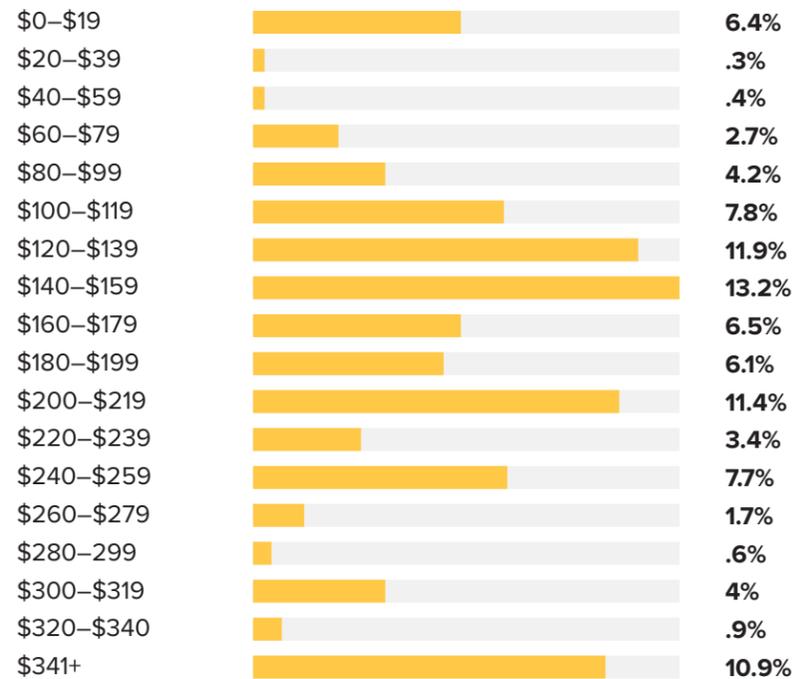
Cash-Based  
Practice Owner  
and Consultant

I think we'll see an increase in the total number of cash-only practices that are making over \$1 million [in annual revenue]. Rising deductibles and copays—and less overall coverage for PT—is making it much easier to attract cash-pay patients than it used to be. So, cash-only clinics are becoming more scalable as healthcare consumers with high deductibles and copays are realizing there's often little financial difference between going in-network and going out-of-network. And cash-only clinics are generally providing a higher-quality customer experience.

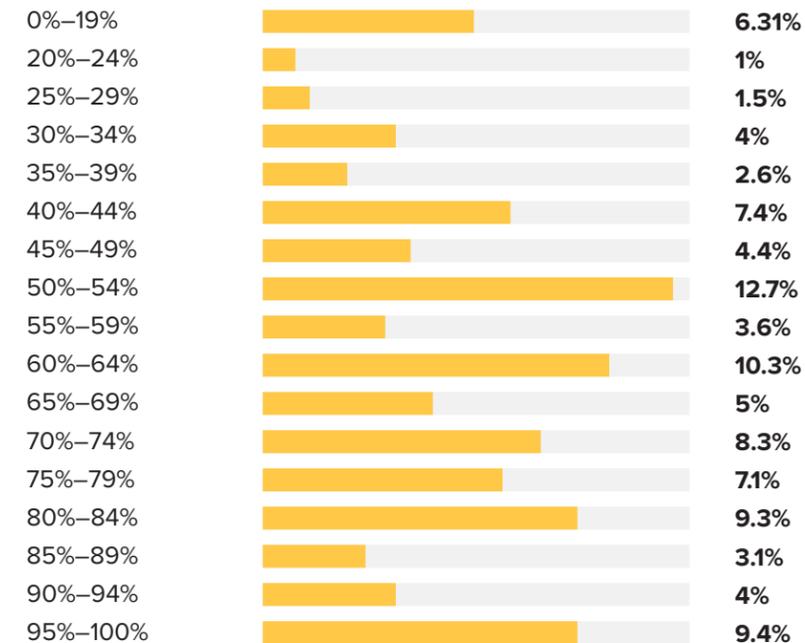


About a quarter of respondents reported billing an average of **\$120–\$159** per claim.

AVERAGE AMOUNT BILLED PER CLAIM



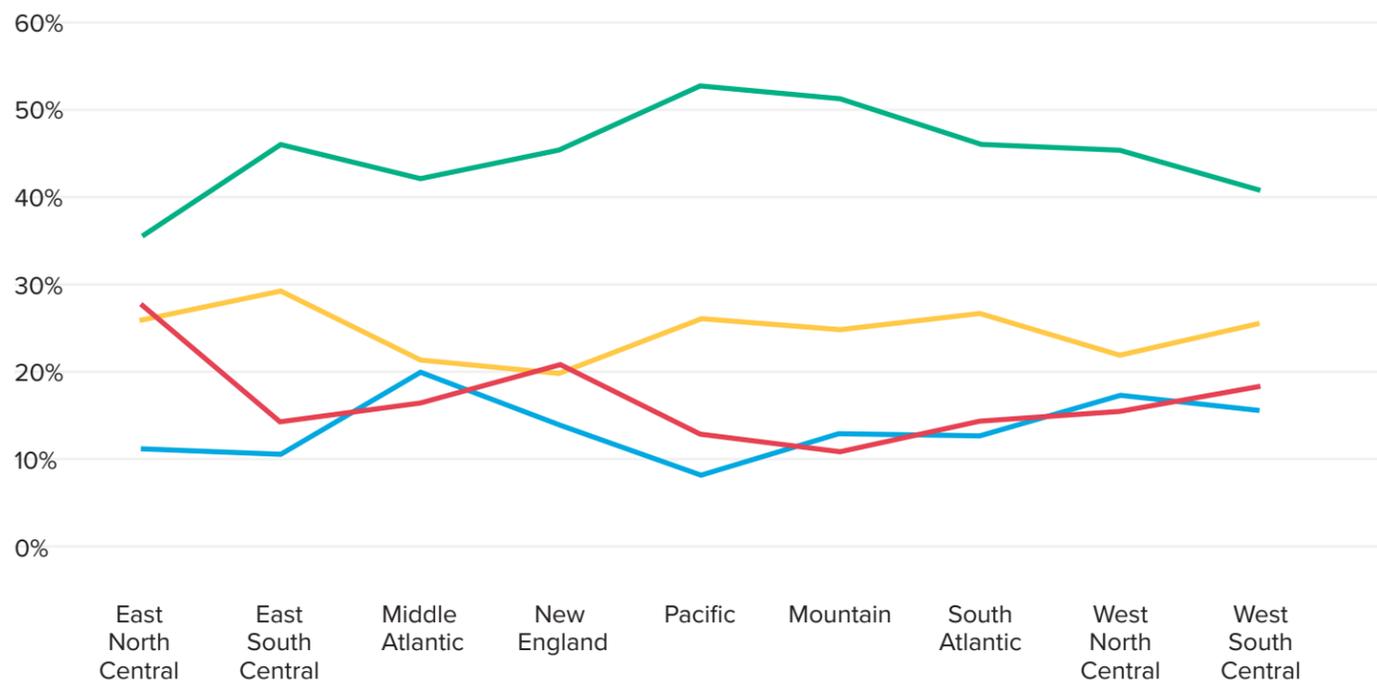
AVERAGE PERCENT OF BILLED AMOUNT CLAIMED AS REIMBURSEMENT



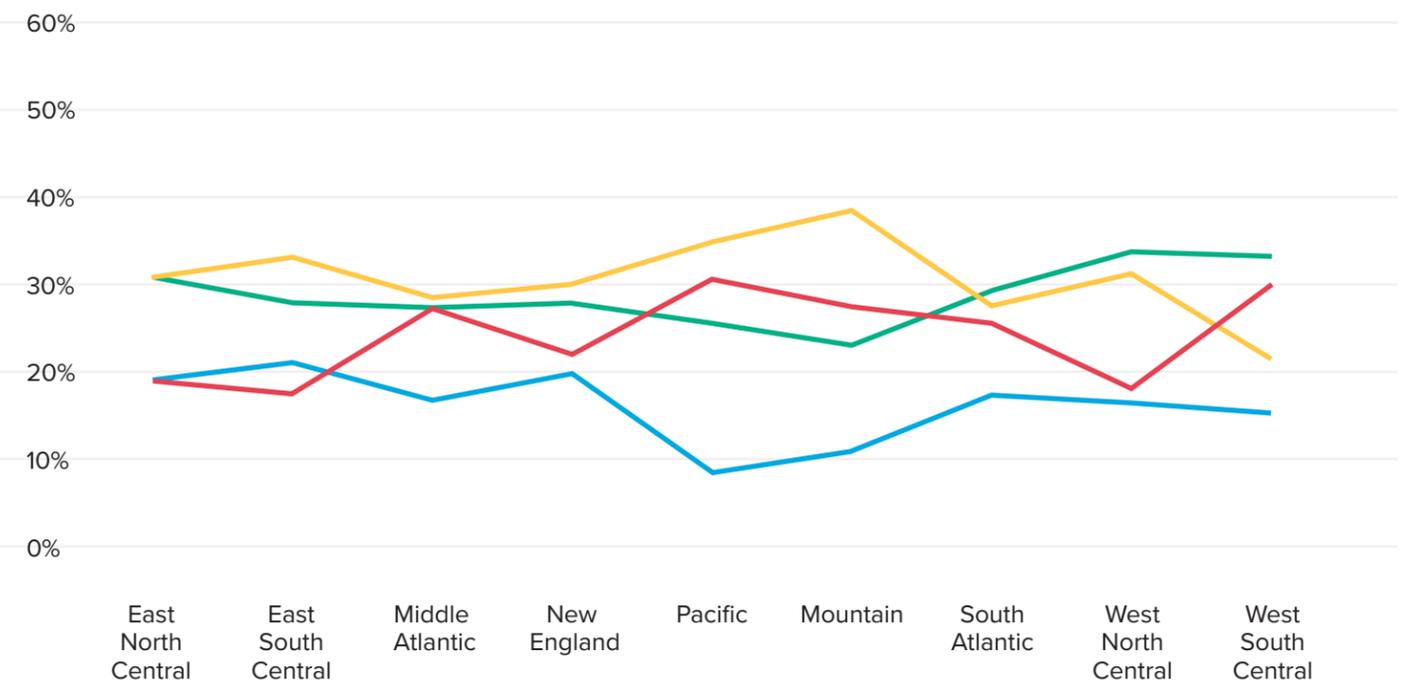
Just over a quarter of respondents reported claiming **50–64%** of the billed amount as reimbursement.

Although the West region showed the lowest billed amounts, it also showed the highest reimbursement percentages. Additionally, the East North Central region showed relatively high billed amounts and reimbursement percentages.

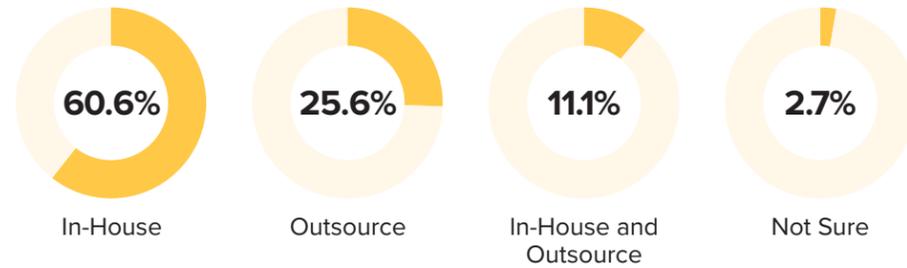
AMOUNT BILLED PER CLAIM BY GEOGRAPHIC REGION



PERCENT OF BILLED AMOUNT CLAIMED AS REIMBURSEMENT BY GEOGRAPHIC REGION

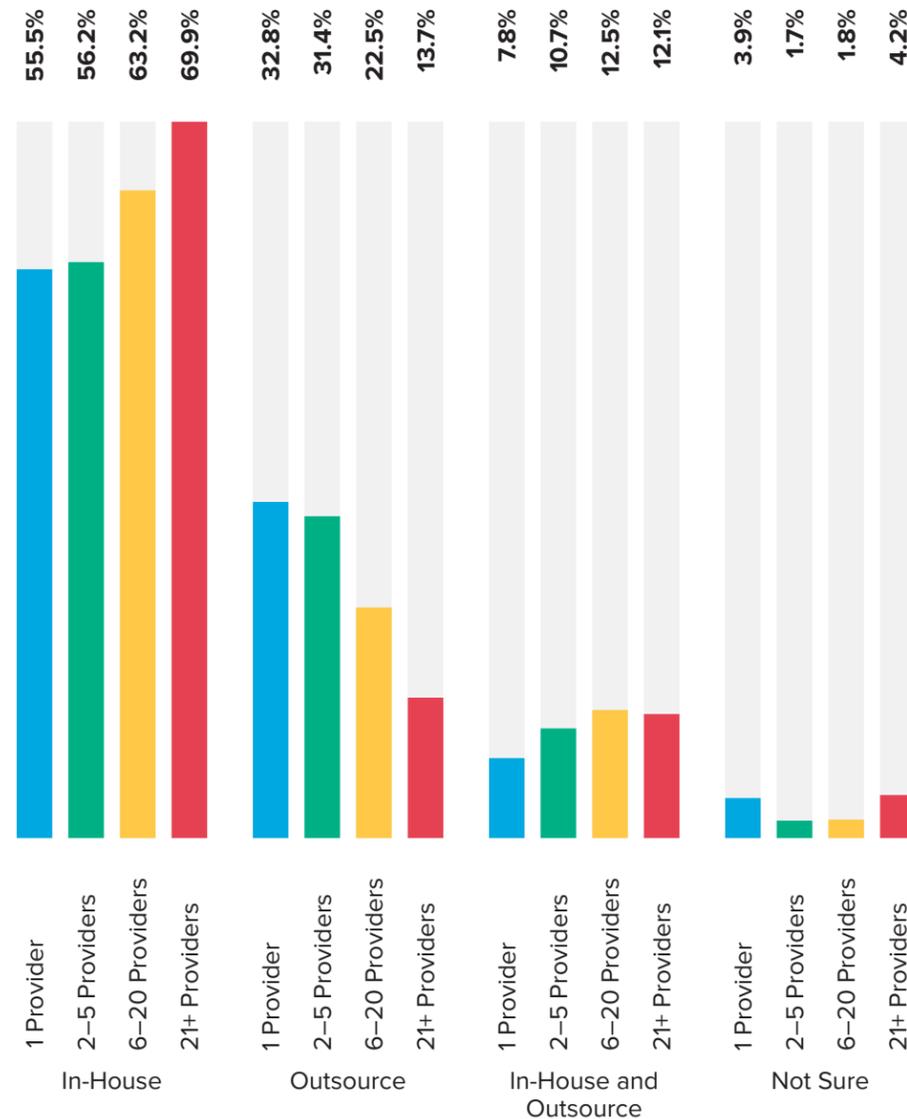


HOW ORGANIZATIONS HANDLE BILLING

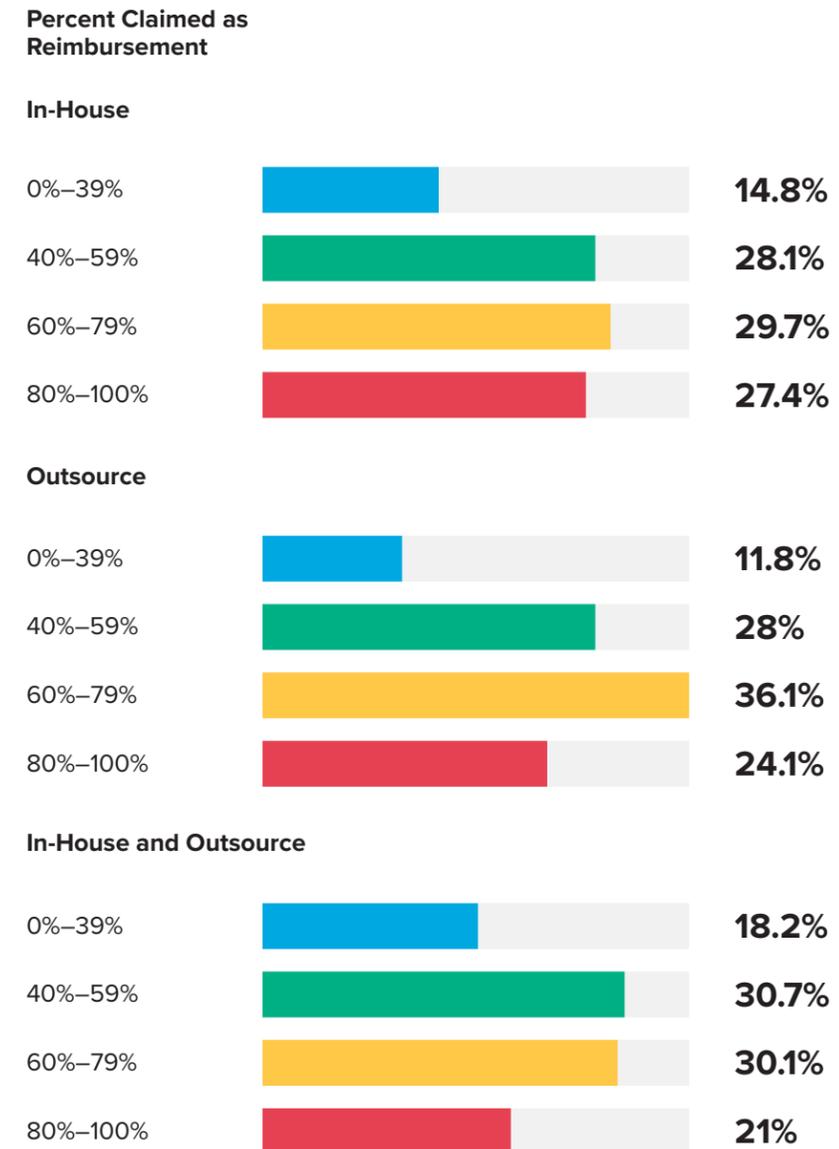


Larger organizations tend to handle billing in-house, whereas smaller organizations tend to outsource billing operations.

BILLING METHOD BY PROVIDER SEGMENT



BILLING METHOD BY PERCENT OF BILLED AMOUNT CLAIMED AS REIMBURSEMENT



Organizations that completely outsourced billing operations received a higher average percent of the billed amount than organizations that either handled billing in-house or partially outsourced their billing operations.



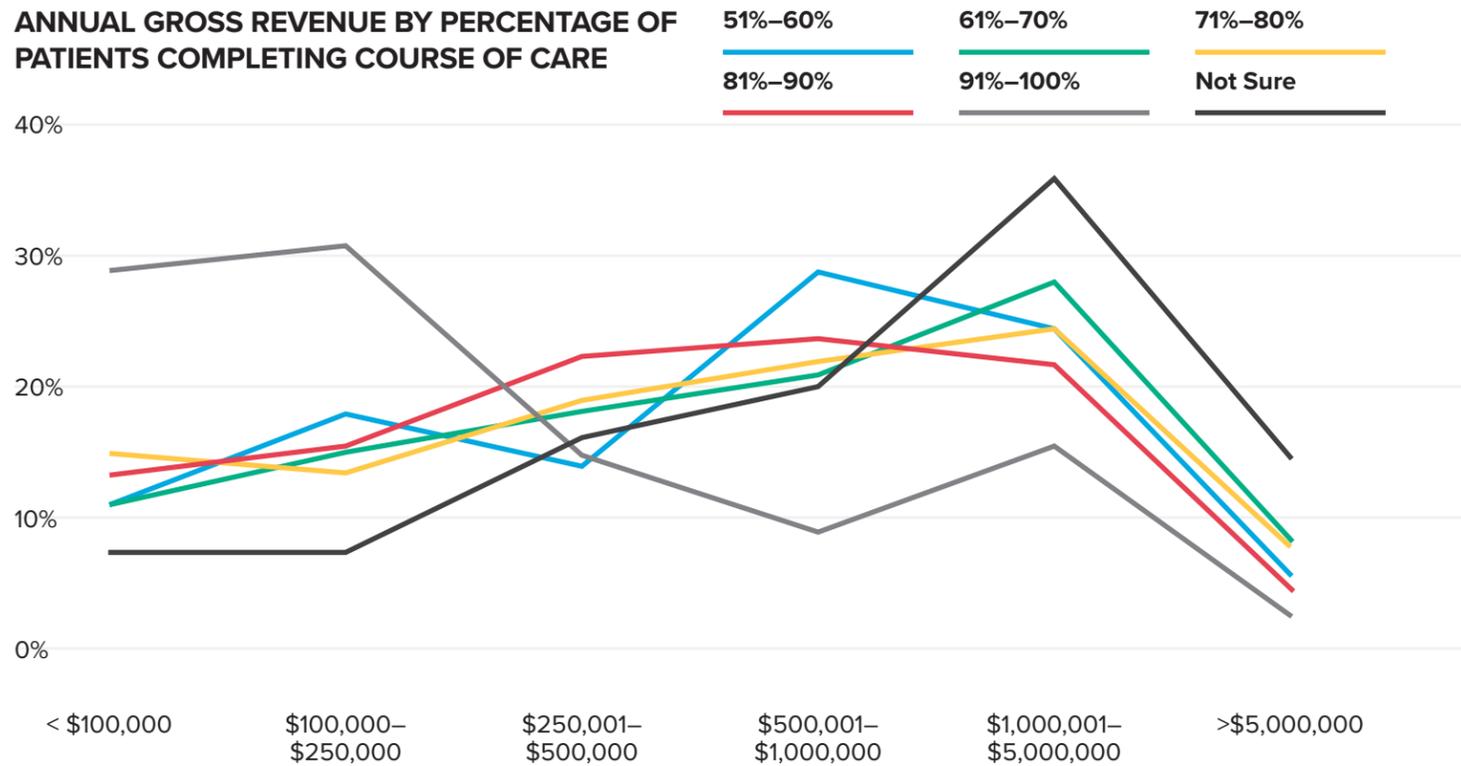
**John Wallace**  
**PT, MS**

Chief Business  
Development  
Officer of  
Revenue Cycle  
Management  
*WebPT*

It's important to remember that a high percentage claimed does not necessarily translate to better financial performance, because it could indicate that a practice isn't charging enough for its services. For example, one practice could bill \$50 for 15 minutes of therapeutic exercise, whereas another may bill \$25 for the same service. If the insurance pays \$35 for this service, the first practice would receive 70% of the billed amount, whereas the second practice would receive 100%. So, the first practice had a better overall financial outcome, even with a lower reimbursement percentage.



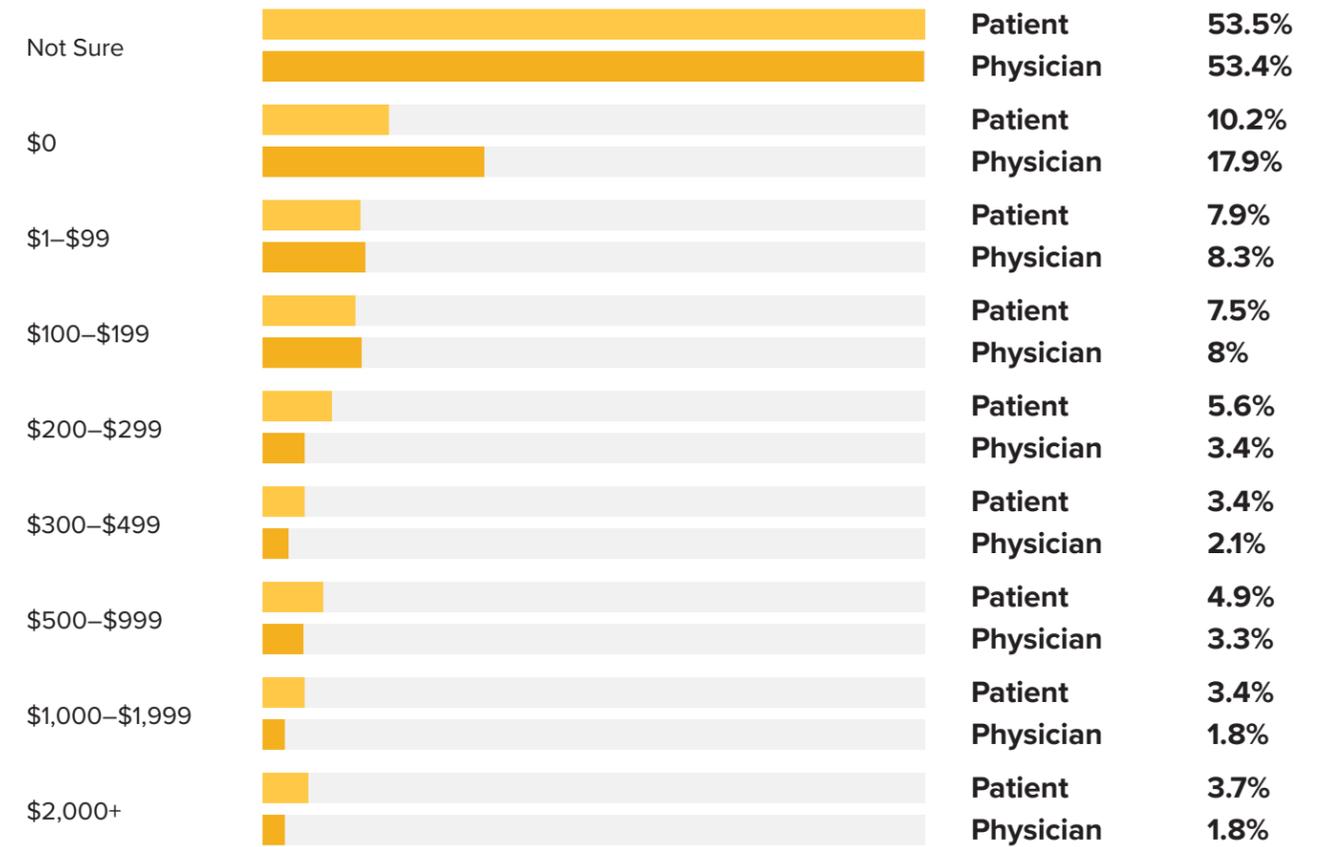
ANNUAL GROSS REVENUE BY PERCENTAGE OF PATIENTS COMPLETING COURSE OF CARE



Compared to providers in other revenue segments, **providers with under \$250,000 in annual revenue had the greatest success with patient course of care completion.**

Furthermore, executives from organizations in the higher revenue segments tended to have less awareness of their patients' course of care completion.

PHYSICIAN MARKETING SPEND VS. PATIENT MARKETING SPEND (PER CLINIC, PER MONTH)



**One in two rehab therapy executives isn't sure how much his or her organization is spending on either patient marketing or physician marketing efforts.**



**Scott Hebert**  
**PT, DPT**

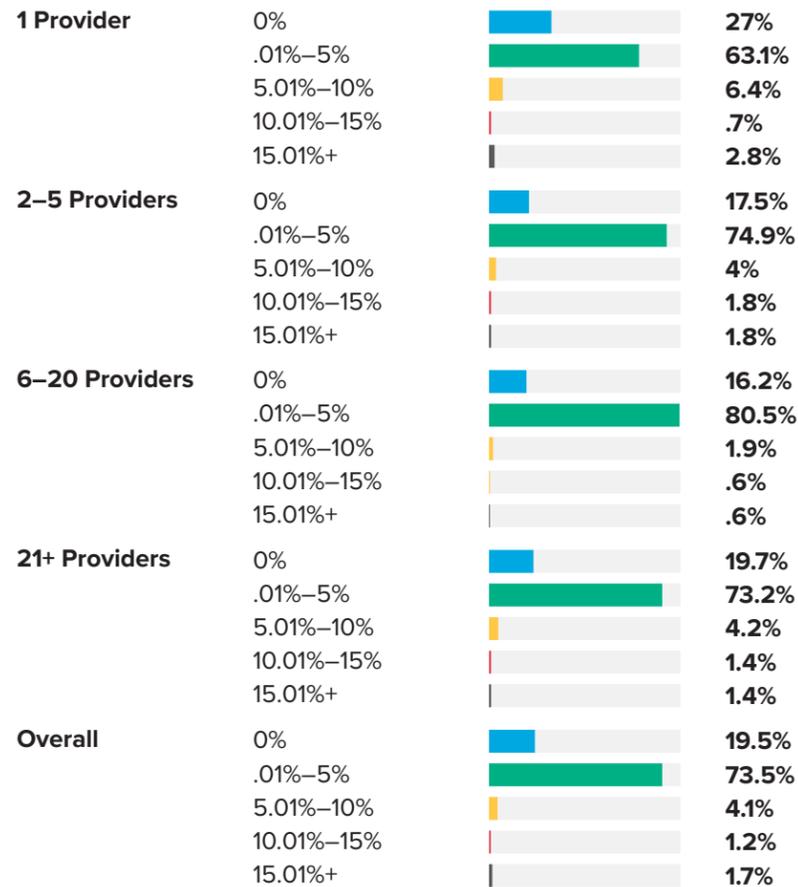
Co-Founder  
*Strive Labs*

As practices get larger, it becomes harder to control for course of care completion, and it gets harder to standardize care patterns and administrative processes that can help minimize patient dropout. This is what makes a patient relationship management (PRM) system so critical for enterprise.

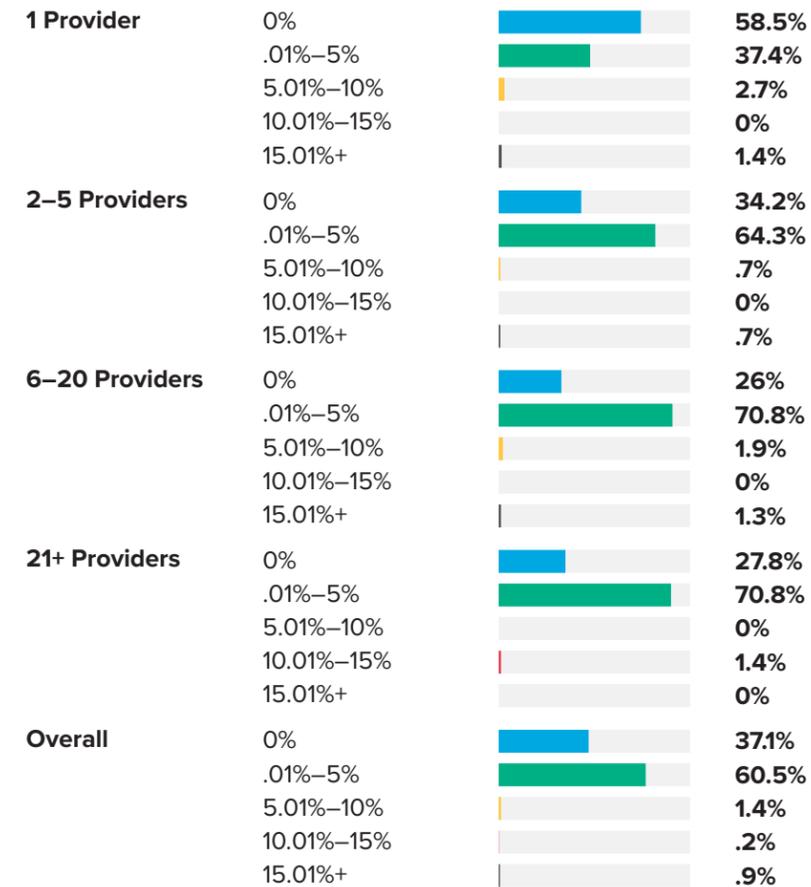


Of those organizations that actually spend money on marketing efforts, the vast majority spend between **.01% and 5%** of their gross annual revenue. Surprisingly, however, **a significant portion of organizations do not dedicate any of their budget to marketing**—a trend that spanned all size categories.

**PATIENT MARKETING SPEND AS A PERCENTAGE OF ANNUAL REVENUE**

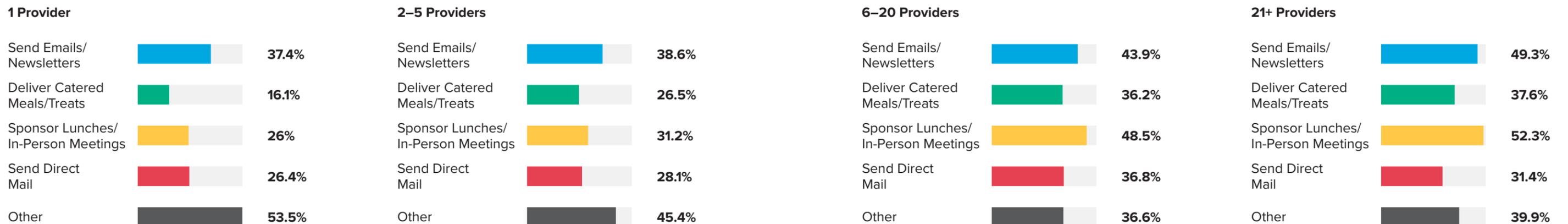


**PHYSICIAN MARKETING SPEND AS A PERCENTAGE OF ANNUAL REVENUE**



**As organizations grow, their marketing methods become more diverse.** Additionally, the two methods that saw the biggest jump in use from the smallest organizations to the largest organizations were catered meals/treats and sponsored lunches/meetings.

**REFERRAL MARKETING METHODS BY PROVIDER SEGMENT**



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# 03

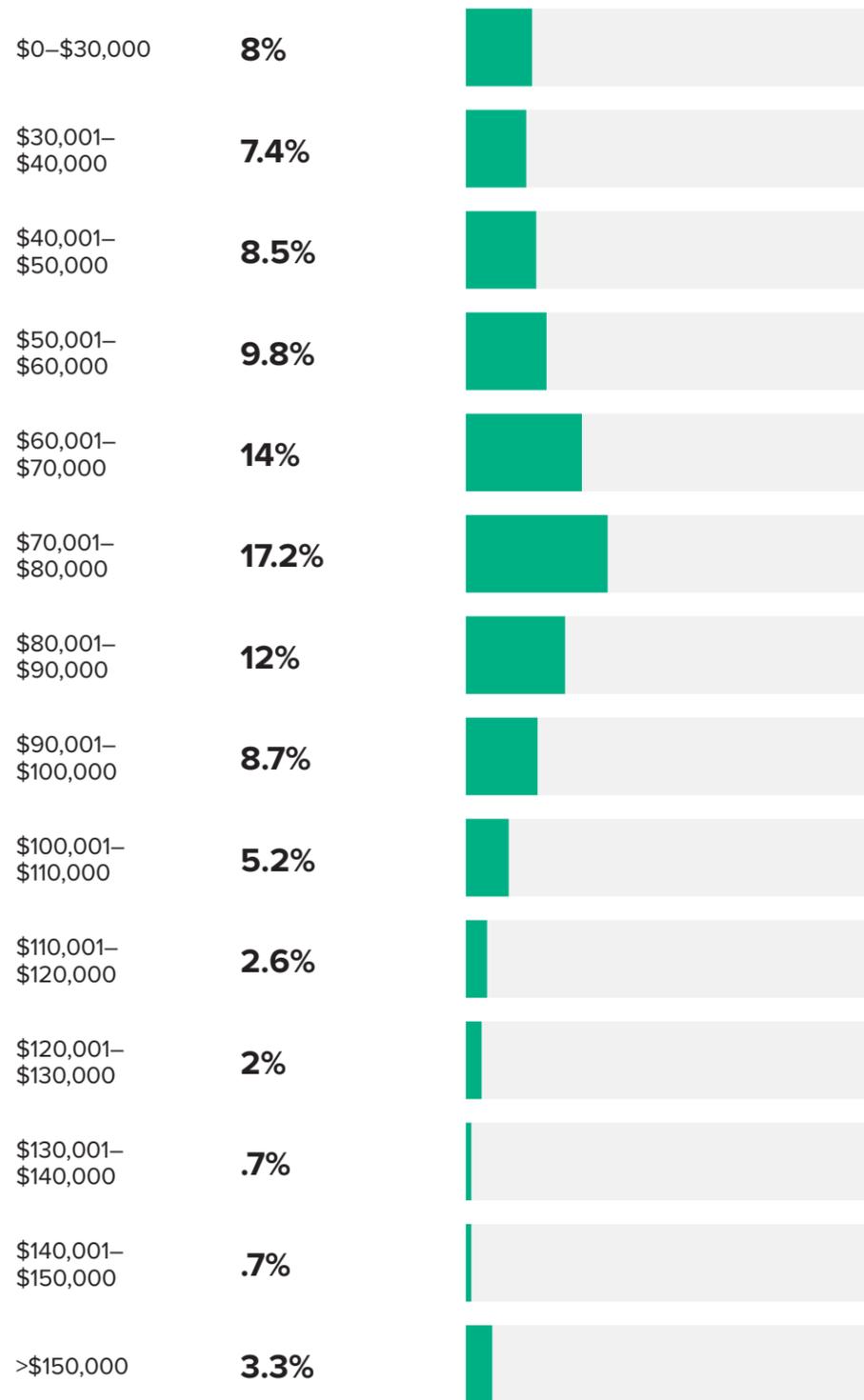
# SALARY



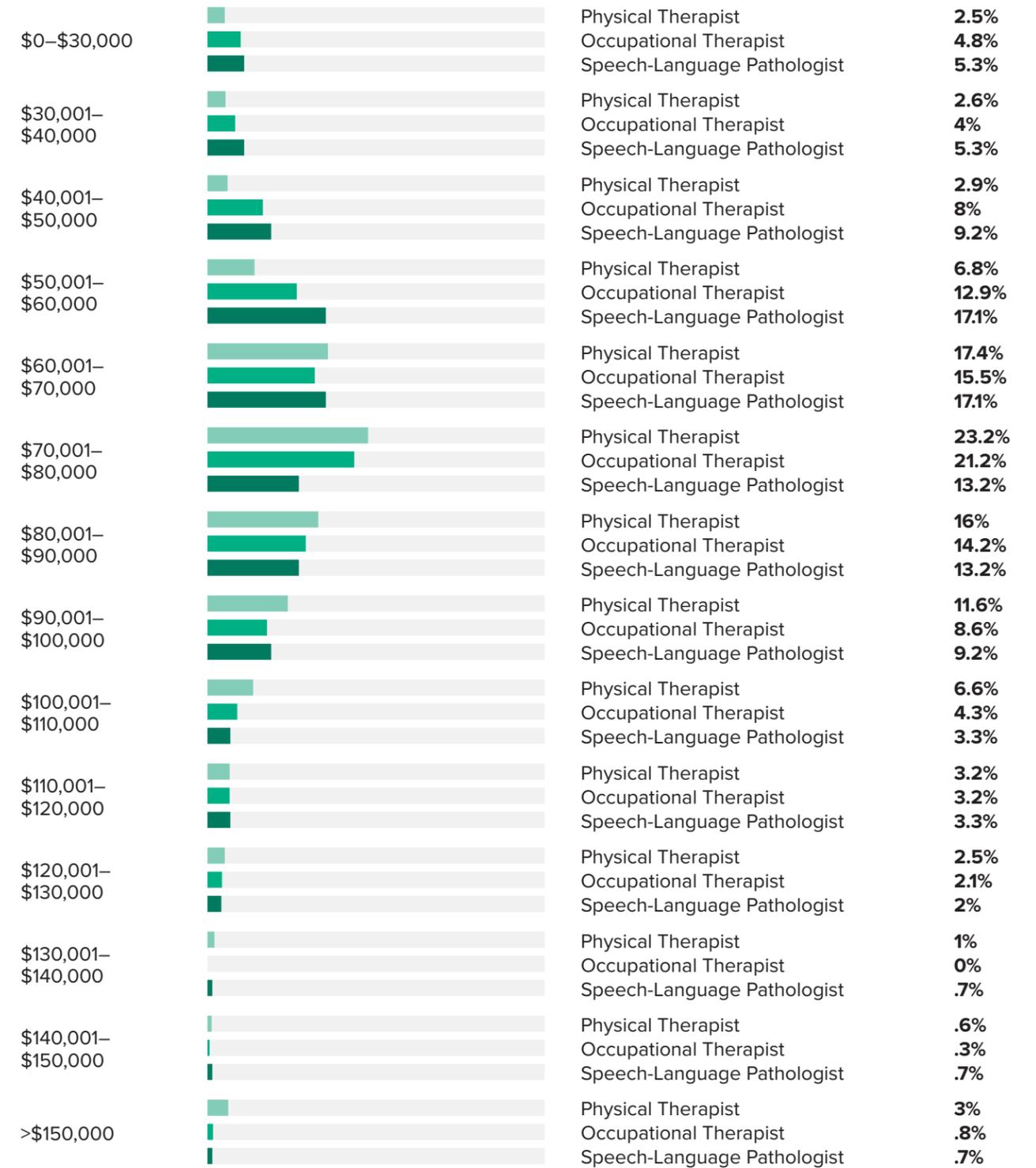
# SALARY

Across all job roles, about **30%** of rehab therapy professionals make **\$60,001–\$80,000** a year.

## OVERALL SALARY DISTRIBUTION OF RESPONDENTS



## GROSS ANNUAL SALARY: THERAPISTS



# SALARY

## GROSS ANNUAL SALARY: THERAPIST ASSISTANTS

Salary Range	Physical Therapist Assistant	Occupational Therapy Assistant
\$0-\$30,000	9.7%	11.9%
\$30,001-\$40,000	17%	7.1%
\$40,001-\$50,000	31.4%	31%
\$50,001-\$60,000	23.1%	11.9%
\$60,001-\$70,000	10.8%	16.7%
\$70,001-\$80,000	5.1%	11.9%
\$80,001-\$90,000	.4%	2.4%
\$90,001-\$100,000	.7%	2.4%
\$100,001-\$110,000	1.1%	4.8%
\$110,001-\$120,000	0%	0%
\$120,001-\$130,000	.4%	0%
\$130,001-\$140,000	.4%	0%
\$140,001-\$150,000	0%	0%
>\$150,000	0%	0%

## GROSS ANNUAL SALARY: CLERICAL

Salary Range	Percentage
\$0-\$30,000	48.7%
\$30,001-\$40,000	30.4%
\$40,001-\$50,000	11.4%
\$50,001-\$60,000	3.2%
\$60,001-\$70,000	3.8%
\$70,001-\$80,000	1.3%
\$80,001-\$90,000	.6%
\$90,001-\$100,000	0%
\$100,001-\$110,000	0%
\$110,001-\$120,000	0%
\$120,001-\$130,000	0%
\$130,001-\$140,000	0%
\$140,001-\$150,000	0%
>\$150,000	.6%

Speech-Language Pathologist Assistants were not included due to small sample size.

# SALARY

## GROSS ANNUAL SALARY: MANAGERS

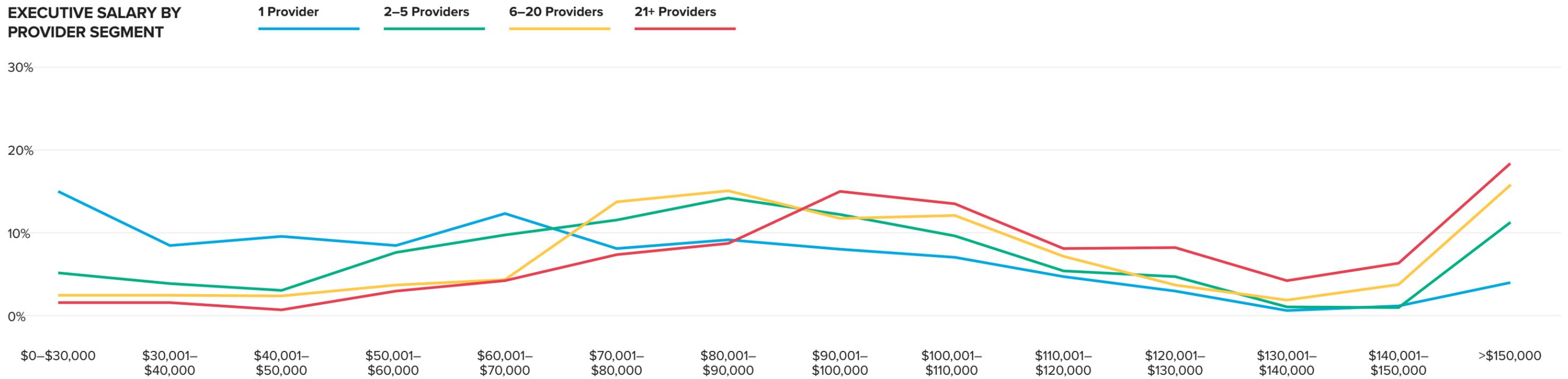
Gross Annual Salary Range	Administrator	Office Manager	Billing Manager
\$0-\$30,000	10.2%	13.8%	15.6%
\$30,001-\$40,000	10.6%	18.9%	20.2%
\$40,001-\$50,000	7.2%	19.5%	22.5%
\$50,001-\$60,000	7.8%	12.6%	13.3%
\$60,001-\$70,000	7.8%	5.4%	8.7%
\$70,001-\$80,000	8.9%	10.5%	5.5%
\$80,001-\$90,000	10.6%	7.8%	4.1%
\$90,001-\$100,000	8.9%	4.2%	3.7%
\$100,001-\$110,000	6.8%	2.7%	1.8%
\$110,001-\$120,000	5.5%	1.5%	0%
\$120,001-\$130,000	6.5%	.9%	.9%
\$130,001-\$140,000	1%	0%	0%
\$140,001-\$150,000	.7%	.3%	0%
>\$150,000	7.5%	2.1%	3.7%

## GROSS ANNUAL SALARY: EXECUTIVES

Gross Annual Salary Range	Owner	C-Level Executive	VP/Director
\$0-\$30,000	7.1%	2%	2.1%
\$30,001-\$40,000	4.6%	2%	2.7%
\$40,001-\$50,000	4.3%	10.2%	1.6%
\$50,001-\$60,000	6.7%	4.1%	3.7%
\$60,001-\$70,000	9.4%	4.1%	4.8%
\$70,001-\$80,000	10.7%	6.1%	11.7%
\$80,001-\$90,000	11.4%	6.1%	16%
\$90,001-\$100,000	10.0%	6.1%	19.1%
\$100,001-\$110,000	9.7%	16.3%	11.2%
\$110,001-\$120,000	5.6%	4.1%	8.0%
\$120,001-\$130,000	3.9%	8.2%	7.4%
\$130,001-\$140,000	1.6%	2.0%	1.6%
\$140,001-\$150,000	1.6%	4.1%	4.8%
>\$150,000	13.6%	24.5%	5.3%

# SALARY

## EXECUTIVE SALARY BY PROVIDER SEGMENT



**As organizations get larger, the executive salary range most prevalent within each provider segment gets higher.** For example, the most prevalent executive salary range for organizations with **6-20 providers is \$70,001-\$110,000**, whereas the most prevalent executive salary range for organizations with more than **21 providers is \$90,001-\$110,000**.

**GROSS ANNUAL SALARY:  
MALE THERAPISTS VS. FEMALE THERAPISTS**



Overall, rehab therapy professionals who are **34 or more years old** have a wider range of annual salaries, perhaps because some of these professionals start ascending to leadership roles, while others choose to remain in staff provider roles.

Additionally, across all role types, the average salary range jumps from **\$60,001-\$70,000 to \$70,001-\$100,000** for professionals with seven or more years of experience.

Finally, with respect to sex, the salary bell curve for male therapists is noticeably higher than the one for female therapists.

**This suggests that overall, male therapists are paid more than female therapists.**



**Heidi Jannenga**  
**PT, DPT, ATC**

President and  
Co-Founder  
*WebPT*

Gender bias, lack of confidence, and weak negotiation skills remain as the main factors contributing to this pay gap. We must continue to address this disparity and educate those in leadership positions to eliminate bias and empower more equality in hiring and promotion practices. This isn't just a female problem; we must have everyone involved to overcome this issue.



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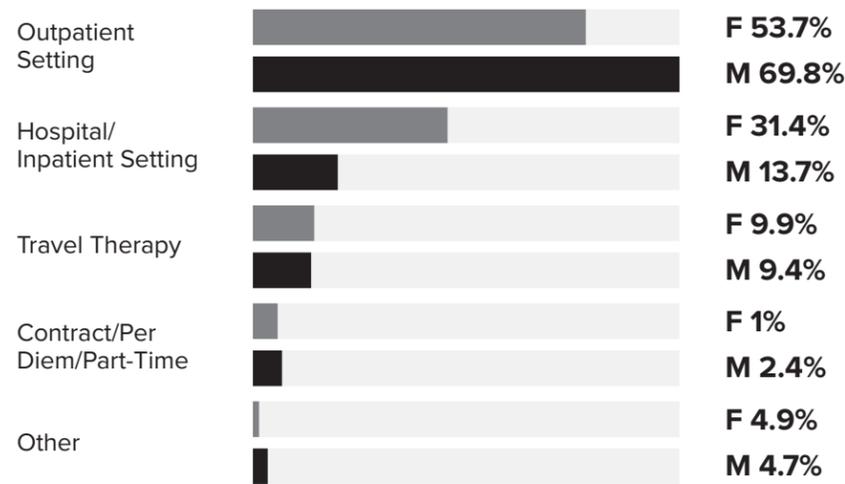
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**CHALLENGES  
AND  
OPPORTUNITIES**



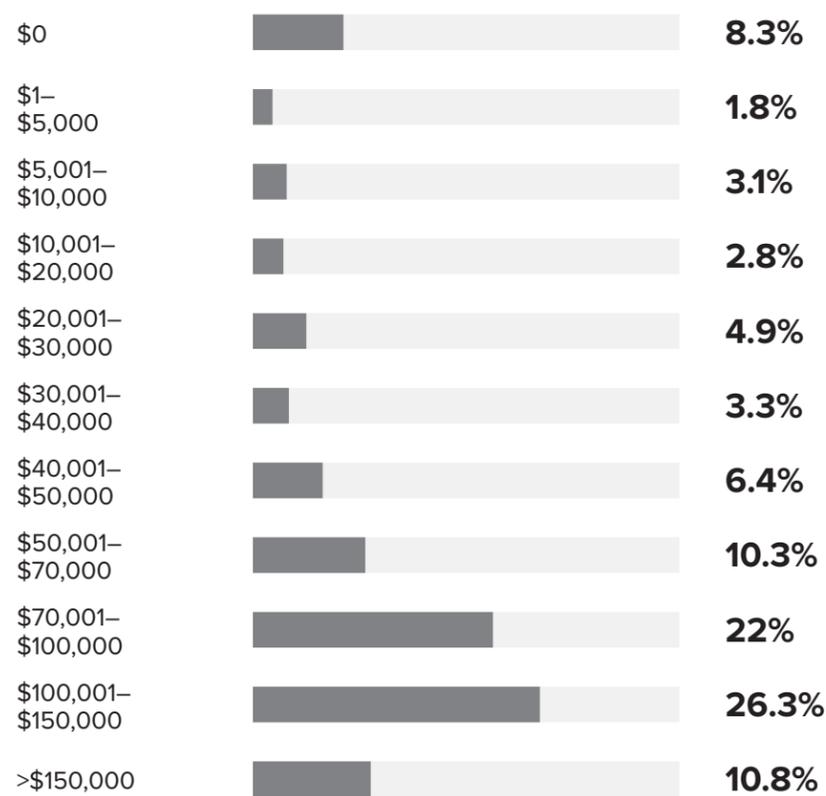
Overall, the vast majority of students aspire to work in an outpatient setting. However, compared to male students, **17.7% more female students** aspire to work in an inpatient setting, and **16.1% fewer female students** aspire to work in an outpatient setting. This seems to align with the common perception that males tend to be more interested in owning or managing a private practice, whereas females tend to be more interested in staff positions that allow for greater scheduling flexibility.

**STUDENT IDEAL JOB TYPE BY SEX**



More than half of students will have more than **\$70,000 in debt** at graduation, and more than a third will owe more than **\$100,000**. Additionally, approximately **1 in 4 students** will have **\$100,000 to \$150,000** in debt.

**TOTAL STUDENT DEBT AT GRADUATION**



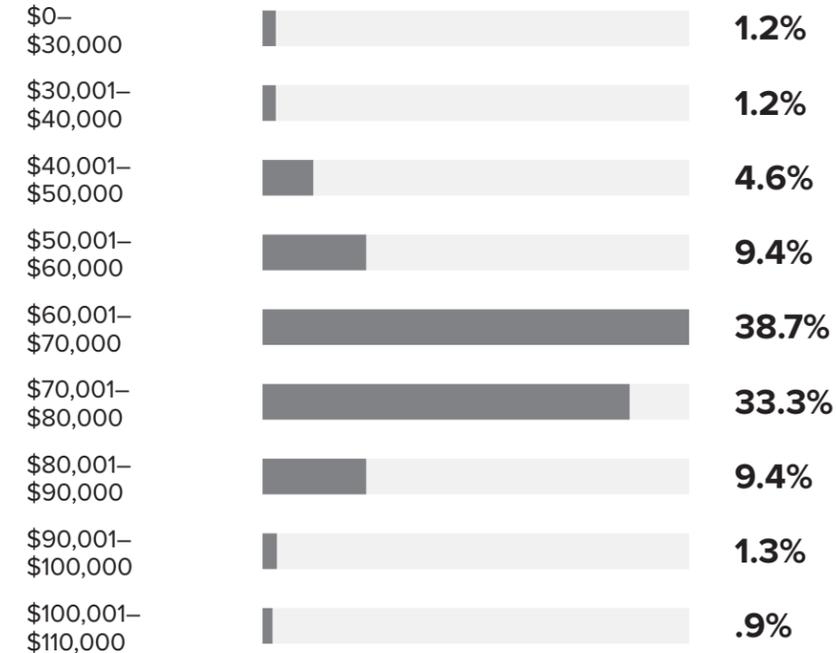
Nearly three-fourths of students expect to earn only **\$60,001-\$80,000** in their first job after graduation—an expectation that aligns with **industry averages**.

“I’m sad to say that it would be a hard-sell for me to recommend PT as a career to my own children if that decision were based solely on financial return on investment.”

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



**EXPECTED SALARY FOR FIRST JOB**



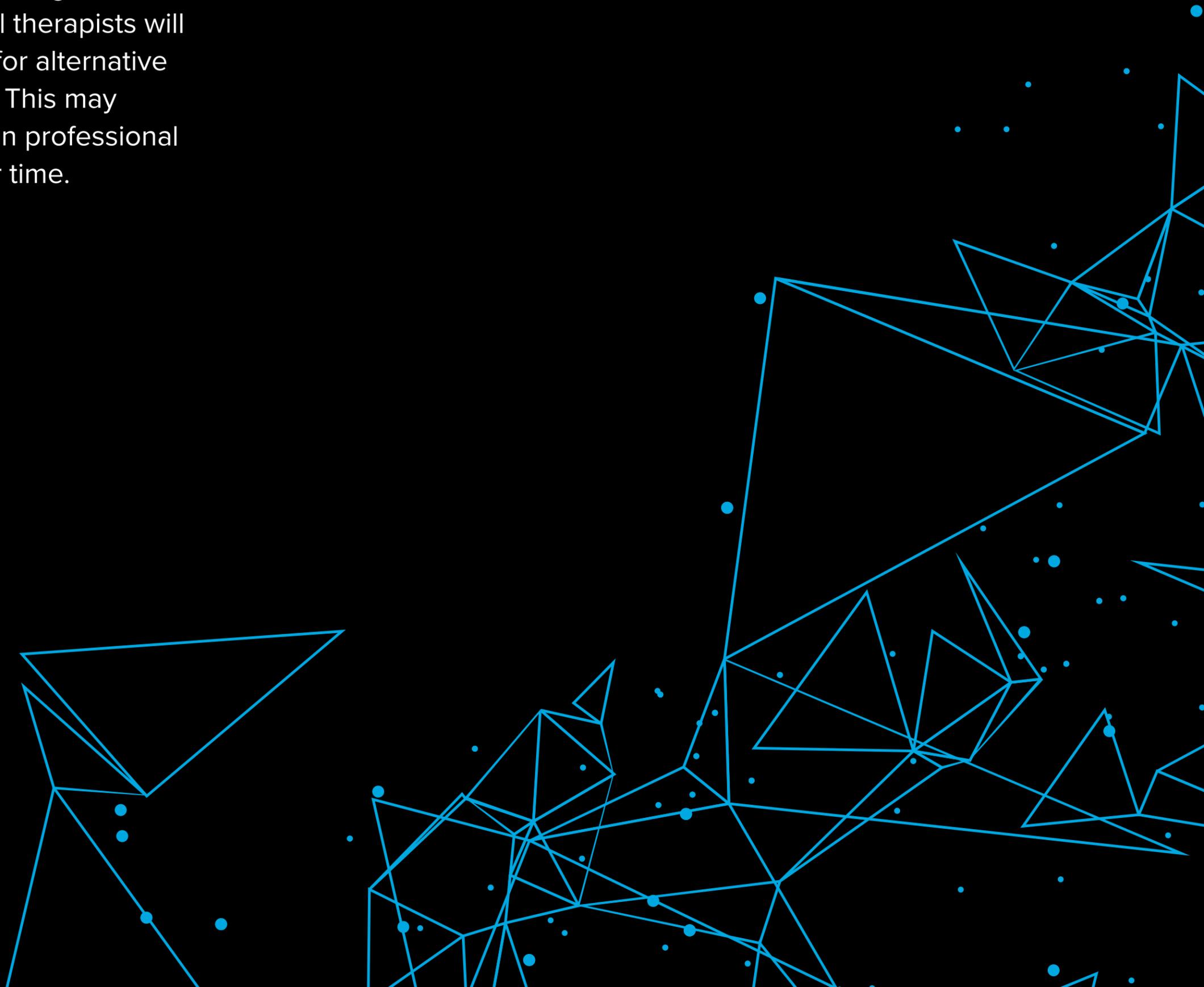
**Fast Fact:** With an annual salary of **\$70,000**, a rehab therapist owing **\$100,000** on a student loan with an interest rate of **5%** will take nearly **45 years** to be free of student debt—assuming that the therapist maintains the same salary and commits **8%** of that salary to loan payments.



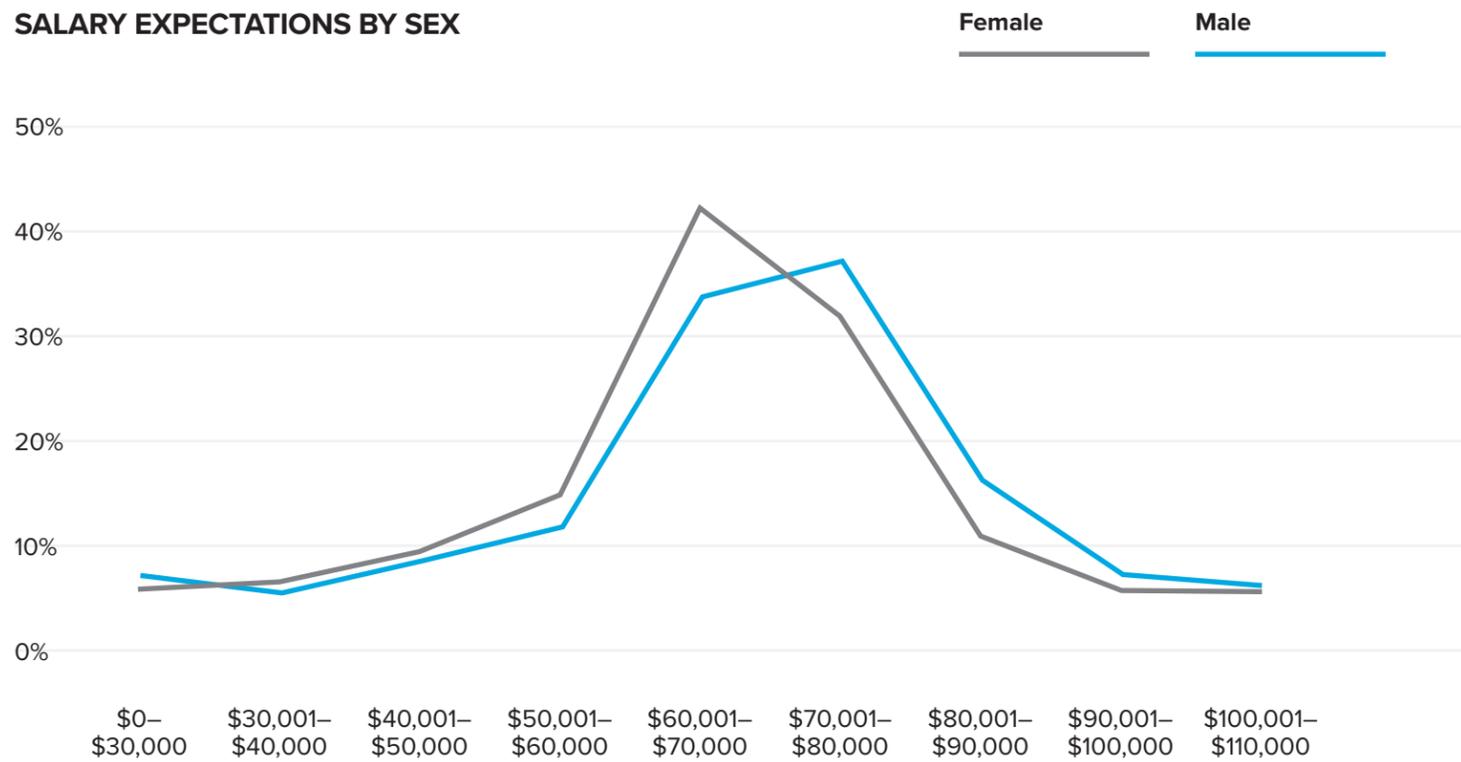
With the debt-to-earnings ratio increasing, physical therapists will likely start looking for alternative sources of income. This may cause an increase in professional drop-out rates over time.

**Brett Kestenbaum**  
**DPT**

COO  
*CovalentCareers,*  
*Inc.*



SALARY EXPECTATIONS BY SEX



Compared to their male counterparts, **female students expect to make less money in their first job after graduation**—a trend that aligns with salary expectations across the entire US workforce, [as reported in Forbes](#).

“I think more men are willing and able to negotiate their salary when they come out of school as well as during the annual review. The notion of women being ‘polite’ is changing—and still, women are taught not to be too aggressive.”

**Bridgit Finley, PT, DPT, OCS, FAAOMPT**  
 Founding Partner and CEO  
 Physical Therapy Central



FACTORS INFLUENCING JOB SELECTION (RANKED BY IMPORTANCE)

- 1 Salary/Benefits
- 2 Income Stability
- 3 Company Culture
- 4 Opportunity for Growth
- 5 Work-Life Balance
- 6 Specialty/Area of Practice
- 7 Schedule Flexibility

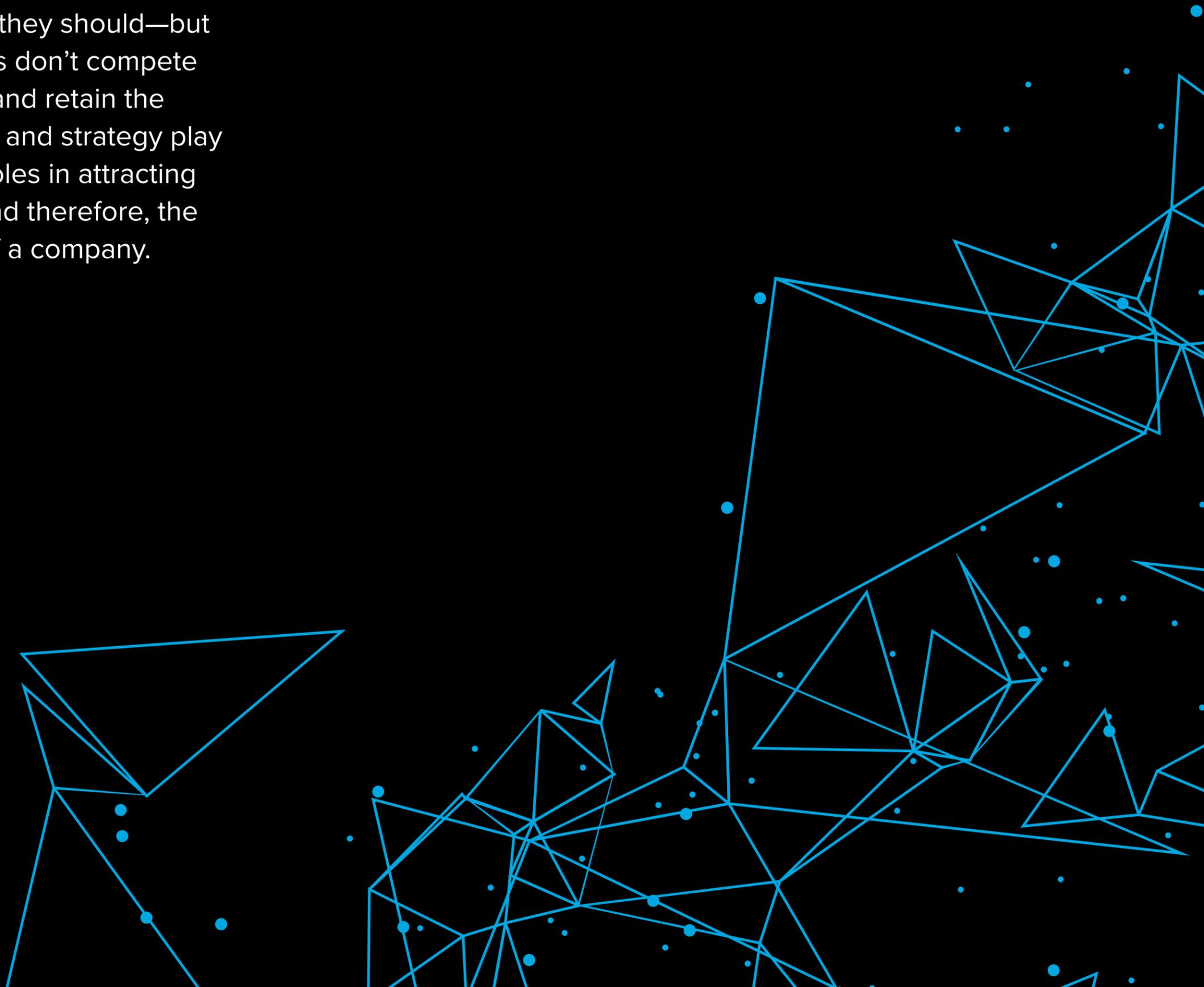
Salary/benefits and income stability were the **first- and second-ranked factors** students considered when weighing job opportunities. This runs contrary to the perception that the millennial workforce prioritizes less-tangible factors like company culture and work-life balance when evaluating potential employers.



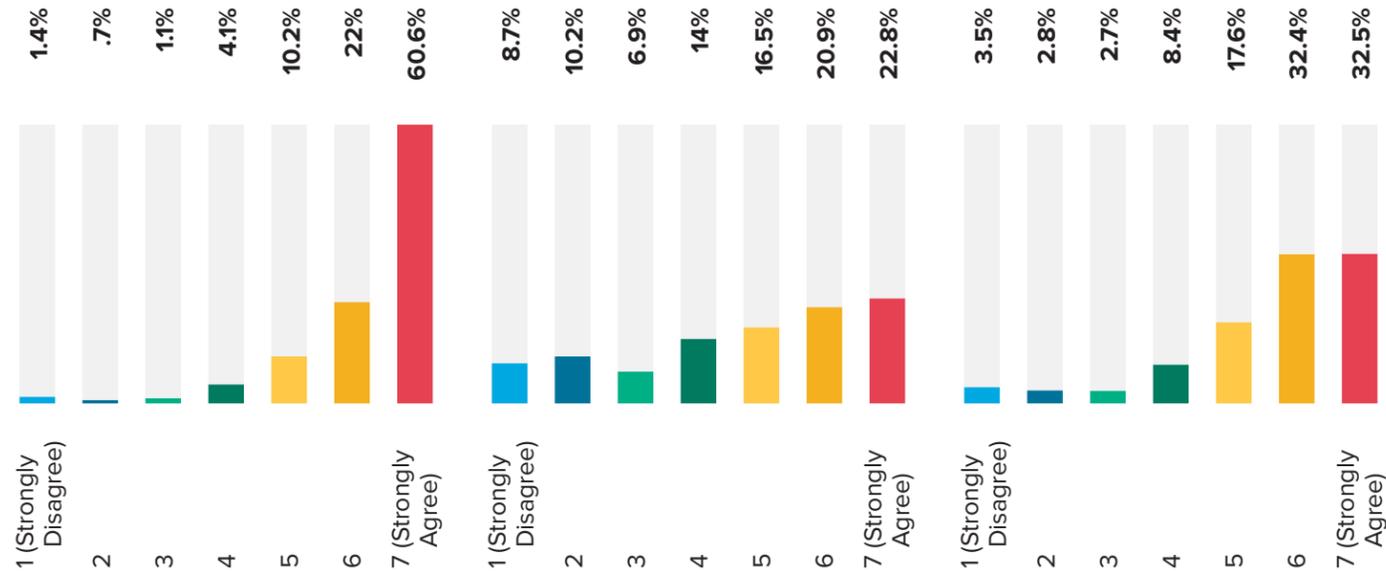
**Dr. John Childs**  
**PT, PhD, MBA**

Founder and CEO  
*Evidence in Motion*

New graduates will demand fair compensation—as they should—but the best companies don't compete on price to recruit and retain the best talent. Culture and strategy play the most integral roles in attracting the best people, and therefore, the ultimate success of a company.



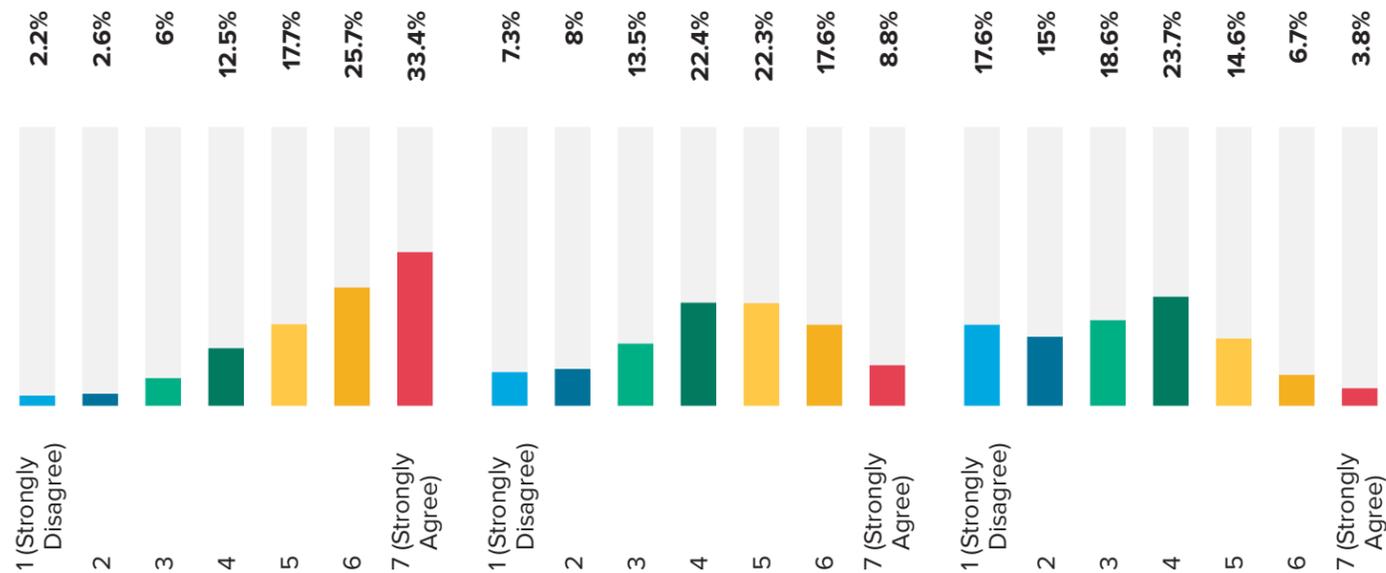
**THERAPIST SENTIMENT ON STATE OF PROFESSION AND HEALTH CARE**



I like being a rehab therapist.

I used to enjoy being a rehab therapist much more, but today it's more stressful and less financially lucrative.

I'm fairly happy with my career as a rehab therapist.



I would recommend this career path to young people.

I am happy with the direction rehab therapy is heading.

I am happy with the direction health care in general is heading.

**A clear majority of therapists strongly agreed that they liked their job**, and most therapists expressed that they would recommend this career path to young people. However, fewer therapists strongly agreed that they were happy with the direction rehab therapy is heading—and even fewer agreed that they were happy with the direction health care in general is heading.

“Traditional payment models for physical therapist services have not kept pace with the cost of education, and in the meantime administrative burden increased. The result is that many physical therapists feel they are inadequately paid for their time, and that too much of their time isn’t spent delivering patient care. And yet I’m not remotely surprised that physical therapists continue to recommend the profession to young people, because all of us entered into this profession to help people—and transforming a person’s life through our care is fulfilling beyond measure.”

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

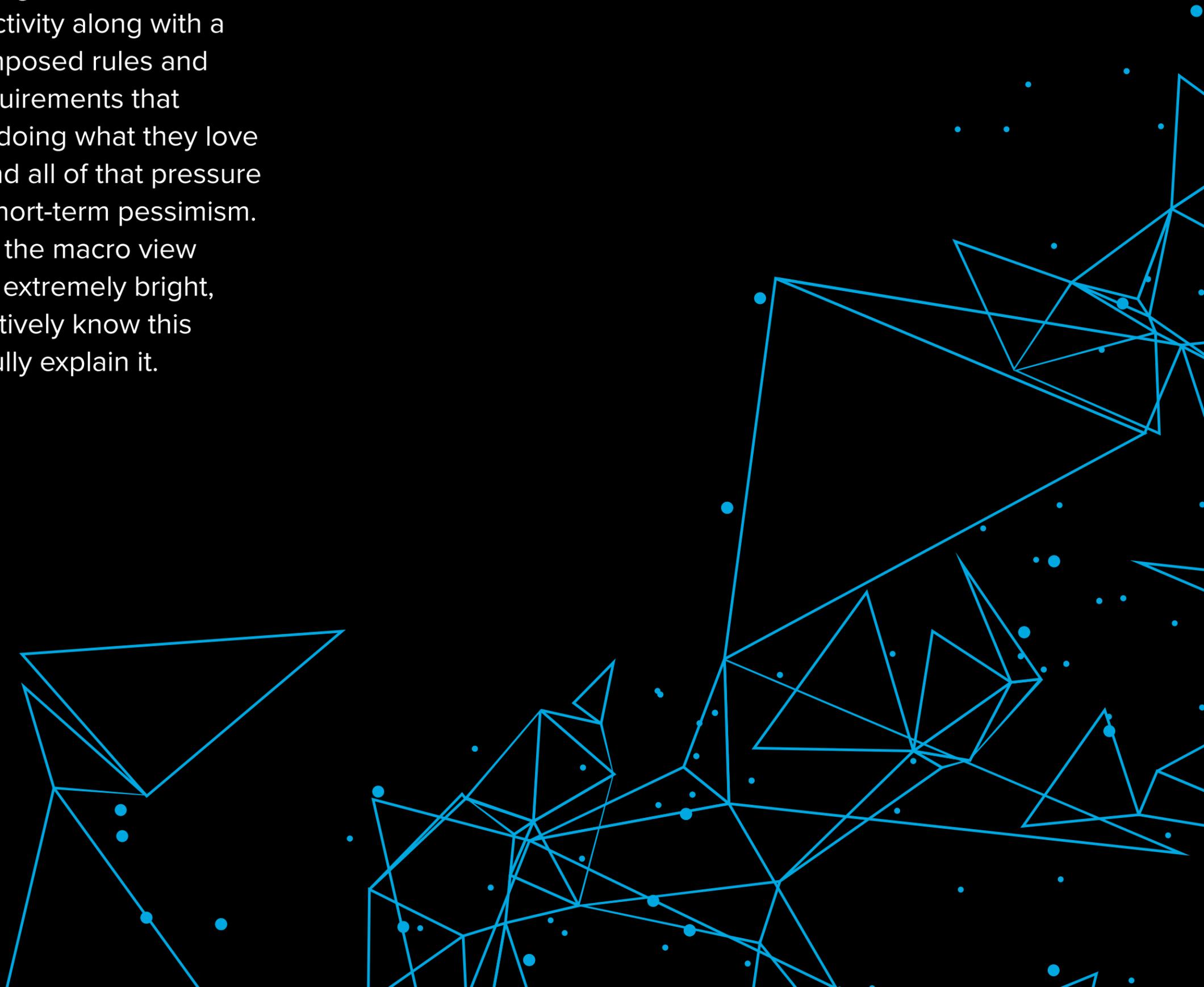




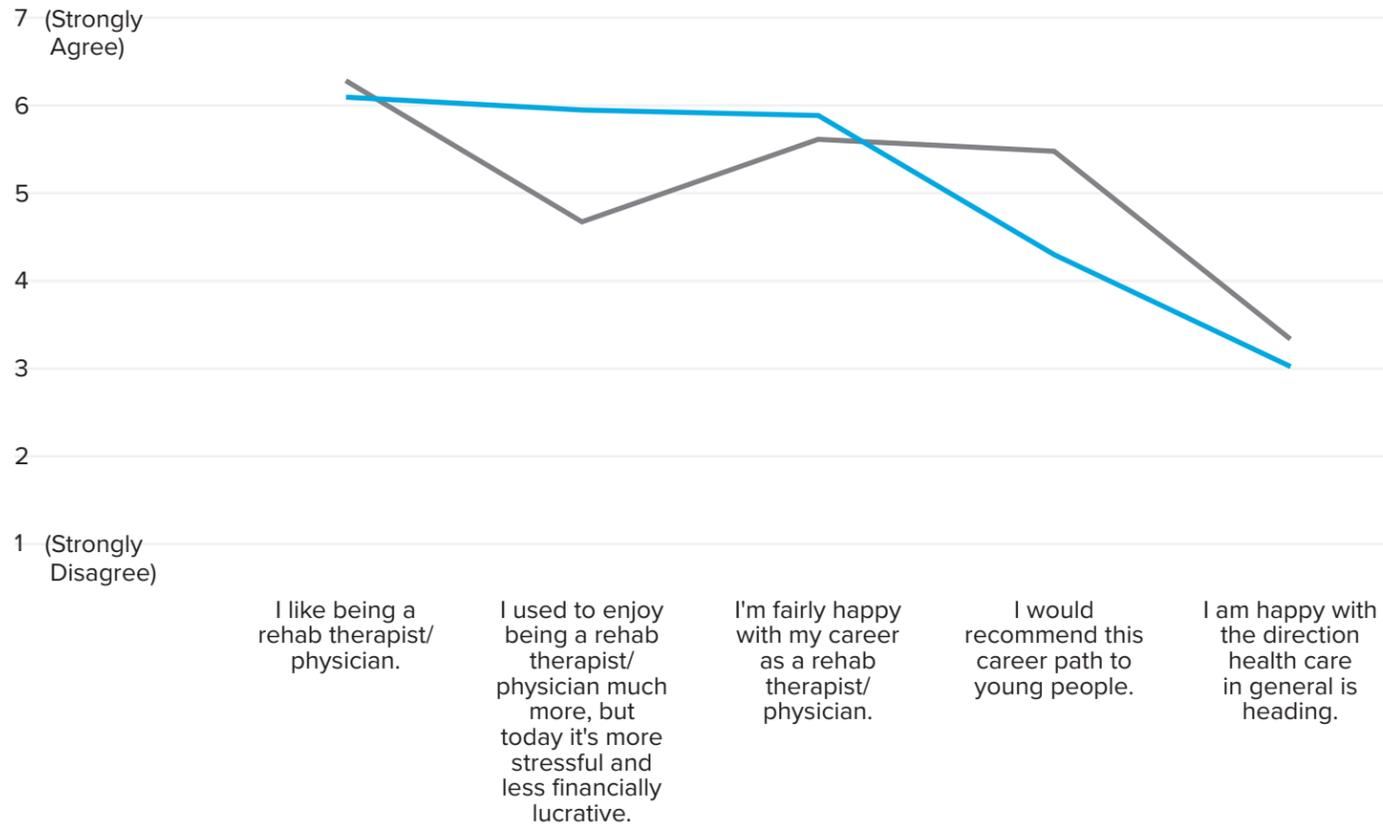
**Dr. John Childs**  
**PT, PhD, MBA**

Founder and CEO  
*Evidence in Motion*

Therapists are seeing increased pressure on productivity along with a plethora of superimposed rules and documentation requirements that distract them from doing what they love and are best at—and all of that pressure can contribute to short-term pessimism. On the other hand, the macro view of rehab therapy is extremely bright, and therapists intuitively know this even if they can't fully explain it.



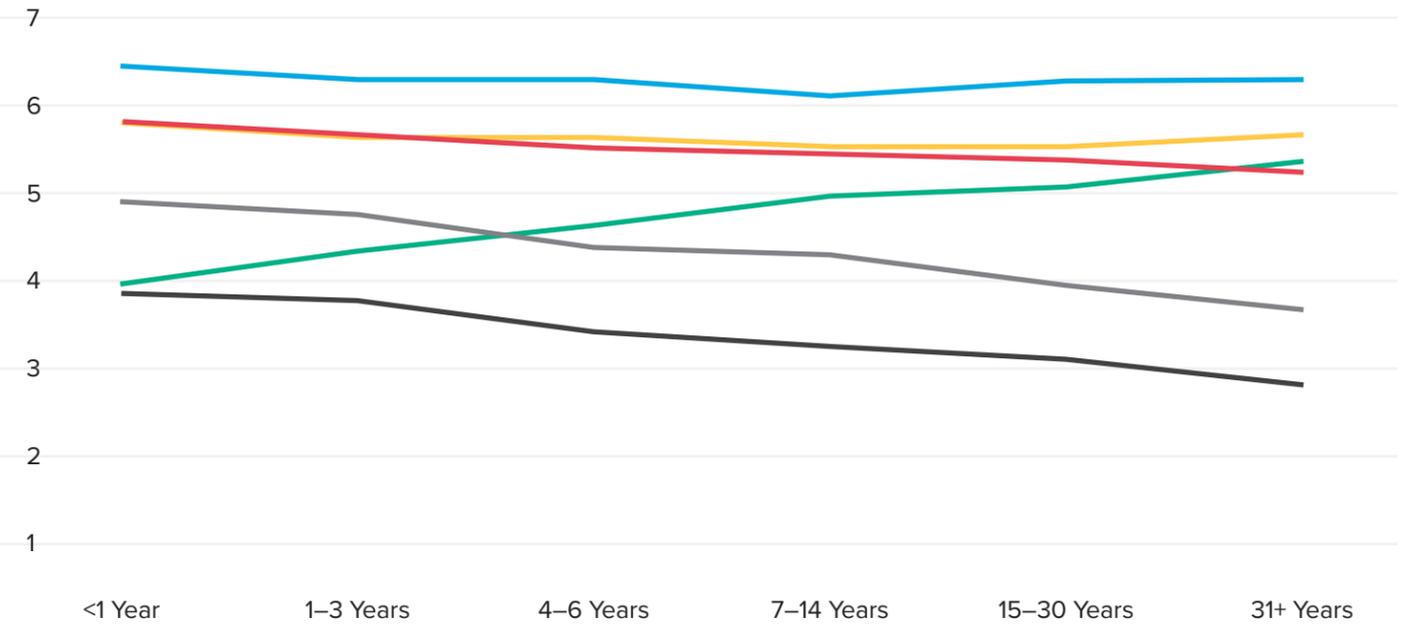
THERAPIST SENTIMENT VS. PHYSICIAN SENTIMENT



Compared to physicians, fewer rehab therapists indicated that they used to enjoy their job much more, and more therapists indicated that they would recommend their career to young people. **But, both therapists and physicians appear to have a similar level of concern regarding the direction health care in general is heading.**

Physician data adapted from:  
The Great American Physician Study  
<http://images.ubmmmedica.com/physicianspractice/pdfs/GAPSurvey17.pdf>

THERAPIST SENTIMENT BY TIME IN ROLE



- I like being a rehab therapist.**

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- I used to enjoy being a rehab therapist much more, but today it's more stressful and less financially lucrative.**

---

- I'm fairly happy with my career as a rehab therapist.**

---

- I would recommend this career path to young people.**

---

- I am happy with the direction rehab therapy is heading.**

---

- I am happy with the direction health care in general is heading.**

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The longer a therapist is in a role, **the less happy he or she is with the direction rehab therapy is heading**, and the more the therapist agrees that he or she used to enjoy the role much more. This trend may be related to the widely discussed burnout problem in many healthcare disciplines—including rehab therapy.



Burnout has become a more prevalent problem with practicing clinicians, likely due to both the increase in financial strain from student debt and the administrative headaches that come from maintaining compliance with the myriad of regulatory changes over the years.

**Brett Kestenbaum**

**DPT**

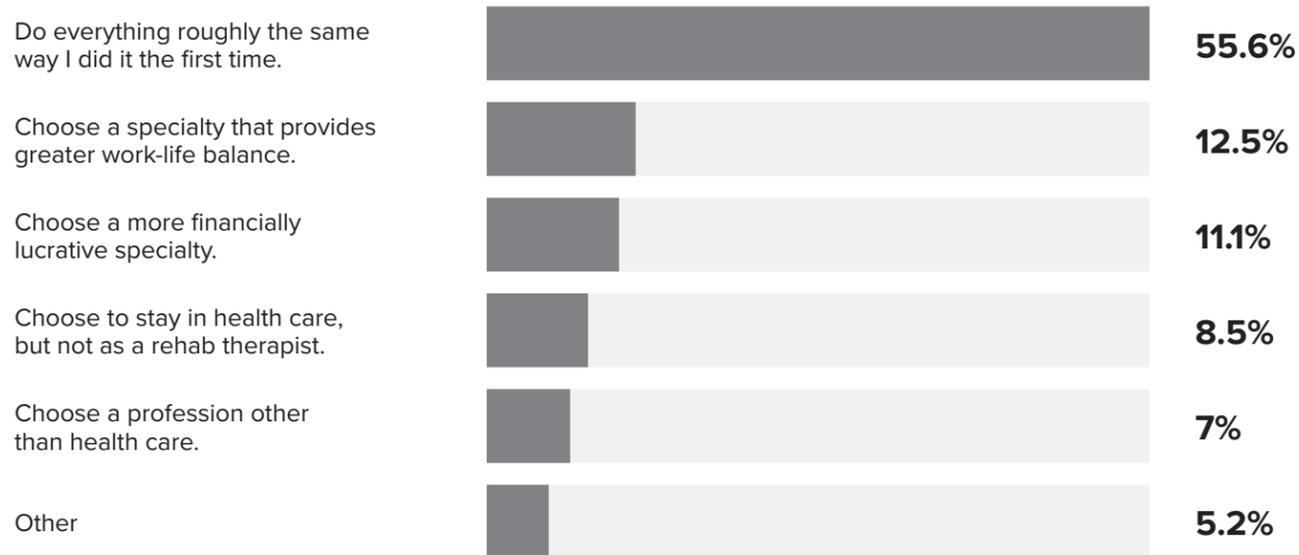
COO

*CovalentCareers,  
Inc.*



**THERAPIST REFLECTION ON CAREER CHOICES**

*Q: Whether I currently enjoy being a rehab therapist or not, given the chance to go back in time and pick another career path, I would:*



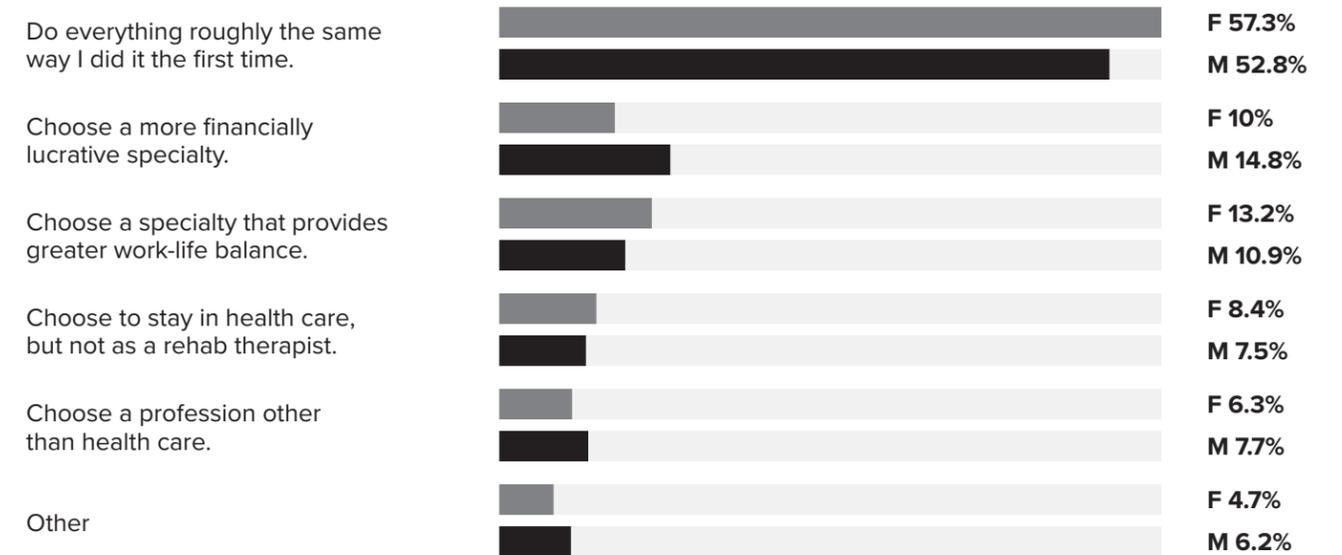
**More than half of therapists indicated that given the chance to go back in time, they would navigate their career the same way they did the first time.**

Interestingly, when participants in the previously cited physician survey were asked the same question, fewer than half of respondents indicated that they would do everything the same.

Furthermore, **19.1%** of physicians said they would choose a profession with greater work-life balance, and **17.3%** said they would choose a non-healthcare profession. However, only **12.5%** of therapists indicated that they would choose a profession with greater work-life balance, and only **7%** said they would choose to work outside of health care. These figures seem to indicate that, generally speaking, rehab therapists are more satisfied with their career choices than physicians are.

**THERAPIST REFLECTION ON CAREER CHOICES BY SEX**

*Q: Whether I currently enjoy being a rehab therapist or not, given the chance to go back in time and pick another career path, I would:*



Overall, more females would do everything roughly the same. Additionally, more males would choose a more financially lucrative specialty, and more females would choose a specialty with greater work-life balance. This seems to support the notion that more male professionals prioritize financial success, whereas more female professionals prioritize a healthy balance of their work, social, and family lives.



Our potential has never been greater as a profession willing to adapt, raise its standard, and commit to demonstrating value to the primary stakeholder in health care: the patient.

**Justin Moore**

**PT, DPT**

CEO

*APTA*



As in the previously cited physician survey, rehab therapists indicated that the top two perceived barriers to delivering good care are government/third-party regulations and higher deductibles/patient cost-sharing.

Interestingly, however, there was a smaller gap between these two factors for rehab therapists, suggesting that patient deductibles and cost-sharing are a bigger issue in rehab therapy than in other healthcare specialties.

This is consistent with the fact that (1) insurance plans tend to place rehab therapy in the specialist category—meaning copays and coinsurances are higher than those for other types of services, and (2) unlike patients of other specialists, rehab therapy patients typically attend treatment multiple times a week over the course of several weeks or months—which makes that cost a significant barrier to patient retention and thus, optimal outcomes.

PERCEIVED BARRIERS TO PROVIDING EFFECTIVE CARE

- 1 Government and Other Third-Party Regulations (e.g., Medicare Regulations)
- 2 Higher Deductibles and Higher Patient Cost-Sharing
- 3 Higher Cost of Care
- 4 Not Enough Time for Me to Educate Patients Properly
- 5 Patients Don't Follow My Advice (e.g., Lack of Patient Compliance/Adherence)

PERCEIVED BARRIERS TO ACCESSING PATIENTS BEFORE THEY GO TO A PHYSICIAN

- 1 Insurance Requirements
- 2 Lack of Awareness in Patient Market
- 3 State Law (e.g., Direct Access Law)
- 4 Lack of Outcomes Data Supporting Efficacy of Care
- 5 Other

Insurance requirements took the top spot on the list of perceived barriers to patients accessing rehab therapy care on a direct access basis, with lack of awareness among patients coming in a close second.

This suggests that there is a need for rehab therapists to not only better market their services directly to patients, but also develop networks of physicians they can depend on to provide referrals when necessary (e.g., when a patient's insurance plan requires one).

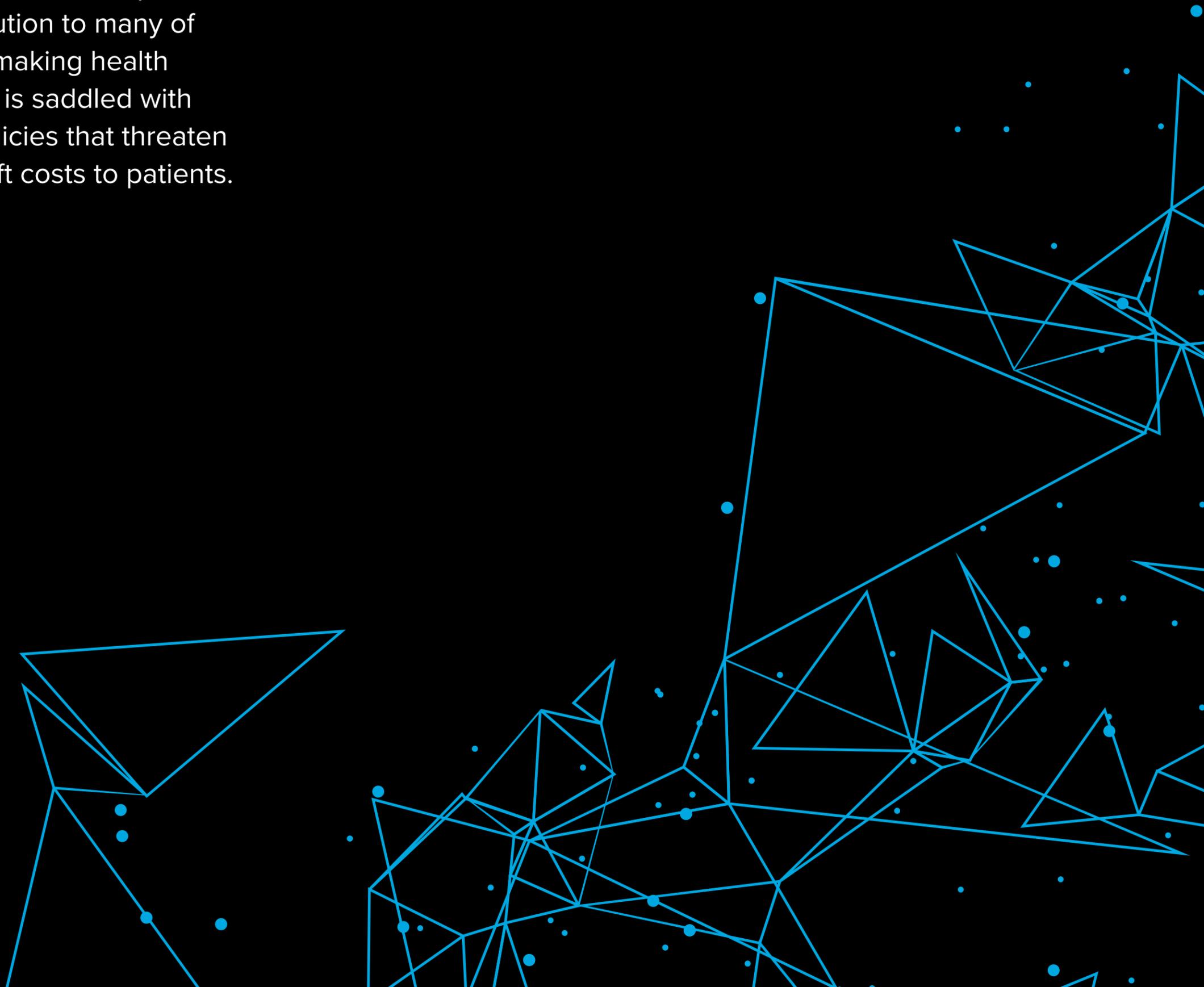
Despite data promoting physical therapy as a first-line treatment for many neuromusculoskeletal conditions, physician referrals to physical therapists for such diagnoses decreased by **50% between 2003 and 2014**, according to a study published in the [Journal of General Internal Medicine](#).



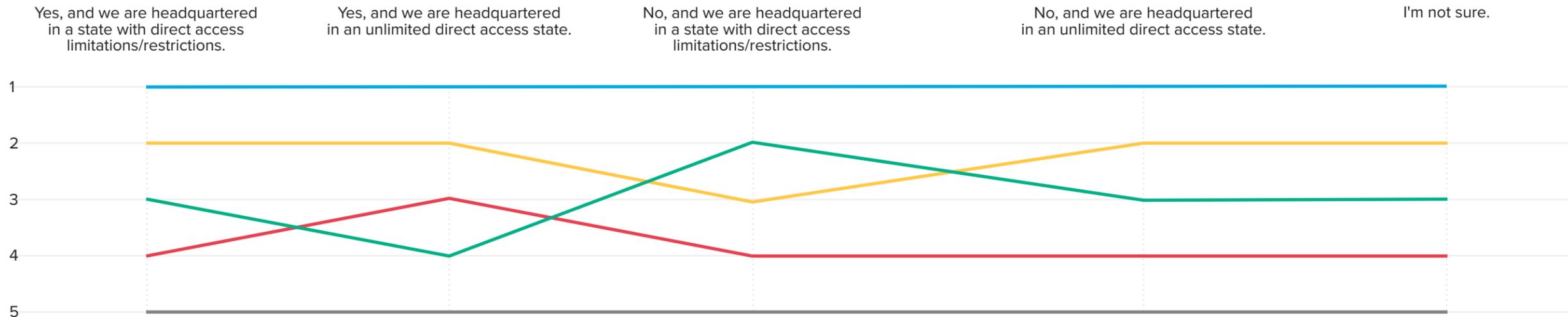
The great disconnect is that a profession that could be a solution to many of the current issues making health care unsustainable is saddled with regulations and policies that threaten this access and shift costs to patients.

**Justin Moore**  
**PT, DPT**

CEO  
*APTA*



**PERCEIVED BARRIERS TO ACCESSING PATIENTS BEFORE THEY GO TO A PHYSICIAN VS. DEGREE OF DIRECT ACCESS AVAILABLE**



Q: How would you rank the following barriers to accessing patients before they go to a physician?  
 Q: Does your organization accept patients on a direct access basis?

Regardless of the level of direct access available in a respondent's state, **insurance requirements remained the top-ranked barrier to accessing patients before they seek care from a physician.** This underscores the need for therapists to not only fully understand the conditions of their insurance contracts, but also advocate for direct access-friendly terms.

- Insurance Requirements
- State Law (e.g., Direct Access Law)
- Lack of Awareness in Patient Market
- Lack of Outcomes Data Supporting Efficacy of Care
- Other

**“We have found that roughly 90% of the patients who could benefit from seeing a physical therapist never make it to PT, and that is tragic on so many levels.** The patients don’t get their best outcomes; costs are higher for alternatives; and some of those alternatives include addictive pain medication. While insurance restrictions certainly play a part in this statistic, an equally key driver is patient awareness. Patients must understand the value of physical therapy and their right to directly access it—without a physician referral. Creating this awareness is imperative, and we must attack it at every level—with patients, payers, and fellow healthcare providers.”

**Nancy Ham**  
 CEO  
 WebPT





**Dr. John Childs**  
**PT, PhD, MBA**

Founder and CEO  
*Evidence in Motion*

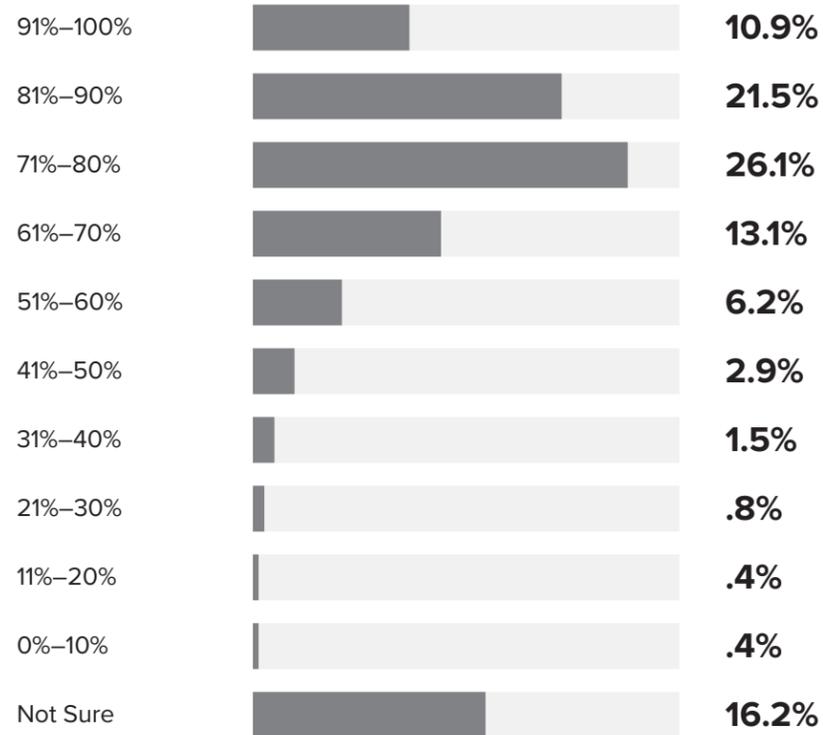
If we can figure out how to get patients to the right places in the healthcare system at the right time, we will see huge swings of patients accessing therapy sooner rather than later, which will be a boon for the physical therapy industry.



Only about **1 in 10** rehab therapy patients complete the prescribed care plan.

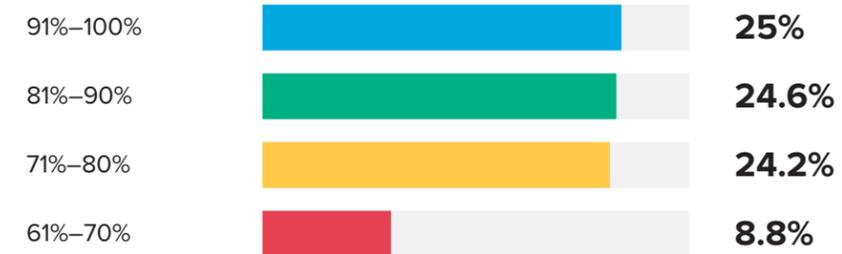
**PERCENTAGE OF PATIENTS WHO COMPLETE ENTIRE COURSE OF CARE**

**All Respondents**

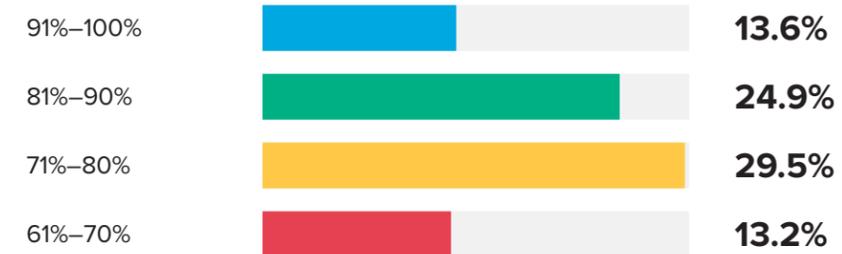


**PERCENTAGE OF PATIENTS WHO COMPLETE ENTIRE COURSE OF CARE BY PROVIDER SEGMENT**

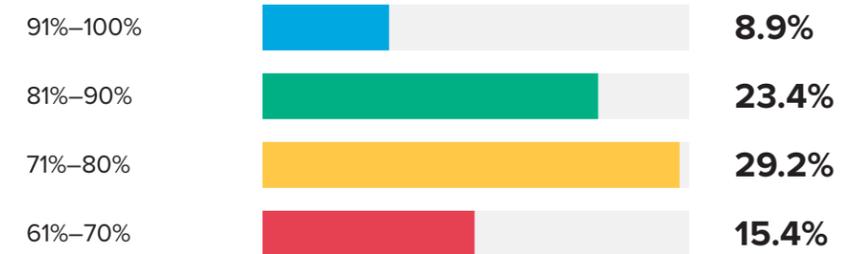
**1 Provider**



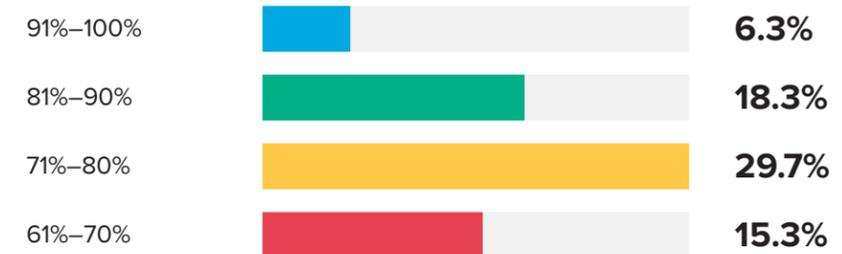
**2-5 Providers**



**6-20 Providers**



**21+ Providers**



Based on the responses we received, it appears that **single-provider organizations are seeing more patients through to course of care completion than organizations in any other provider segment.**

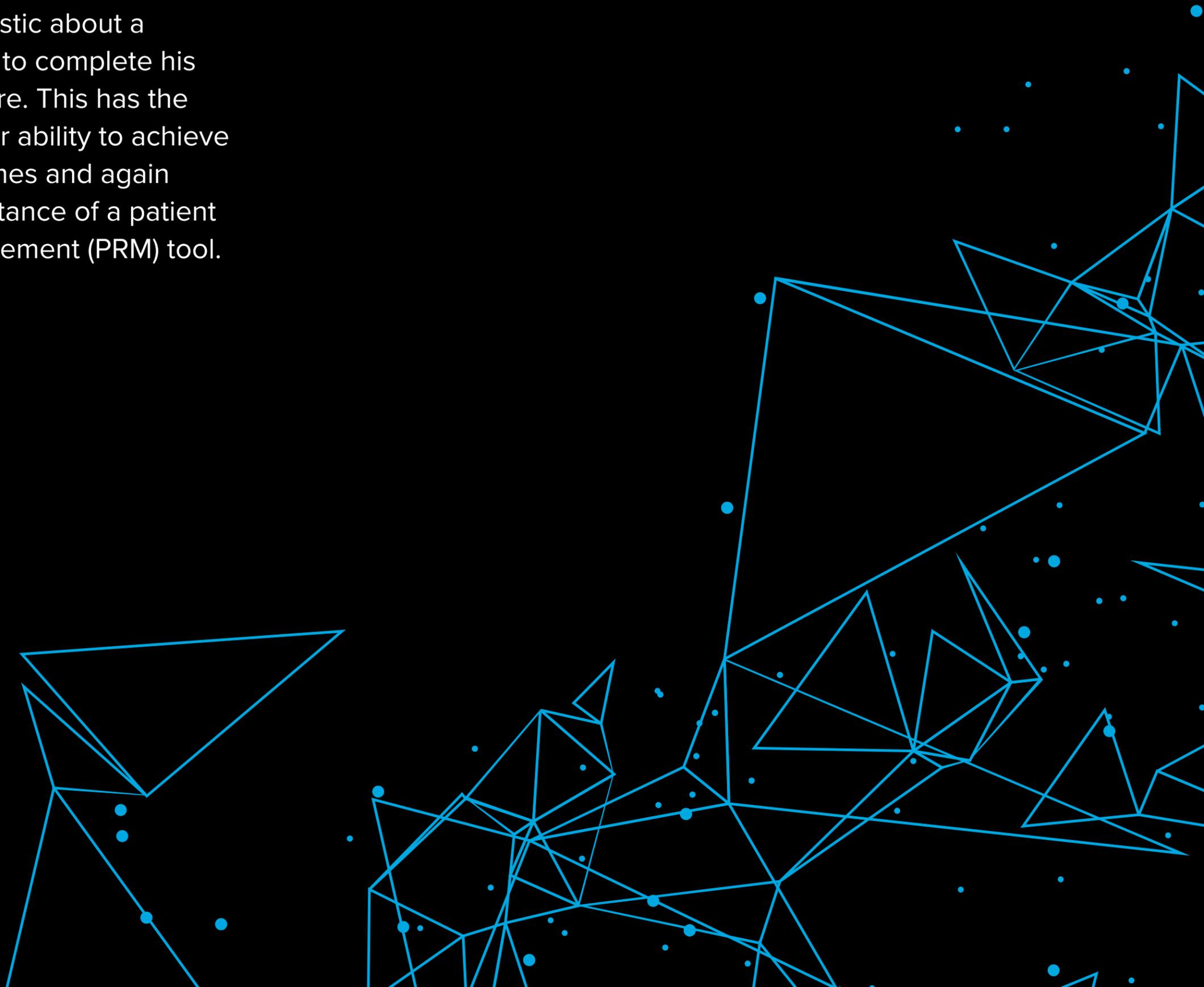
Additionally, the more providers an organization had, the less sure the associated respondent was about the organization's rate of care completion—and the smaller the reported completion percentages were. This suggests that larger organizations have difficulty scaling the level of patient engagement and one-on-one attention required to keep patients from dropping out of care early.



**Scott Hebert**  
**PT, DPT**

Co-Founder  
*Strive Labs*

To me, this data shows that most people are pessimistic about a patient's likelihood to complete his or her course of care. This has the potential to limit our ability to achieve high-quality outcomes and again points to the importance of a patient relationship management (PRM) tool.



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# 05

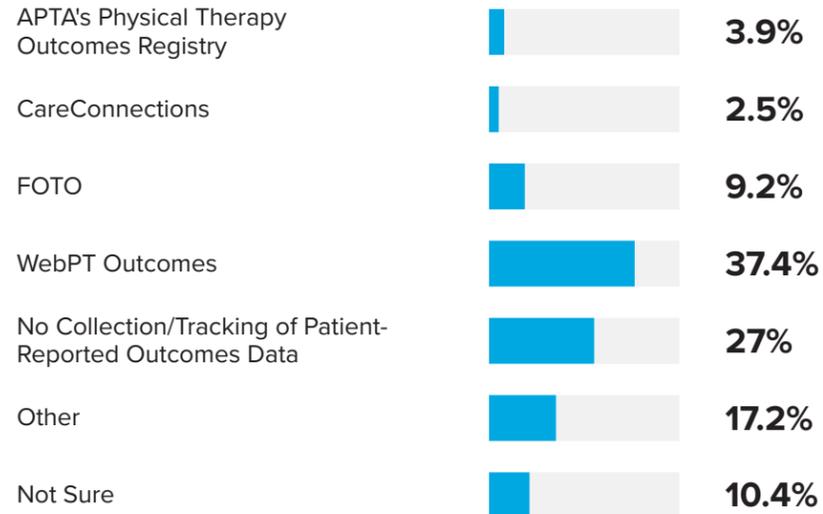
# TECHNOLOGY



# TECHNOLOGY

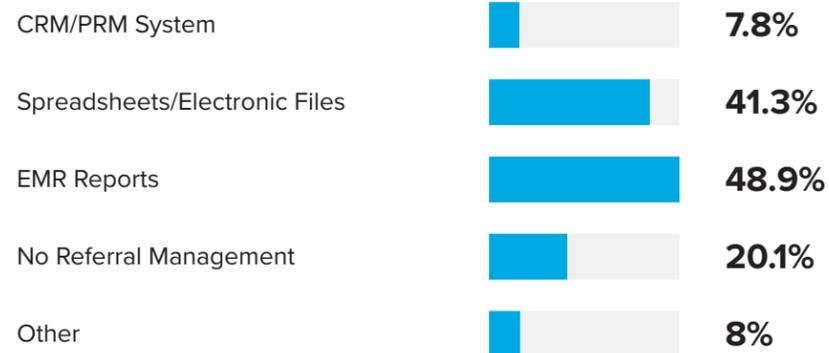
**Smaller organizations tend not to track outcomes,** with more than half of organizations with fewer than six providers reporting that they do not track outcomes or are not sure about their outcomes-tracking processes.

## HOW ORGANIZATIONS TRACK OUTCOMES

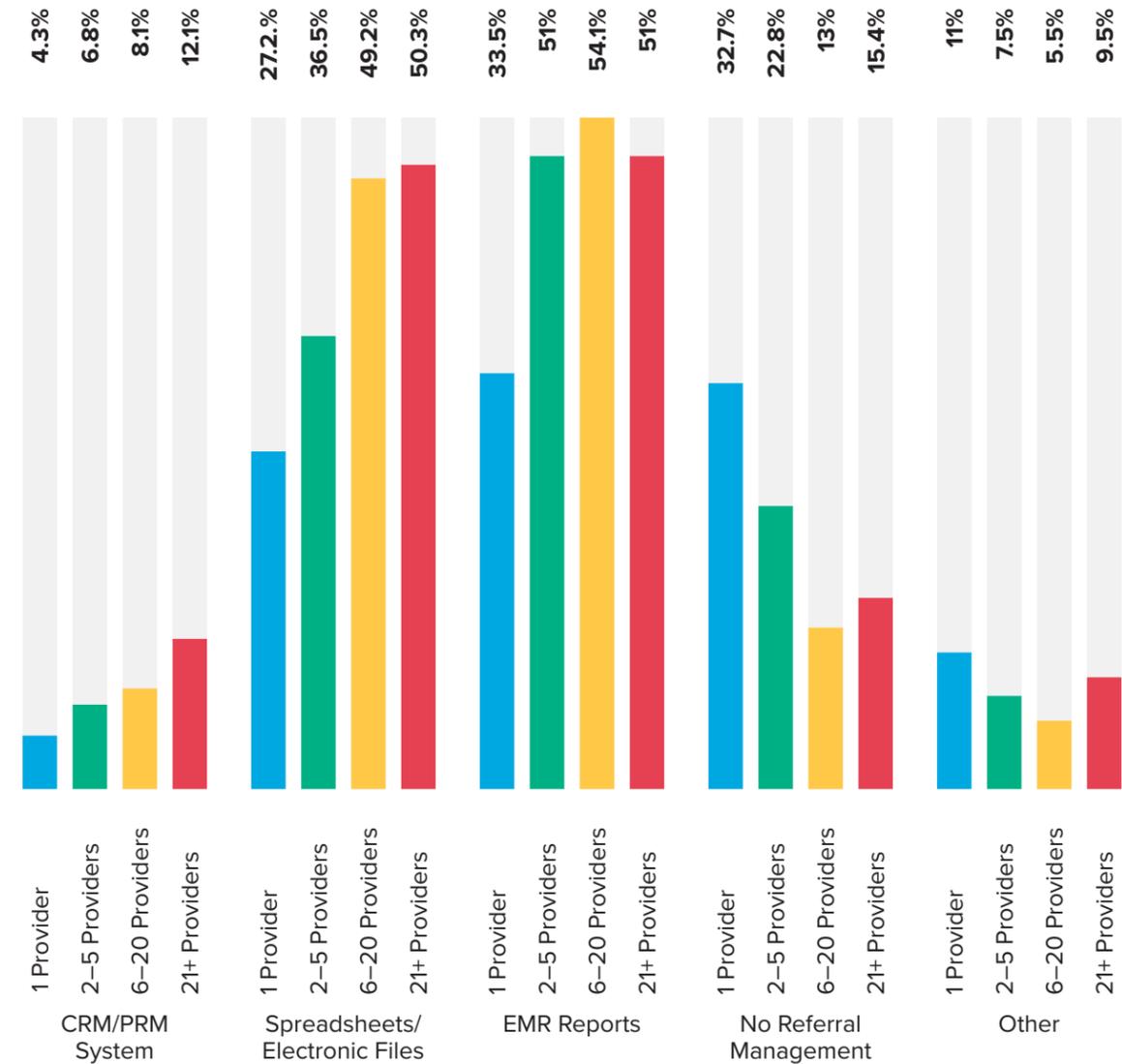


**The vast majority of respondents use EMR reports and/or spreadsheets to track and manage referral sources.** Surprisingly, **20.1%** of executives reported that their organizations do not manage referrals at all—which could greatly hinder their marketing efforts and thus, revenue potential.

## TOOLS USED TO MANAGE REFERRALS



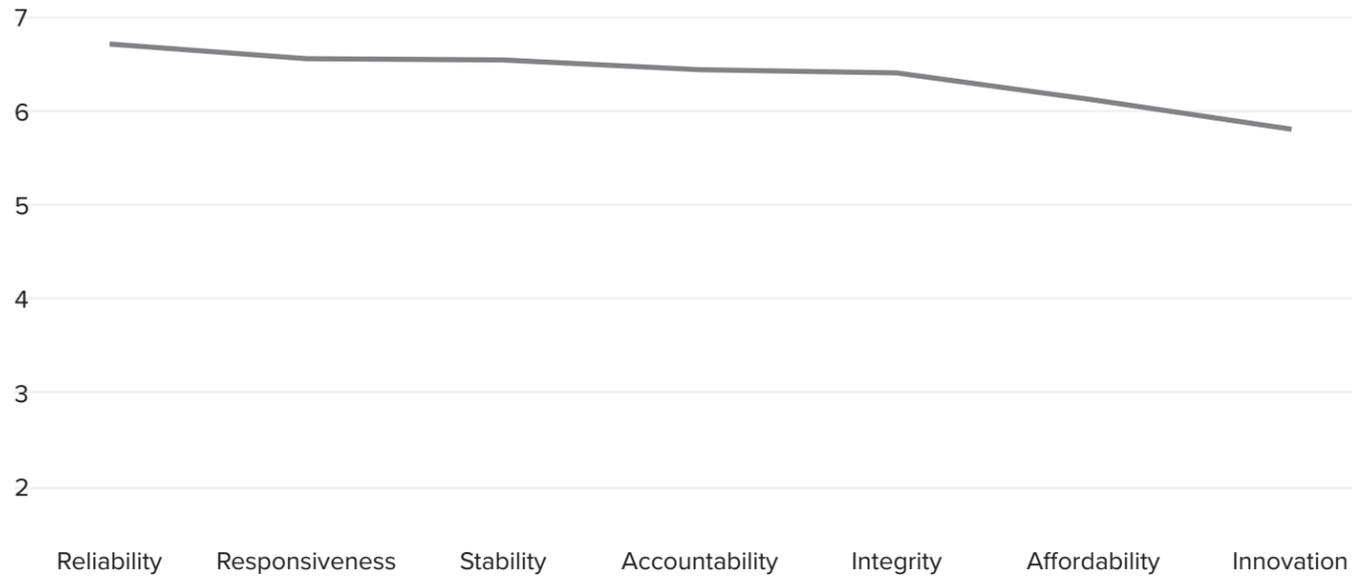
## TOOLS USED TO MANAGE REFERRALS BY PROVIDER SEGMENT



Even in the 6–20 and 21-plus provider segments, **13%** and **15.4%** of executives—respectively—indicated that they are not managing referrals at all.

# TECHNOLOGY

## OVERALL RANK OF EMR/EHR COMPANY QUALITIES BY IMPORTANCE



## IMPORTANCE VS. ACTUAL PERFORMANCE (NON-WEBPT SYSTEMS)



Compared to the rest of the market, **WebPT was better at delivering an experience that aligned with the value users placed on every company quality.**

In other words, compared to non-WebPT users, the gap between perceived importance ratings and actual experience ratings for WebPT users was smaller in every category.

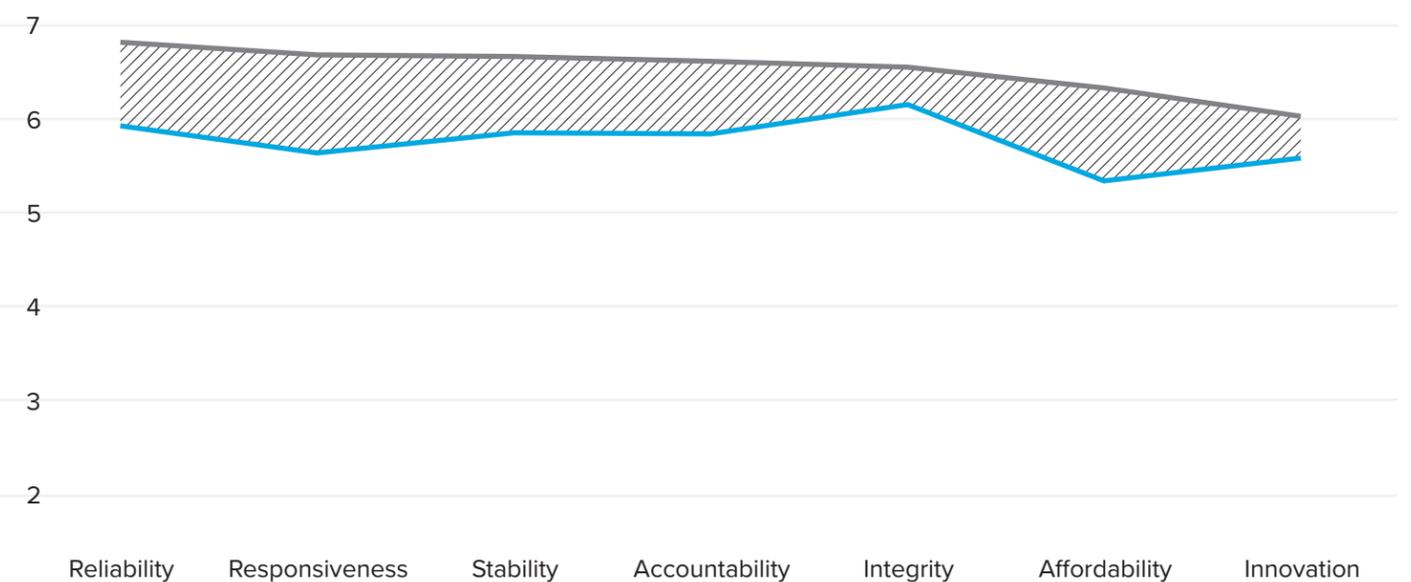
### PERFORMANCE GAP (NON-WEBPT SYSTEMS)

Reliability	1.35
Responsiveness	1.83
Stability	1.48
Accountability	1.46
Integrity	.94
Affordability	1.14
Innovation	1.37

### PERFORMANCE GAP (WEBPT)

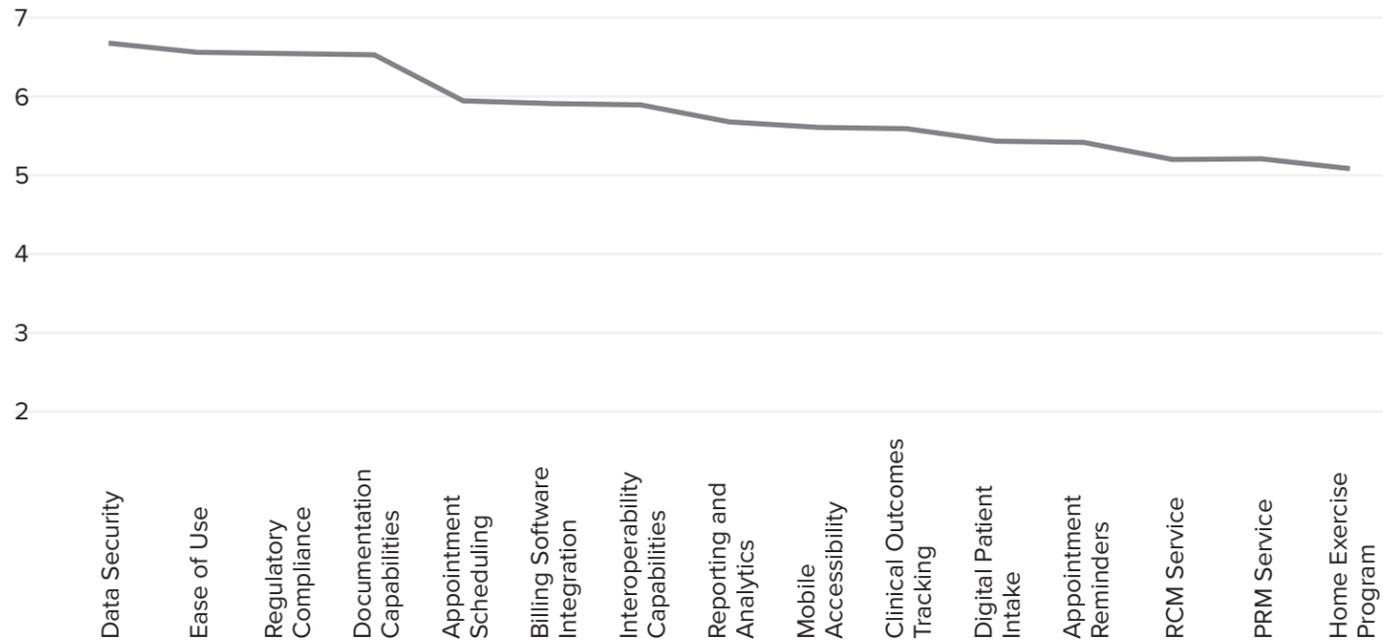
Reliability	.89
<b>Responsiveness</b>	<b>1.03</b>
Stability	.81
<b>Accountability</b>	<b>.74</b>
Integrity	.39
Affordability	.99
<b>Innovation</b>	<b>.45</b>

## IMPORTANCE VS. ACTUAL PERFORMANCE (WEBPT)

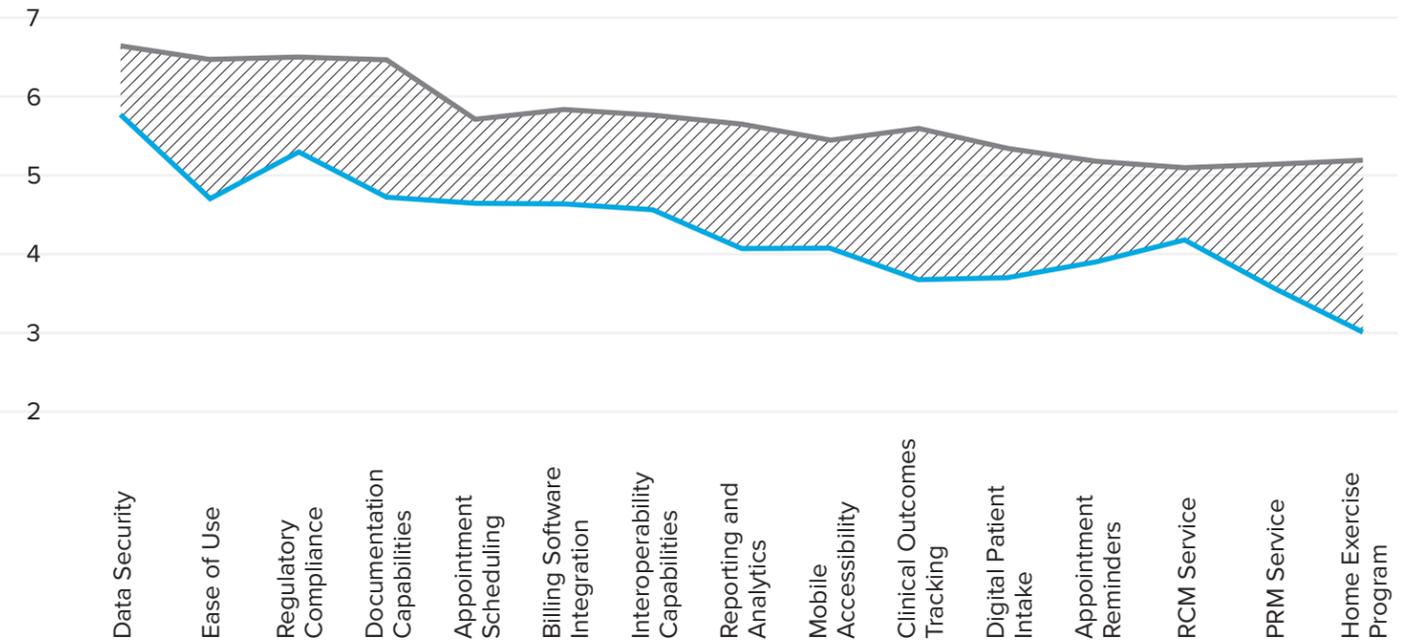


# TECHNOLOGY

## OVERALL RANK OF EMR/EHR PRODUCT ATTRIBUTES BY IMPORTANCE



## IMPORTANCE VS. ACTUAL PERFORMANCE (NON-WEBPT SYSTEMS)



Compared to the rest of the market, **WebPT was consistently better at delivering product attributes in alignment with the value placed on those attributes.**

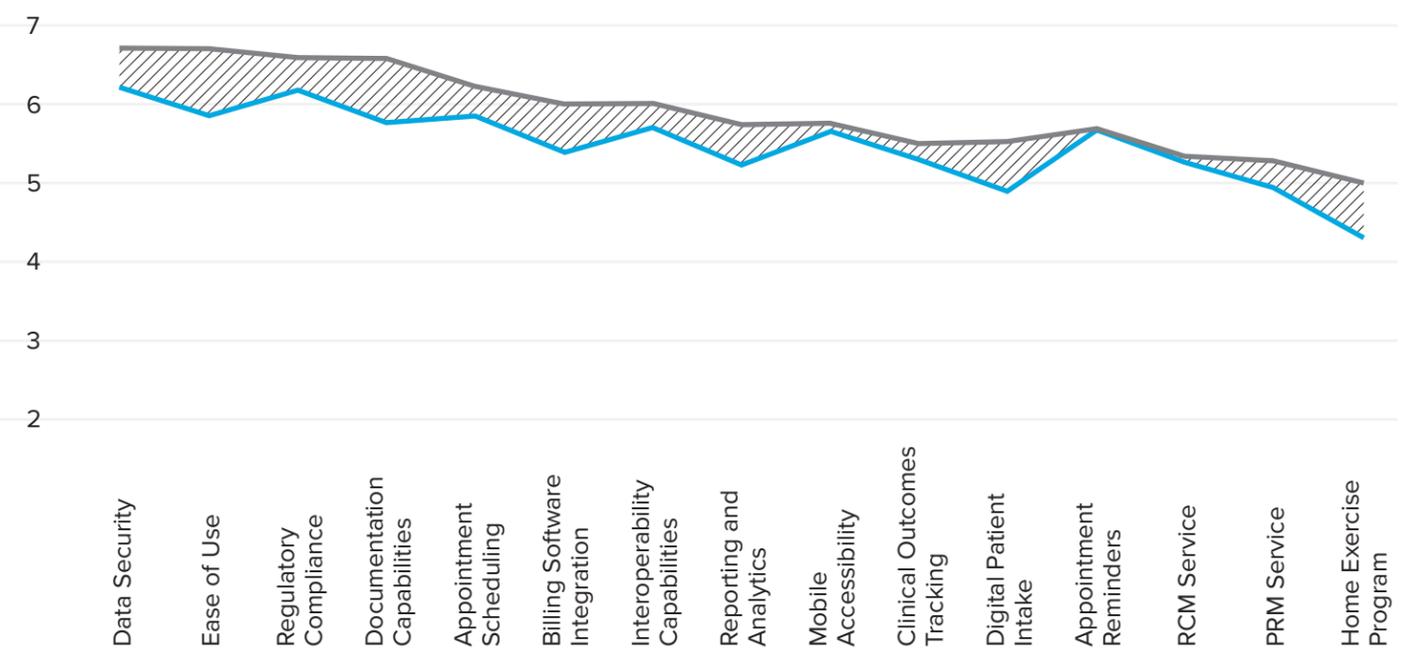
### PERFORMANCE GAP (NON-WEBPT SYSTEMS)

Data Security	.87
Ease of Use	1.65
Regulatory Compliance	1.15
Documentation Capabilities	1.69
Appointment Scheduling	1.02
Billing Software Integration	1.21
Interoperability Capabilities	1.19
Reporting and Analytics	1.49
Mobile Accessibility	1.35
Clinical Outcomes Tracking	1.97
Digital Patient Intake	1.62
Appointment Reminders	1.26
RCM Service	.95
PRM Service	1.57
Home Exercise Program	2.19

### PERFORMANCE GAP (WEBPT)

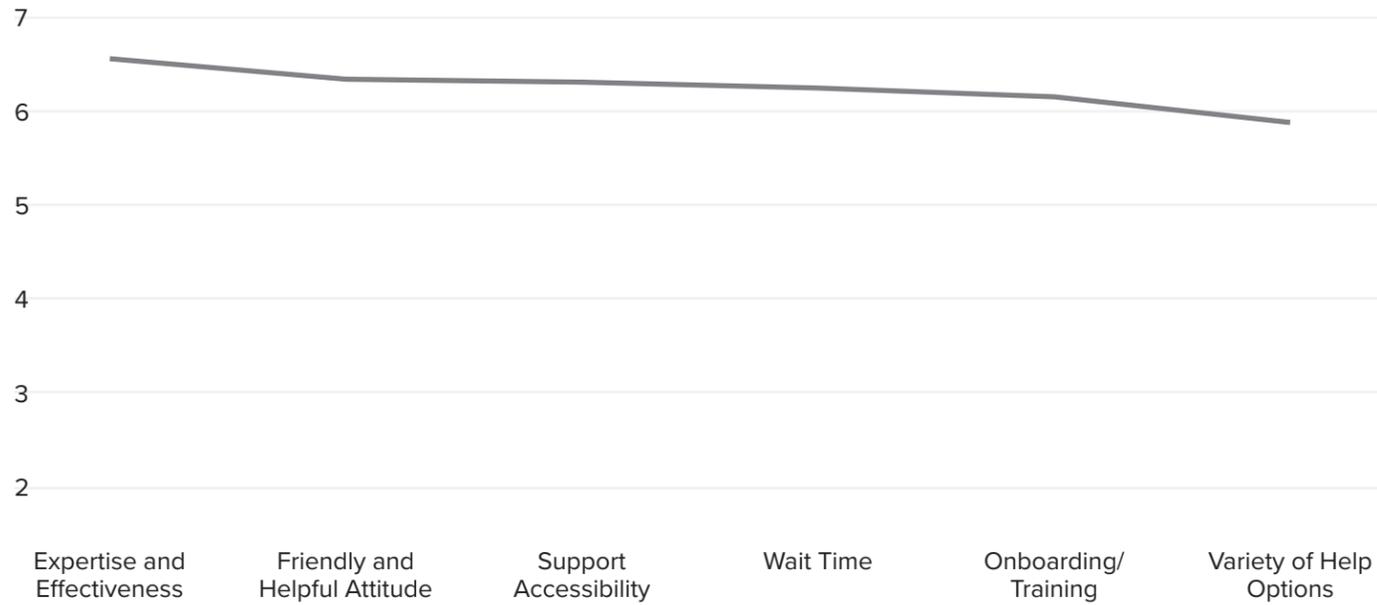
Data Security	.49
Ease of Use	.81
Regulatory Compliance	.42
Documentation Capabilities	.82
Appointment Scheduling	.33
Billing Software Integration	.60
Interoperability Capabilities	.28
Reporting and Analytics	.53
Mobile Accessibility	.14
Clinical Outcomes Tracking	.22
Digital Patient Intake	.66
Appointment Reminders	.01
RCM Service	.10
PRM Service	.34
Home Exercise Program	.66

## IMPORTANCE VS. ACTUAL PERFORMANCE (WEBPT)

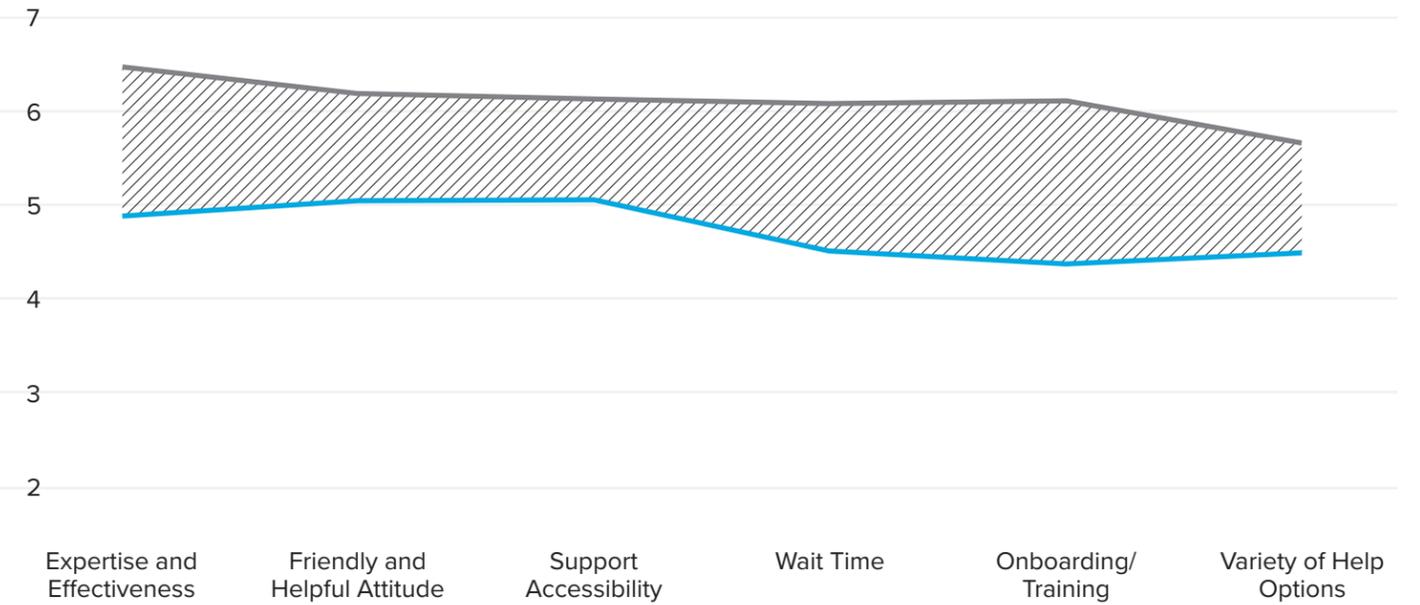


# TECHNOLOGY

## OVERALL RANK OF EMR/EHR SERVICE ATTRIBUTES BY IMPORTANCE



## IMPORTANCE VS. ACTUAL PERFORMANCE (NON-WEBPT SYSTEMS)



Compared to the rest of the market, **WebPT was consistently better at delivering service attributes in alignment with the value placed on those attributes.**

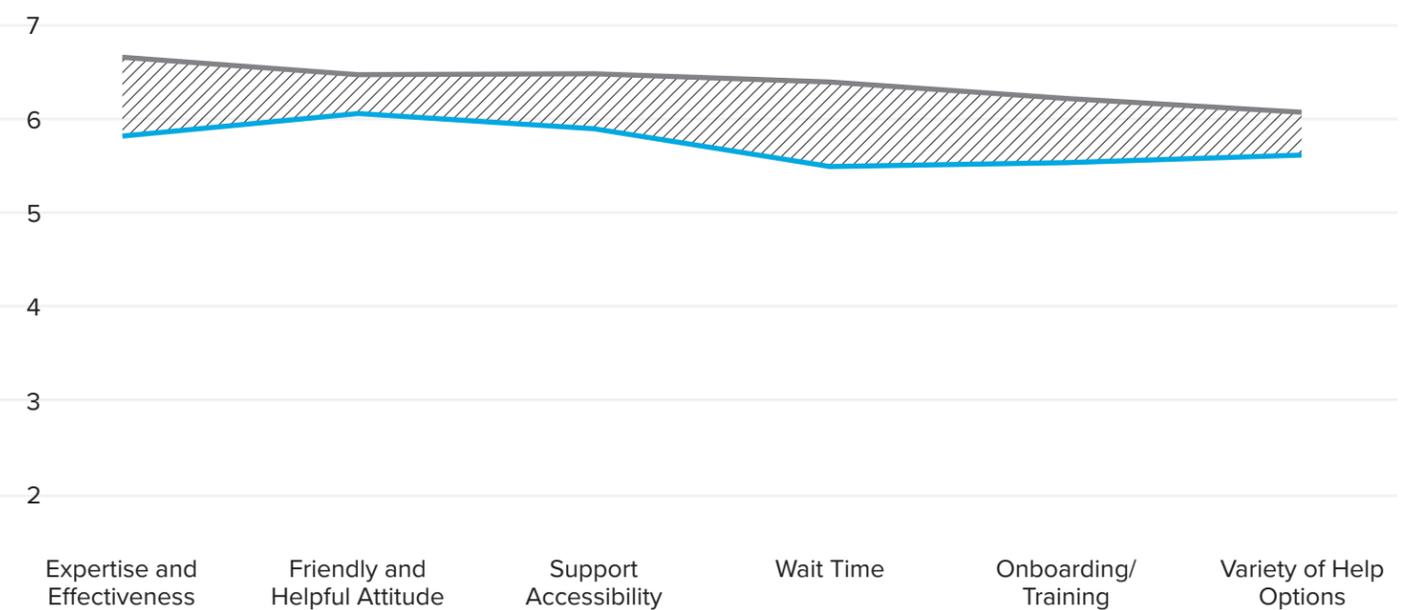
### PERFORMANCE GAP (NON-WEBPT SYSTEMS)

Expertise and Effectiveness	1.60
Friendly and Helpful Attitude	1.15
Support Accessibility	1.10
Wait Time	1.58
Onboarding/Training	1.74
Variety of Help Options	1.18

### PERFORMANCE GAP (WEBPT)

Expertise and Effectiveness	.81
Friendly and Helpful Attitude	.40
Support Accessibility	.61
Wait Time	.90
Onboarding/Training	.69
Variety of Help Options	.44

## IMPORTANCE VS. ACTUAL PERFORMANCE (WEBPT)

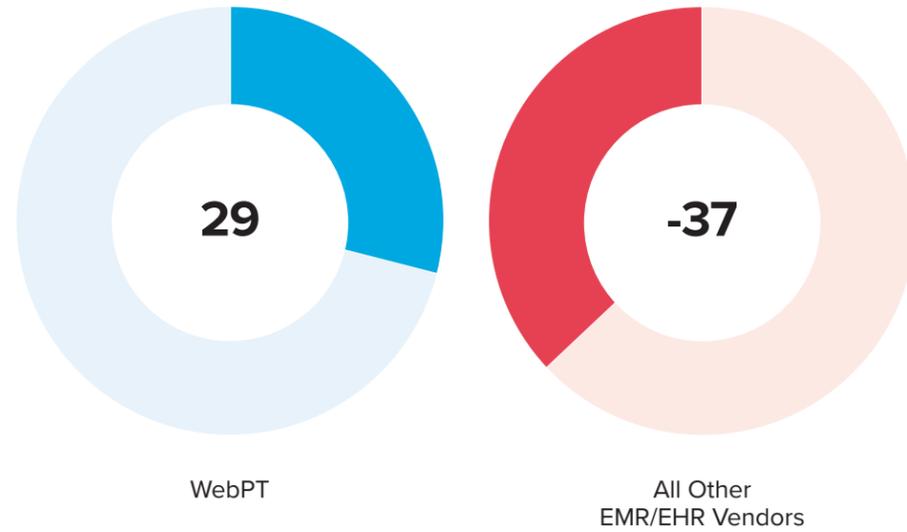


## TECHNOLOGY

**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 score, however, is not only positive, but also at the head of the pack in the rehab therapy software space.

**So, compared to customers of other EMR/EHR vendors, WebPT customers are much more likely to recommend our products and services.**

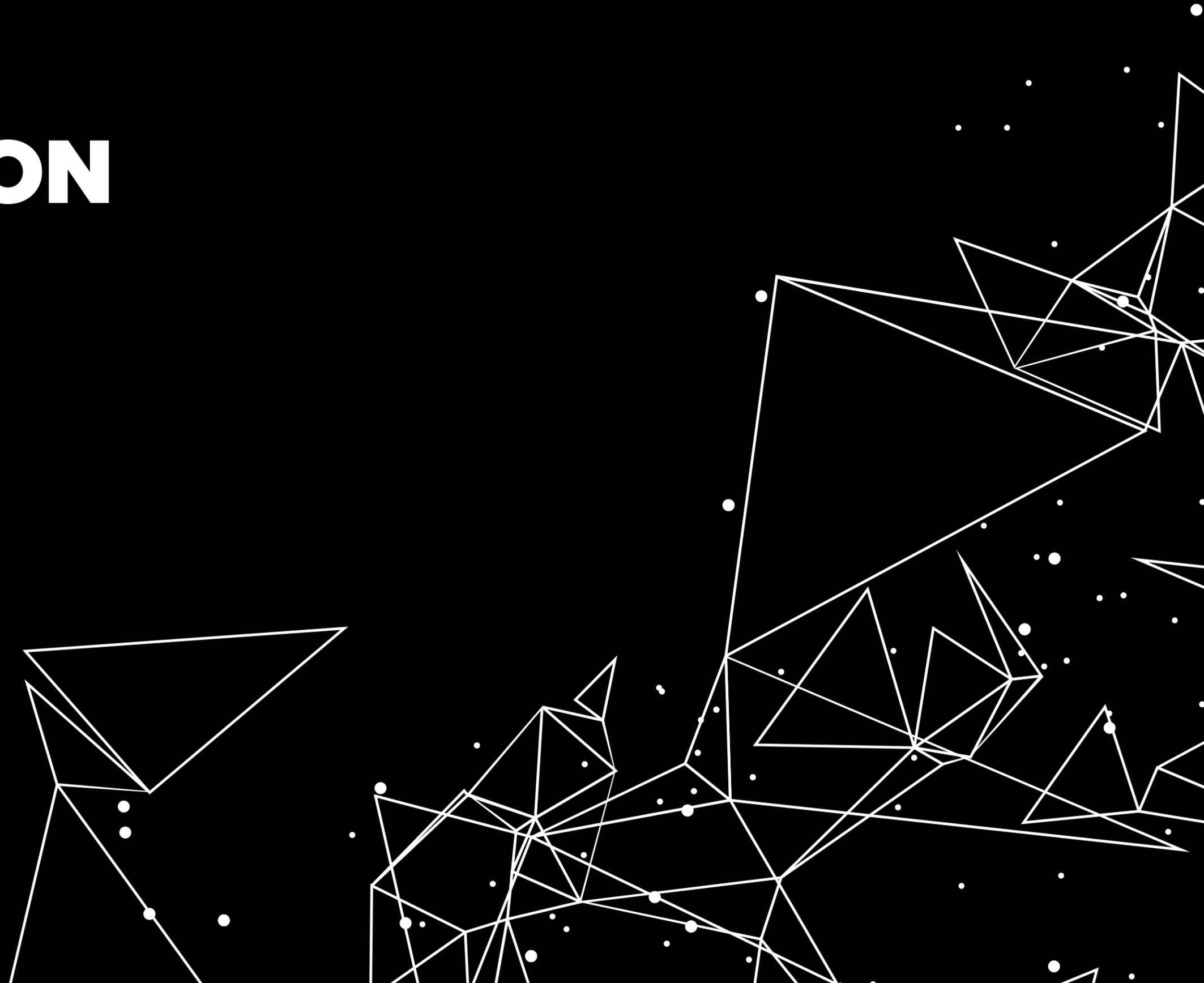
### OVERALL NPS: WEBPT VS. MARKET



DO  
MORE.

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# CONCLUSION



## CONCLUSION

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**The rehab therapy industry—just like the overarching US healthcare system—is far from perfect.**

**The rehab therapy industry—just like the overarching US healthcare system—is far from perfect.** As you've learned in this report, the challenges we face are many and complex. But, we're no strangers to complex problems. And just as we collect and analyze clinical data points in order to develop evidence-based care plans for our patients, we must leverage industry data points in order to develop evidence-based strategies for our individual businesses as well as our profession.

**And based on the data presented in this report, I believe our greatest opportunity lies in:**

- Dedicating time and resources to creating intelligent, forward-thinking marketing programs that will effectively reach both patients and referring providers;
- Taking a proactive approach to patient engagement and retention—thus giving ourselves and our patients the opportunity to achieve the best possible outcomes;
- Gathering the data necessary to prove our efficacy as first-line providers for patients with neuromusculoskeletal issues;
- Advocating for laws and payment structures that encourage those patients to seek our care before going to a physician or other specialist; and
- Asserting our role as care coordinators who deserve the same level of trust, respect, and compensation as other doctorate-level primary care providers.

Clearly, we have a lot of work to do. But, despite the long and challenging road ahead, I am encouraged—and inspired—by the fact that the vast majority of rehab therapists we surveyed this year strongly agreed that they liked their jobs. Furthermore, most therapists agreed that they would recommend this career path to young people—a sentiment that speaks volumes about the immense optimism that continues to uplift the entire rehab therapy community. That's what makes me so hopeful for the future of this incredible industry—and so proud to be a part of it.

It's also why the entire team here at WebPT remains committed to producing the data—and innovative software solutions—necessary for rehab therapists to continue pushing the envelope in terms of not only delivering incredible value to their patients, but also making that value known across the entire healthcare spectrum. We are in your corner for the long haul, ready to support you through every challenge that comes your way—from getting your patients all the way through their courses of care to helping you fight for the payments you deserve.

In short, we're here to help you achieve greatness, and in reading this report, you've already taken a big step toward doing just that. **After all, knowledge is power—and with our power combined, our potential is limitless.**

In short, we're here to help you achieve greatness, and in reading this report, you've already taken a big step toward doing just that.

**After all, knowledge is power—and with our power combined, our potential is limitless.**



**Dr. Heidi Jannenga, PT, DPT, ATC**  
President and Co-Founder of WebPT

## ABOUT WEBPT

With more than  
**80,000**  
Members and  
**12,000**  
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 our powerful patient relationship management (PRM) platform 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 **99.99% uptime rate** and a **99% customer retention rate**. It was named to the Inc. 5000 list of the nation's fastest-growing companies five years in a row and to the Deloitte Fast 500 list in 2016.

**80,000**  
Members

**12,000**  
Clinics

**99.99%**  
Uptime Rate

**99%**  
Customer Retention



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

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

**WebPT<sup>®</sup>**

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

