Motions to the 2026 APTA House of Delegates

May 8, 2026

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TO: House of Delegates

FROM: Bill McGehee, PT, PhD, Speaker of the House

DATE: May 8, 2026

SUBJECT: Motions to the 2026 House of Delegates

Welcome!

The House Officers wish to thank delegates for their preparation thus far and for their timely submission of motions. Collaboration is key for the House to function at its highest capacity and make impactful decisions that will continue to move the profession forward. Key areas that play an important role in the quality and efficacy of our collaboration include communication, coordination, transparency, accountability, and trust. Embracing these key elements of collaboration will greatly improve our ability to resolve conflict and reach mutual understanding to make decisions that are in the best interests of the profession and the members we represent.

This is the moment we've been waiting for: this document contains the 32 motions to the 2026 House of Delegates.

Organization of Motions

Motions have been provided RC numbers organized first by Strategic Pilar, and then alphabetically Z to A by the primary motion maker's component. This is in reverse of last year's organization and aims to balance us from year to year; ensuring that voices are heard as equitably as possible.

Motion Language

Some motions comprise several parts, indicated by 'Part A', 'Part B', etc. These motions have conforming amendments, which means, to maintain consistency, the question cannot be divided, and all parts will be debated and voted on with a single vote.

Motion language has been edited and formatted to be consistent with standards for documents published by APTA. The same has not been done to support statements. These statements are the sole purview of the motion maker and have been presented as submitted with very little formatting.

The Use of Language in Association Policies, Positions, and House of Delegates Recommendations (BOD Y11-25-04-01) policy document lists words that are appropriate for policies, positions, and recommendations, and the definitions of those words. The goal is to provide consistency in use of these terms and clarity of intent. Review this document as you read the motions, and particularly if you are contemplating amendments.

Detailed Agenda, Consent Calendar, and Cosponsoring Motions

The Detailed Agenda will be published June 18 once the Chief Delegates Council and the House Officers develop the ranked order.
RCs 01-26 to 04-26 will remain at the top of the agenda as these motions have been identified as propelling the Advancing Our Payment strategic pillar forward. As advancing payment was designated as APTA's top priority via a House position last year, it is fitting that these motions warrant our top priority.

The Consent Calendar is a group of motions that will be adopted as a package by general consent of the House.
The Consent Calendar will be published June 18, following the polling of Chief Delegates. According to APTA Standing Rules, prior to the meeting of the House a motion may be removed from the consent calendar by the House Officers or at the request of 5 chief delegates. These requests must be in writing to governancehouse@apta.org and should include all 5 delegations submitting the request if possible.
Following the opening of the House meeting, 1/3 of the assembly, voting in the affirmative, is required to remove an item from consent and placed back into the detailed agenda.

Chief Delegates will use a cosponsor signup available through July 13 to indicate co-sponsorship of a specific motion.

House Officers suggest Chief Delegates begin conferring with their delegations about the detailed agenda order and which motions should be placed on the consent calendar as soon as possible. Some guiding questions for your conversations are outlined below:

1. Will this motion help APTA accomplish its desired outcomes in the Strategic Framework for 2030? How does it directly impact our ability to achieve a strategic pillar and/or objective within the framework?
2. Is this motion needed immediately? Does the concept need to be addressed this year?

Motion Questions and Inquiries

As delegates are aware motion discussion and collaboration have already begun on the 2026 House Motions community. This community was created specifically for delegates to

discuss, ask questions, and collaborate with one another to develop the motions to finally be here, at your fingertips. We encourage these continuing conversations all the way up until the motion is heard in the House July 12 and/or 13.

All motion questions and inquiries must be posted to the discussion threads on the 2026 House Motions Community and should be directed to the motion maker. Delegates should use this medium, and not social media, so that all delegates are aware of the information being shared. To keep conversation organized, no new discussion threads should be created on the 2026 House Motions Community, and threads will be closed if a motion is withdrawn or merged with another.

Motion makers that convene a discussion group regarding their motion(s) should communicate outcomes on the 2026 House Motion Community in the corresponding motion discussion threads.

Proposing Amendments

All proposed amendments to motions, including replacement language from motion makers, must be submitted using the Amendment Submission Form.

Pre-House amendments to motion language are due June 12, 5:00 pm ET and will be shared on the House Community June 26. Delegates are under no obligation to move these amendments in July but submitting them in advance allows more time for your colleagues to be prepared for the discussion.

Do not hesitate to contact us with questions, concerns, or suggestions for expediting the business of the House.

Thank you for all that you do for our association.

I wish you and yours good health.

Motion to 2026 House of Delegates

Main Motion:

RC 01-26 ADOPT: APTA POSITION ON UNFAIR PAYER CLAIM DENIALS

Proposed by: Maine
Primary Motion Contact: Gwen Simons, PT
Discussion Thread

Required for Adoption: Majority Vote

That the following be adopted:

APTA POSITION ON UNFAIR PAYER CLAIM DENIALS

APTA opposes nonpayment of claims or recoupment of monies already paid, including but not limited to the following reasons:

- Arbitrary and capricious denials that force providers and/or patients to file appeals to get paid.
- Payer determination, without specificity, that documentation did not support the claim.
- Payer policies that require excessive and unnecessary documentation requirements beyond Medicare documentation requirements.
- Payer policies that require the provider to justify the medical necessity of individual interventions for every occurrence when medical necessity justification has been previously provided in the plan of care or treatment records.
- Use of algorithms, software programs, and/or online platform systems to arbitrarily deny visits (including prior authorization of visits) based solely on the number of visits provided without an analysis of each patient's individual presentation and circumstances that affect medical necessity.

Support Statement

What is this motion seeking to achieve?
This position statement is intended to call out unfair claim denial practices by payers that are arbitrary and capricious or based on a pretext that documentation is inadequate. Any payer conduct that denies PT claims, whether it is pre-service or post-service, and whether it is through the

application of arbitrary expectations about the number of visits required for a certain diagnosis without taking into consideration the patient's individual medical problems and impairments is inappropriate. We are increasingly seeing commercial carriers deny claims and recoup payment for claims already paid after an audit for "inadequate" documentation. Frequently these determinations are not supported with specifics and seem to be designed to shift the burden back on the provider or patient to file appeals. We are also seeing payors enact policies that require excessive documentation, like start and stop time for each exercise or CPT intervention instead of the start and stop time for the visit and the total time for each CPT code billed as required by CMS. Payor payment policies that require extraordinary and excessive documentation beyond Medicare requirements are not necessary to support the skill, medical necessity and correct coding of the service provided. Excessive documentation requirements merely add unnecessary administrative burdens and serve as an excuse to deny claims for covered benefits. The medical necessity of planned interventions should only have to be explained in the Plan of Care, Progress Notes/Re-evaluations, and in subsequent visits when new interventions are initiated or the Plan of Care changes – not each and every visit. We need APTA to aggressively oppose these payor policies and unfair claims handling practices through the work that APTA's payment and policy staff routinely do and not assume that, broadly speaking, physical therapists' documentation is indeed inadequate. State Chapters also need this position statement when seeking legislative or regulatory solutions to various payment problems. We do not anticipate this RC having a fiscal impact on APTA's budget or requiring any new initiatives by staff.

How does this motion contribute to achieving the Vision?
The Motion seeks to ensure that PTs are appropriately paid and remain a viable option for rehab services.

How does this motion support APTA priorities as reflected in the current APTA Framework?
As above, the Motion seeks to ensure PTs are not unnecessarily burdened by excessive documentation requirements that serve no meaningful purpose.

How is this motion's subject national in scope and importance?
We have seen national payers establish policies that require excessive documentation far beyond Medicare standards (see example in the support statement), therefore this issue affects PTs in all settings on a national level. It is time to stand up to payers who are implementing policies merely to have an excuse to deny claims instead of assuming PTs really are failing to meet adequate professional documentation standards.

What previous or current initiatives and positions of the Association address this topic?
We know of no APTA policies that addresses this issue.

What interested parties will be impacted by this motion?

This issue affects all providers in private practice and hospital systems. The Motion may be an example for other professional associations if they do not already have a position on this issue.

Additional background information

We do not intend for this position statement to affect the business practices of ethical provider networks that contract collectively and knowingly with payers to provide reasonable (not coercive, harmful) discounts in consideration for the steering of referrals to network providers.

References:

No references are really necessary, but Maine PTs passed a law in 2021 that prohibits the use of excessive documentation requirements in facility wide pre-payment reviews. References: An Act To Regulate Insurance Carrier Practice or Facility-wide Prepayment Review, Public Law 272, 2021; 24-A MRSA §4303, sub-§24.

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 02-26 ADOPT: APTA POSITION ON UNFAIR AND DECEPTIVE PRACTICES BY PAYERS AND INTERMEDIARIES

Proposed by: Maine
Primary Motion Contact: Gwen Simons, PT
Discussion Thread

Required for Adoption: Majority Vote

That the following be adopted:

APTA POSITION ON UNFAIR AND DECEPTIVE PRACTICES BY PAYERS AND INTERMEDIARIES

APTA opposes unfair or deceptive acts or practices by payers and third-party intermediary entities: aka provider networks, preferred provider organizations, "Silent PPOs," repricers, bill review entities, discount brokers, and any other term that describes an entity that is not a payer; third-party administrators to a payer, or a payer's exclusive network (hereinafter "Intermediary" or "Intermediaries") whose primary purpose is to discount providers' claims. Deceptive acts or practices include but are not limited to:

- Intermediaries using false and misleading promises of consideration to solicit providers into network (discount) agreements, such as promising "steerage" (volume referrals) or prompt payment of claims.
- Intermediaries selling access to the network (discount) agreement to payers who are not explicitly identified in the network agreement at the time the provider entered into the agreement.
- Intermediaries failing to inform network providers through a properly executed notice or contract amendment when proposing to give network access to a new affiliate, customer, beneficiary, or assignee.
- Using a bait-and-switch technique where the intermediary originally solicits an out-of-network provider to accept a "Single Case Discount," then subsequently substitutes a misleading agreement that broadly expands the scope of payers who can claim the discount.
- Intermediaries failing to remove (or ensure removal of) a provider's information, Tax Identification Number, and other identifying information from all databases that the

Intermediary has sold its network provider list to when that provider terminates their network agreement.

- Intermediaries and payers claiming indirect access to a provider's network (discount) agreements merely because the provider's name or business name is in a database.
- Intermediaries and payers refusing to provide a copy of the network agreement(s) being used to reprice claims upon the provider challenging the existence or validity of a contract being used to take a discount.
- Intermediaries and payers requiring providers to participate in all networks or none in their network agreements even when the payers are unrelated, resulting in anticompetitive price fixing of providers' reimbursements.

Support Statement

What is this motion seeking to achieve?

Intermediary networks have grown over the last thirty (30) years, taking earned profits away from physical therapy practices through deceptive trade practices. These intermediaries solicit PTs into "networks" by promising access to Payor networks, volume referrals and prompt payment that the intermediary frequently does not control. Providers frequently enter into an agreement thinking it is only for one or a limited number of payors only to later discover the agreement could be accessed by essentially any and all payors due to "silent PPO" contract language. These deceptive business practices must stop. They have caused substantial financial harm to thousands of practices nationwide and even caused some practices to go out of business. This position statement explicitly states that these deceptive business practices are unacceptable. It provides examples of deceptive business practices to educate our members on what to look for when reviewing network agreements and negotiating with Intermediaries. This position statement will also help state Chapters in legislative and regulatory advocacy efforts to fight against unfair and deceptive trade and contracting practices – especially in workers' compensation and out of network claims. We do not expect this Position Statement to have a fiscal impact or require APTA staff to implement any significant new initiatives. It primarily serves the purpose of calling public attention to this problem and explicitly stating deceptive trade practices are wrong.

How does this motion contribute to achieving the Vision?

The Motion seeks to ensure that PTs are appropriately paid and remain a viable option for rehab services.

How does this motion support APTA priorities as reflected in the current APTA Framework?

As above, the Motion seeks to ensure PTs are appropriately paid and informs members about the deceptive trade practices they should be on the lookout for.

How is this motion's subject national in scope and importance?

The business practices this Motion draws attention to are widely by the bad actors in every state. Some of the bad actors are making millions of dollars from these deceptive trade practices – money that should be going to the providers who treat the patients.

What previous or current initiatives and positions of the Association address this topic?
We are bringing this motion forward because we know of nothing that addresses this issue.

What interested parties will be impacted by this motion?
This issue affects all providers in private practice and hospital systems. The Motion may be an example for other professional associations if they do not already have a position on this issue.

Additional background information
We do not intend for this position statement to affect the business practices of ethical provider networks that contract collectively and knowingly with payers to provide reasonable (not coercive, harmful) discounts in consideration for the steering of referrals to network providers.

References:

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 03-26 ADOPT: UNIFIED ADVOCACY AND COLLABORATION TO ADVANCE PAYMENT POLICY

Proposed by: Iowa , Private Practice
Primary Motion Contact: Colleen Louw, PT
Discussion Thread

Required for Adoption: Majority Vote

That the following be adopted:

UNIFIED ADVOCACY AND COLLABORATION TO ADVANCE PAYMENT POLICY

APTA supports unified advocacy that leverages the collective expertise and efforts of organizations working to advance sustainable and fair payment policies for physical therapist services. APTA believes that mutually beneficial partnerships with organizations and alliances aligned with APTA values strengthen these efforts and explores them where possible.

Support Statement

What is this motion seeking to achieve?
APTA will open the door to collaboration with like-minded organizations that share the same values to advance physical therapy payment.

How does this motion contribute to achieving the Vision?
This motion advances the vision of "transforming society by optimizing movement to improve the human experience" by strengthening the systems that make high-quality physical therapy care possible. By supporting unified advocacy and fostering partnerships with organizations that share aligned values, this motion: Expands access to care – Advocacy for sustainable and fair payment policies helps ensure patients can receive physical therapy services without unnecessary financial or systemic barriers. Strengthens the profession's impact – Unified efforts amplify the voice of physical therapy, leading to policy changes that support broader reach and influence in healthcare. Enables high-quality, outcomes-driven care – Fair reimbursement supports evidence-based practice,

innovation, and care models focused on optimizing movement and improving lives. Promotes long-term sustainability – Collaboration across aligned organizations builds a more stable and effective payment environment, allowing the profession to grow and better serve society. Ultimately, this motion empowers the profession to deliver on its full potential - enhancing movement, improving health outcomes, and elevating the human experience at both individual and societal levels.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion directly supports APTA's Strategic Framework for 2030 by advancing all three strategic priorities—advancing our payment, empowering our members, and evolving our practice—through unified advocacy and strategic partnerships. Advancing our payment: The motion most directly aligns by promoting coordinated advocacy efforts and collaboration with like-minded organizations to achieve sustainable and fair payment policies. Leveraging collective expertise strengthens APTA's ability to influence policy and drive meaningful payment reform. Empowering our members: By leading unified advocacy efforts, APTA amplifies the voice of its members and provides them with stronger representation. Partnerships expand resources, knowledge-sharing, and opportunities for engagement. . Evolving our practice: Sustainable payment models support innovation in care delivery, adoption of evidence-based practices, and expanded roles for physical therapists. Collaboration with aligned organizations also help the profession adapt and thrive in a changing health care environment.

How is this motion's subject national in scope and importance?
This motion is national in scope because payment policies impacting physical therapy are largely set at the federal level and affect providers and patients across all states. Unified advocacy strengthens APTA's ability to drive consistent, nationwide improvements in access, sustainability, and care quality.

What previous or current initiatives and positions of the Association address this topic?
There are several listed in our references but also APTA is hosting the first-ever Advocacy Summit in 2026, which will invite several other entities/groups to collaborate on strategies on payment advocacy. https://www.apta.org/advocacy/payment-advocacy-summit

What interested parties will be impacted by this motion?
Physical therapists and physical therapist assistants: Benefit from stronger advocacy for fair, sustainable payment, supporting practice viability and professional growth. Patients and communities: Gain improved access to physical therapy services and better health outcomes through more sustainable care delivery. APTA members and components: Experience enhanced representation, resources, and opportunities to engage in unified advocacy efforts. Partner organizations and alliances: Gain opportunities for collaboration, shared expertise, and increased collective influence on payment policy. Payers (e.g., Medicare and commercial insurers): Engage with a more coordinated and influential stakeholder group advocating for value-based, sustainable payment models. Health care systems and employers: Benefit from more stable reimbursement

structures that support integration of physical therapy services and efficient care delivery.
Policymakers and regulators: Receive more cohesive, evidence-informed input to guide decisions on payment policy and health care reform.

Additional background information

For decades, and notably over the past five years, APTA has had innumerable advocacy successes in defining, revising, and advancing payment and health policies that positively impact physical therapists and physical therapy practice.[1-10] This motion furthers the advocacy agenda for the profession by pursuing a unified approach with multiple entities outside of the association for more effective and efficient advocacy efforts in the future.

The creation of APTA's *Strategic Framework for 2030* APTA[11] is an important step to advance physical therapy payment[1] though these efforts may not always be fully recognized across the profession, sometimes resulting in a skewed perception among both members and non-members. At the same time, other organizations are also working independently to strengthen payment advancement and support the future of physical therapy practice. APTA seeks to open the door to collaboration with these like-minded groups, creating an inclusive and unified approach grounded in shared goals. While strategies may differ, aligning efforts on common ground will strengthen advocacy, amplify impact, and help advance sustainable, equitable payment policies for physical therapy services.

In 2022, the American Physical Therapy Association, Academy of Orthopaedic Physical Therapy and APTA Private Practice founded the State Payer Advocacy Resource Consortium (SPARC) to collaborate on legislative and advocacy strategies.[9] Building on decades of advocacy by the association and its members, this collaborative think tank worked alongside current staff and volunteers to support an unprecedented number of state-level successes in recent years.
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In 2025, APTA collaborated with our traditional rehabilitation allies to push for reforms in Medicare policies.[10] The "Policy Principles of Outpatient Therapy Reform Under the Medicare Physician Fee Schedule" is a road map developed by APTA, APTA Private Practice, the American Speech-Language-Hearing Association, and the American Occupational Therapy Association which recommends five specific changes applicable to outpatient therapy for the continued sustainability of Medicare in rehabilitation therapy. The recommendations include everything from abolishing the Multiple Procedure Payment Reduction (MPPR) policy[4] to allowing therapists to privately contract or "opt out" of Medicare to reforms that would allow physical therapists to more fully participate in alternative payment systems, along with changes that would significantly reduce red tape for therapy providers.

With APTA's stated action plans to convene The *First-ever APTA Payment Advocacy Summit*[1] in 2026, this proposed position overtly articulates that intended audiences and participants are sought other than internal partners collaborators to external stakeholders who represent physical therapists and physical therapy interests in the United States. This valuable strategy is intended to further shared goals to benefit our patients, members, and the profession.

This motion supports the three pillars of the strategic framework by

- Increasing chances of success in advocacy for changing payment policies to create more economic opportunities and success for members, i.e. Payment Advancement;
- Improving practice conditions for members across all settings and stages of their careers, i.e. Empowers Members
- Supporting viability and innovation of various practice models and services through improved reimbursement. i.e. Evolving Our Practice.

References:

1. Payer Advocacy by the Numbers: APTA Members and Staff Driving Progress. February 4, 2026. https://www.apta.org/article/2026/02/04/payer-advocacy-by-the-numbers-apta-members-and-staff-driving-progress
2. APTA State Chapters Record 48 Wins in 2025, Work Continues in 2026. February 10, 2026. https://www.apta.org/article/2026/02/10/apta-state-chapters-record-48-wins-in-2025-work-continues-in-2026
3. #FixMedicareNow. 2025. https://www.apta.org/advocacy/issues/medicare-physician-fee-schedule
4. Multiple Procedure Payment Reduction Policy. apta-positionpaper-mppr-final.pdf
5. https://www.apta.org/contentasse4ts/20fd564984b446949c89517f546e4fb3/apta-positionpaper-medicarefeeschedule-1.pdf
6. Letter of Congressional Leadership October 11, 2024. https://www.apta.org/siteassets/pdfs/advocacy/10.11.2024---final---medicare-physician-fee-schedule-proposed-cuts-letter-to-house-leadership.pdf
7. Letter to Senate Leadership. February 23, 2024. https://fixmedicarenow.org/sites/default/files/2024-02/Boozman%2C%20Welch%20Lead%20Letter%20Calling%20for%20Legislative%20Solution%20to%20Protect%20Access%20to%20Medicare%20Services_February%202024.pdf
8. Position Paper: Medicare Payment Reform. 2025. https://www.apta.org/advocacy/position-papers/position-paper--medicare-payment-reform
9. APTA-Supported Medicare Payment Reform Legislation. 2025. https://www.apta.org/advocacy/issues/apta-legislative-update-bill-status
10. State Payer Advocacy Resource Consortium (SPARC). 2022. https://sparc.apta.org/
11. Policy Principles for Outpatient Therapy Reform under the Medicare Physician Fee Schedule. 2025. https://www.apta.org/contentassets/01533035f7a84ffc80007c9d077e0ab1/policy_principles_therapy_reform_mpfs_march2024.pdf.
12. Built by Our Community, Designed for Our Future: Inside APTA's Strategic Framework for 2030. February 1, 2026. https://www.apta.org/apta-magazine/archive/2026/02/01/built-by-our-community-designed-for-our-future.
13. https://sparc.apta.org/
14. Care Delayed is Care Denied: https://www.apta.org/siteassets/pdfs/advocacy/apta-priorauth-coalition-principles.pdf

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 04-26 RECOMMEND: ADVOCATING FOR FEDERAL RECOGNITION OF THE FULL LICENSED SCOPE OF PRACTICE OF DOCTORS OF PHYSICAL THERAPY

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT
Discussion Thread

Required for Adoption: Majority Vote

That APTA shall advocate for federal statutory and regulatory reforms to ensure doctors of physical therapy are recognized and authorized to practice to the full extent of their licensed scope of practice and to receive payment for all services.

Support Statement

What is this motion seeking to achieve?
The ability to practice and get paid for all services controlled or influenced by federal law

How does this motion contribute to achieving the Vision?
If we can't practice and get paid for all our services we can't meet the needs of society.

How does this motion support APTA priorities as reflected in the current APTA Framework?
Advances payment and practice innovation

How is this motion's subject national in scope and importance?
Federal law and regulation applies to all DPTs.

What previous or current initiatives and positions of the Association address this topic?
APTA has ongoing piecemeal initiatives to address this issue which despite decades of action have yielded little. Payment is APTA's top priority.

What interested parties will be impacted by this motion?

Congress, CMS, DOL, all DPTs who provide services to federally insured individuals and those individuals. Millions of people!

Additional background information

Why does this matter? The identity of the profession is intricately aligned with the rights and privileges afforded the profession. DPTs are considered by many who are in positions of controlling access and payment for our services as "ancillary" and "allied health" ("allied" meaning subservient to MDs) Currently most of the other established doctoring professions are recognized under these statutes and regulations[1], See: https://www.law.cornell.edu/uscode/text/42/1395x#r These disciplines mostly enjoy a broader scope of practice and payment for services than afforded to DPTs.

Obtaining recognition under federal law and regulation as a doctoring profession has been debated for many years and has largely resulted in inaction or a lack of effective advocacy. (Maybe a few crumbs thrown our way at most.) Hawaii fully realizes obtaining such recognition will require a significant resources expenditure. Whatever it takes is necessary to achieve our vision. Optometry more recently has achieved this status why can't we as well? It is doable and mandatory if we are to grow and change with the evolution of health and wellness to meet the needs of society.

Individual carve outs for specific services such as was adopted decades ago for EMG/NCV testing has resulted in tiny increments to practice. We cannot continue to fight for incremental expansions of our practice each one takes decades to achieve. We need a strategy which recognizes and pays for the full scope of our services today, tomorrow, and ten years from now whatever our scope of practice may be in the future.

Obtaining full federal recognition of doctors of physical therapy licensed scope of practice will have a cascading benefit to state practice acts and related laws and regulations, and payer polices.

The terminology doctor of physical therapy instead of physical therapists is intentional to be consistent with federal law.

[1] a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1301(a)(7) of this title), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1395f(a), 1395k(a)(2)(F)(ii), and 1395n of this title but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) a doctor of optometry, but only for purposes of subsection (p)(1) and with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) a chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of subsections (s)(1)

and (s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1395y(a)(4) of this title and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1395y(a)(4) of this title) are furnished.

References:

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 05-26 ADOPT: POSITION ON PHYSICAL THERAPY WORKFORCE SUSTAINABILITY AND RETENTION AND RESCIND: WORKFORCE PLANNING

Proposed by: Texas and Cardiovascular and Pulmonary
Primary Motion Contact: Rupal Patel, PT, PhD
Discussion Thread

Required for Adoption: Majority Vote

This is a motion with two conforming amendments: Parts A–B.

Part A

That the following be adopted:

POSITION ON PHYSICAL THERAPY WORKFORCE SUSTAINABILITY AND RETENTION

The American Physical Therapy Association believes that workforce sustainability is essential to ensuring societal access to physical therapist services across communities and care settings. Physical therapists and physical therapist assistants deserve work environments that support professional fulfillment, well-being, and sustainable careers throughout their professional lifespan. Evidence-informed understanding of separation patterns, contributing factors, and effective interventions is necessary to guide APTA activities, policy advocacy, and resource development. Workforce retention is a shared responsibility requiring collaboration among APTA, employers, educators, policymakers, and clinicians.

Part B

That Workforce Planning (HOD P06-20-41-33) be rescinded.

WORKFORCE PLANNING

~~The American Physical Therapy Association supports and participates in workforce planning efforts with other stakeholders to meet the needs of the profession and society. The primary goal of workforce planning is optimizing access to physical therapist services to meet the needs of patients and clients through an appropriate specialty and practice mix and geographic distribution of physical therapists and physical therapist assistants. Effective workforce planning efforts include measures of supply, demand, and need.~~

- ~~Supply assessment includes accurate and contemporary descriptions of the inflows and outflows of the workforce, with analyses over time of the trends in these numbers.~~
- ~~Demand assessment includes payment and insurance mechanisms, practice environment changes, and the number and roles of other relevant health professionals providing services.~~
- ~~Need assessment includes various factors of the health services system, such as projected demographics and other characteristics of patients and clients that can predict need, whether or not payment and access are available.~~

Support Statement

What is this motion seeking to achieve?

The physical therapy profession faces a growing workforce sustainability crisis. Current data reveals alarming trends:

Nearly half of practicing physical therapists report capacity shortfalls in meeting local demand, with new patients waiting an average of 15 days for services.

Research indicates approximately 70% of therapists are considering leaving their current position or the profession entirely.

Almost half of U.S. physical therapists report experiencing burnout

PT and PTA incomes have not kept pace with inflation since 2016, despite increasing productivity demands.

Multiple studies identify 53 risk factors for separation, with 49 being avoidable through workplace and policy interventions.

Despite this evidence, APTA lacks systematic separation tracking. The current workforce analysis model acknowledges: "Unfortunately, there is not enough data available on the separation of physical therapist assistants to make reliable projections on the future supply of PTAs," and uses estimated separation rates for PTs rather than measured data.

Quantifiable metrics: "APTA will establish baseline separation rates within 18 months and track year-over-year improvement"

Benchmark comparisons: Reference separation rates in similar healthcare professions for context

Success indicators: Specific percentage reduction targets for preventable separation

Expected Outcomes

Short-term (1-2 years):
Establish retention as a profession-wide priority through creation of a "data dictionary" of workforce related variables at the national level partnering with related organizations.
Board integration of retention considerations into existing strategic initiatives
Enhanced member value through APTA attention to career sustainability and development of an "exit" interview/survey when members leave the organization.
Medium-term (2-5 years):
Development of retention resources and best practices for employers
Inclusion of separation metrics (required element) in annual workforce data collection that could be part of the annual membership renewal process.
Strengthened advocacy messaging linking payment reform to workforce sustainability
Long-term (5+ years):
Measurable reduction in separation rates
Improved career longevity across the profession by developing a tracking mechanism from application (PTCAS) to perpetual (ie., licensing jurisdictions, FSBPT, Healthcare Regulatory Research Institute)
Enhanced public access to physical therapist services through workforce stability

How does this motion contribute to achieving the Vision?
This motion directly advances that vision by ensuring the physical therapy profession has the workforce capacity to fulfill its societal promise. A sustainable, experienced workforce is the foundation upon which transformation occurs. Specifically, this policy supports the vision through alignment with its guiding principles:
Access/Equity: Communities cannot experience equitable access to movement optimization when workforce separation creates service gaps. Research shows that nearly half of physical therapists report capacity shortfalls, with patients waiting an average of 15 days for services. This policy addresses the root causes of these access barriers.
Quality: Experienced clinicians are essential to delivering high-quality care. When approximately 70% of therapists consider leaving their positions, society loses the accumulated clinical expertise necessary for optimal outcomes. Retention strategies preserve institutional knowledge and clinical excellence.
Value: Workforce instability undermines the value proposition of physical therapy to society. High separation rates increase recruitment and training costs, reduce continuity of care, and limit the profession's capacity to demonstrate population health impact.
Innovation: Sustained workforce engagement enables the profession to innovate in practice models, technology adoption, and service delivery. Clinicians who plan long-term careers invest in professional development and drive transformation forward.
In summary, APTA cannot transform society by optimizing movement if the workforce needed to provide those services is leaving the profession prematurely. This policy makes workforce sustainability a strategic imperative, not an afterthought, in achieving the vision.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This comprehensive policy provides specific operational guidance for advancing all three strategic priorities:
Advancing Our Payment:
Creates data infrastructure to quantify economic impact of inadequate payment on workforce sustainability
Mandates advocacy connecting payment reform to retention (Action Item 3)
Establishes employer accountability for sustainable compensation (Position Item 2)
Links administrative burden reduction to retention outcomes (Position Item 4)
Empowering Our Members:
Mandates development of member resources for career sustainability (Action Item 2)
Requires tracking retention across career stages to ensure value delivery "when and how members need it"
Explicitly addresses belonging through diversity-aware retention strategies (Position Item 6)
Creates professional development emphasis supporting lifelong engagement (Position Item 5)
Evolving Our Practice:
Enables practice model innovation by ensuring workforce stability
Supports technology adoption through retention of experienced clinicians who can champion change
Provides data to guide development of sustainable new practice models (Action Item 1)
Creates feedback loop between workforce sustainability and practice transformation (Action Item 5)

How is this motion's subject national in scope and importance?
This policy is national in scope and importance because it requires national coordination of:
Standardized Metrics: Only APTA can establish profession-wide definitions and measurement approaches enabling cross-state, cross-setting comparison
Federal Policy Advocacy: Student debt, Medicare reimbursement, and regulatory burden require national advocacy infrastructure
Evidence Synthesis: Aggregating data from 50 states and multiple practice settings requires national-level analysis capacity
Resource Development: Creating evidence-based resources achieves economies of scale at national level vs. 51 separate state efforts
Professional Standards: APTA is the authoritative voice for professional expectations around workforce sustainability
Research Coordination: National policy enables coordinated research agenda and funding strategies

What previous or current initiatives and positions of the Association address this topic?
Workforce Planning (HOD P06-20-41-33): we are proposing to rescind this position and replace it with this motion/policy

What interested parties will be impacted by this motion?

Internal:
APTA Board of Directors: Strategic integration of retention data and resource allocation
APTA Components and Chapters: Collaboration on data collection and state-level advocacy
PT and PTA Members: Career longevity resources and improved workplace advocacy
PT and PTA Student Members: Preparation for sustainable careers
PT and PTA Education Programs: Curriculum guidance and career preparation
Foundation for Physical Therapy Research: Research collaboration on retention interventions
External:
Employers and Healthcare Organizations: Evidence-based retention strategies and benchmarking tools
Patients and Communities: Improved access, continuity of care, and quality (addressing 49% burnout rate)
Payers: Cost-effectiveness through workforce stability and data-driven reimbursement discussions
Policymakers: Data-driven advocacy for payment reform and administrative burden reduction
Other Healthcare Professions: Model for workforce sustainability approaches
Employer Groups and Wellness Programs: Sustainable PT workforce for direct-to-employer services

Additional background information
Potential Association Actions
To operationalize this policy, APTA shall:
Enhance Data Collection:
Establish standardized definitions and metrics for tracking PT and PTA separation from clinical practice, including disaggregated demographic data;
Incorporate separation and retention indicators into annual Physical Therapy Profile reports;
Track longitudinal career and work schedule patterns to identify critical separation points and protective factors.
Commitment to disaggregated demographic analysis to identify equity gaps Partnership with existing data collection mechanisms (FSBPT, etc.)
Clear definitions of "separation" vs. "career change" vs. "retirement"
Develop Evidence-Based Resources:
Create and disseminate best practice guidelines for employers on evidence-based retention strategies;
Develop benchmarking tools enabling practice settings to assess their retention risk factors;
Produce resources for individual clinicians on career sustainability strategies;
Provide guidance for educators on preparing students for career longevity.
Strengthen Advocacy:
Utilize separation data to strengthen advocacy arguments for payment reform, administrative burden reduction, and student debt relief;
Advocate for policy changes addressing root causes of preventable separation;

Collaborate with employer organizations to promote sustainable workforce practices;
Creating employer recognition programs for retention excellence
Development of case studies demonstrating ROI of retention strategies
Collaboration with large healthcare system partners as pilot sites
Support state chapters in state-level retention advocacy.
Support Research:
Identify research priorities related to workforce retention and career longevity;
Encourage and facilitate research on effective retention interventions and return-to-practice pathways;
Partner with academic institutions and the Foundation for Physical Therapy Research to advance the evidence base.
Monitor and Report:
Regularly assess progress toward workforce sustainability goals;
Report annually to the House of Delegates on workforce retention trends and APTA initiatives;
Adjust strategies based on emerging data and evidence.
6. PTA Specific Considerations:
Acknowledging unique retention challenges for PTAs
Committing to PTA-specific data collection (currently noted as a gap)
Including PTA representation in advisory/implementation groups

References:

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3. Bhardwaj A, Gibson JAG, Dunlop S, et al. Prevalence of burnout among physiotherapists: a systematic review and meta-analysis. Physiotherapy. 2024;124:35-42.
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governance/policies/vision-statement-for-the-physical-therapy-profession. Accessed February 1, 2026.
10. American Physical Therapy Association. Guiding Principles to Achieve the Vision. HOD P06-19-46-54. https://www.apta.org/siteassets/pdfs/policies/guiding-principles-to-achieve-vision.pdf. Accessed February 1, 2026.

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 06-26 AMEND: STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, 9. MAIN MOTION CRITERIA

Proposed by: Ohio
Primary Motion Contact: Anthony DiFilippo, PT, DPT, MEd
Discussion Thread

Required for Adoption: Majority Vote

That Standing Rules of the American Physical Therapy Association, Rule 9. Main Motion Criteria, be amended by substitution:

9. Main Motion Criteria

A. All main motions submitted by the established deadline shall meet the following criteria. It is the responsibility of the maker of the motion to:

(1) Provide a statement of the intended outcome of the motion.
(2) Demonstrate that the motion meets the purposes of the association.
(3) Demonstrate that the motion's subject is national in scope or importance.
(4) Provide pertinent background information, in collaboration with the Board or staff, as necessary, including (a) a description of previous House, Board, or staff activity relating to the subject and (b) an identification of the stakeholders affected by the motion.
(5) When possible, demonstrate that the motion concept has been disseminated to delegates of other delegations prior to the deadline for submission of main motions.
(6) Provide a description of the potential resources needed to adopt and implement the motion.

B. The Reference Committee determines if criteria have been met. If it is determined that the criteria are not adequately met, the motion shall not be ~~placed at the end of the agenda of the House and shall not be considered unless a majority of the delegates vote, without debate, to consider the motion~~ considered for the current House. The Reference Committee shall develop and make available to the delegates guidance designed to help delegates satisfy the foregoing criteria.

Support Statement

What is this motion seeking to achieve?
If adopted by the House, this motion will enhance the efficiency and effectiveness of delegate preparations for thoughtful debates thereby enhancing the decision-making process within the American Physical Therapy Association House of Delegates. It will ensure that only motions that meet the established criteria are considered, allowing delegates to focus their preparation and deliberations.

How does this motion contribute to achieving the Vision?
This motion advances the APTA Vision by ensuring that only fully vetted motions—those meeting the criteria established by the Reference Committee—are considered during House proceedings. Delegates are thus able to dedicate their attention to motions that are impactful, time sensitive, and most likely to drive meaningful progress within the profession. In fostering a focused and rigorous deliberative environment, this motion enhances delegate engagement, strengthens decision-making, and supports the advancement of physical therapy in alignment with the American Physical Therapy Association's Vision.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion supports APTA priorities as reflected in the 2026 Strategic Framework by promoting operational excellence, member engagement, and the advancement of physical therapy practice. By hearing only vetted motions that meet established guidelines set forth by the Reference Committee, the House can be more focused and engage in thoughtful deliberation and evidence-based decision-making, which is essential to fostering innovation and professional growth. Furthermore, prioritizing thoroughly vetted motions reduces administrative burden and allows delegates to dedicate their efforts toward initiatives that directly contribute to APTA's mission of transforming society through physical therapy. In doing so, the motion advances strategic priorities of leadership development, advocacy, and the dissemination of best practices within the profession.

How is this motion's subject national in scope and importance?
This motion is nationally significant as it affects decision-makers representing physical therapy professionals across the United States. By hearing only motions meeting established criteria, the proposal improves efficiency and reduces the House's workload. It ensures all regions and specialties are considered in evidence-based advancements, supports nationwide consistency and excellence, and helps the American Physical Therapy Association effectively address challenges for practitioners, patients, and communities. Ultimately, this motion enhances the profession's ability to adapt to healthcare needs and uphold high practice standards nationwide.

What previous or current initiatives and positions of the Association address this topic?
Across reporting cycles from 2021 through 2025, APTA has demonstrated consistent commitment to modernizing governance structures, strengthening member engagement, and advancing impactful

professional initiatives. In 2021 the House of Delegates adopted RC 13-21 Charge: Review of Year-Round Governance, which read: "That the American Physical Therapy Association, to ensure efficient, optimal, and equitable delegate engagement in the House of Delegates, evaluate the expectations of the House governance cycle and the resulting obligations of members, components, and APTA staff and resources to assess the purposes, outcomes, and sustainability of the House governance cycle. A report with a description of the evaluation and recommendations, including a calendar, will be made available to delegates at least two weeks before the 2022 main motion deadline." As noted in the Report to the 2024 House of Delegates, In January 2023, the Board of Directors began an initiative to rethink the House of Delegates' roles and operations to better support the physical therapy profession by 2030. The House Officers outlined this vision and value proposition in a Case Statement, positioning the House as a guiding force for these changes: "By 2030, the APTA House of Delegates will be inclusive and welcoming of broad viewpoints. The House will identify and deliberate strategic priorities that result in impactful and relevant action, focused on the profession's future.' By changing the rule to allow only those motions that the Reference Committee determines meet the criteria, this motion prioritizes proposals that are time sensitive and impactful to our profession. The 2025 Report to the House demonstrates full integration of the year round governance structure. The House also engaged in generative discussions addressing major professional priorities such as payment and workforce challenges. Topics were selected through structured delegate input, strengthening alignment with broader professional needs. Furthermore, the motion concept phase was expanded to support early collaboration, improve clarity, and enhance the quality of motions submitted to the House. This motion will continue to strengthen proactive engagement helping build consensus, identify potential concerns early, and ensure that all voices are heard before formal debate begins, and contribute to a more informed and productive session of the House.

What interested parties will be impacted by this motion?

Internal stakeholders impacted by this motion include APTA members, delegates and chief delegates, reference committee members, leadership, and staff, as they will need to adapt to any changes in association policies, procedures, or operations resulting from the motion.

Additional background information

Beyond the aforementioned points, it is essential to recognize that this motion and its accompanying support statement demonstrate the Association's dedication to continuous advancement and responsiveness.

The purpose of this amendment is to streamline the process for main motion deliberation for the delegates, minimizing unnecessary stress and expenditure of time and effort for all parties involved. Importantly, the revised language is not intended to prevent new ideas from being considered by the House; rather, it ensures that motions are reviewed efficiently while maintaining an open pathway for thoughtful proposals to move forward. The established criteria for bringing a motion forward will not change, nor will the evaluation process that the Reference Committee uses for evaluating motions.

This amendment would ensure that all future motions meet the established minimum criteria. By focusing their efforts on motions that meet established criteria, delegates can avoid unnecessary preparation for items that may not merit full consideration, thereby reducing stress and allowing for a more efficient and focused decision-making environment.

Encouraging early collaboration and communication among delegates—particularly through the community page—will significantly improve the quality of deliberations. Sharing insights, addressing questions, and exchanging pertinent information before the House session enables delegates to understand the motions and their potential impacts more deeply. This proactive approach fosters consensus, surfaces concerns early, and ensures inclusive participation.

References:

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 07-26 AMEND: STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, 10. NUMBER OF MAIN MOTIONS PER HOUSE OF DELEGATES SESSION

Proposed by: Ohio
Primary Motion Contact: Anthony DiFilippo, PT, DPT, MEd
Discussion Thread

Required for Adoption: Majority Vote

Ellipses (…) indicate language that is not being amended and therefore has not been included to make the document more concise.

That Standing Rules Of The American Physical Therapy Association be amended by inserting a new rule 10 and renumbering the remaining rules so that it would read:

9. Main Motion Criteria
….

10. Number of Main Motions per Session of the House
   A. The House will consider no more than 25 main motions per session, in addition to the consent calendar.
   B. The House Officers shall prioritize and rank the motions, in consultation with the Chief Delegates Council, to determine the 25 motions to be considered by the House.
   C. The prioritization process shall be based on criteria including, but not limited to, national impact, alignment with the association's strategic framework, and relevance to the profession.
   D. Motions not selected will not be considered during the current House session but may be resubmitted in accordance with established procedures for future House sessions.

~~10.~~ 11. Bylaws and House Documents Committee
….

Support Statement

What is this motion seeking to achieve?

If adopted by the House, this motion will ensure motions deemed most essential to the future of the PT profession will be brought forth to the house floor. The motion will enhance the efficiency and effectiveness of delegate preparations for thoughtful deliberations. It will ensure that only thoroughly vetted and qualified motions are considered, allowing delegates to focus their preparation and deliberations on main motions which merit the time and energy investment of those serving to advance physical therapy practice. By limiting the volume of main motions being considered, the House of Delegates will be focusing on those issues which are legitimately impactful to the profession and our membership while motions with limited scope and impact will not be brought forth.

How does this motion contribute to achieving the Vision?

This motion contributes to the APTA vision by fostering an environment where delegates can concentrate on motions that impact our patients, our profession, our association, and our society. Motions with the greatest potential impact to the future of our profession will be prioritized.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion supports APTA priorities as reflected in the 2026 Strategic Framework by promoting operational excellence, member engagement, and the advancement of physical therapy practice. By streamlining the review and decision-making process, the motion ensures that proposals receiving consideration are aligned with the association's standards and strategic goals. This focused approach encourages thoughtful deliberation and evidence-based decision-making, which are essential to fostering innovation and professional growth. Furthermore, prioritizing thoroughly vetted motions reduces administrative burden and allows delegates to dedicate their efforts to initiatives that directly contribute to APTA's mission of transforming society through physical therapy. In doing so, the motion advances key strategic priorities such as leadership development, advocacy, and the dissemination of best practices within the profession.

How is this motion's subject national in scope and importance?

This motion's subject is national in scope and importance because it impacts the decision-making processes of delegates representing physical therapy professionals across the United States. By establishing a more efficient and effective method for reviewing and prioritizing motions, the proposal ensures that all regions and specialties within the profession benefit from thoughtful, evidence-based advancements. The streamlined approach supports consistency and excellence nationwide, enabling the American Physical Therapy Association to address challenges and opportunities affecting practitioners, patients, and communities throughout the country. Ultimately, this motion strengthens the profession's ability to respond to evolving healthcare needs and promotes the highest standards of practice on a national level.

What previous or current initiatives and positions of the Association address this topic?

This Motion to amend does not directly impact initiatives or positions but will streamline future initiative and position motions to ensure thorough review and thoughtful vetting prior to final decision-point discussions.

What interested parties will be impacted by this motion?

Internal stakeholders impacted by this motion include APTA members, leadership, and staff, as they will need to adapt to any changes in association policies, procedures, or operations resulting from the motion. These groups may experience shifts in responsibilities, engagement in new initiatives, or adjustments to current practices to align with the amended motion. Optimally delegates will be able to focus on motions that will have a greater impact on external stakeholders.

Additional background information

The goal of this motion to amend the current policy represents a commitment of the Association to improve the delegate experience by streamlining the motion process. This in turn will manage the workload and will encourage collaboration across the community to improve the substance of deliberations.

The purpose of this amendment is to streamline the process for main motion deliberation for the delegates, minimizing unnecessary expenditure of time and effort for all parties involved. Importantly, the revised language is not intended to prevent new ideas from being considered by the House; rather, it ensures that motions are reviewed efficiently while maintaining an open pathway for thoughtful proposals to move forward.

The amendment aims for the most pertinent, high-impact issues to be brought forth and debated in full on the house floor. The structure enables delegates to adequately prepare for vetted motions in advance, ensuring informed discussion and thoughtful deliberation. By focusing their efforts on a focused number of motions, delegates can avoid unnecessary preparation for items that will not be considered, thereby reducing stress and allowing for a more efficient and focused decision-making environment.

It is envisioned that chief delegates, with input from their delegation, will rank all motions in terms of national importance and alignment with APTA vision and strategic plan (ranking 1-xx). The chief delegates will rank individually, and mean values will be used to order motions. At the time the house commences, items on the consent calendar will be removed from the rank order; the remaining top 25 motions will be brought forth. In the event that a motion is removed from the consent calendar following the commencement of the house, it will go back to its previous ranking. No more than the top 25 motions will be brought forth on the house floor.

This strategy will incentivize motions that are candidate for the consent calendar to be discussed and refined prior to the HOD. By sharing perspectives, clarifying questions, and exchanging relevant information in advance, delegates can enter the session with a deeper understanding of the motions and their implications. This proactive engagement helps build consensus, identify potential concerns early, and ensure that all voices are heard before formal debate begins. Allowing the chief delegates to determine the 25 motions to be considered ultimately contributes to more informed and productive results during the House session.

References:

American Physical Therapy Association. (2025). APTA Bylaws and Policy Manual.

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 08-26 RECOMMEND: EVALUATE A COLLABORATION WITH THE AMERICAN HEART ASSOCIATION MILLION HEARTS CAMPAIGN

Proposed by: Minnesota
Primary Motion Contact: Nathan Hellyer PT, PhD
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association evaluate a collaboration with the American Heart Association Million Hearts campaign to advance cardiovascular health promotion, disease prevention, and interprofessional collaboration within the physical therapy profession.

Support Statement

What is this motion seeking to achieve?
If adopted, this motion would direct the APTA to evaluate a formal collaboration with the American Heart Association's Million Hearts® campaign, positioning physical therapists as essential contributors to national cardiovascular disease prevention efforts. This coalition would elevate the profession's visibility in public health initiatives, strengthen interprofessional relationships with cardiology and primary care clinicians, and create opportunities for physical therapists to demonstrate their expertise in exercise prescription and movement-based interventions at the population health level. Ultimately, it would advance the profession's role in preventing disease—not just treating its consequences—and reinforce the value of movement optimization in improving health outcomes across the lifespan. Cardiovascular disease remains the leading cause of death in the United States. Physical therapists possess unique and vital expertise in prescribing exercise and movement interventions, tailored to individual capacity and risk. A collaboration with Million Hearts® would create essential pathways to integrate this expertise into large-scale prevention efforts, proactively reaching populations before they experience cardiac events, rather than solely afterward. The American Heart Association's (AHA) Million Hearts® campaign specifically targets the prevention of heart attacks and strokes by addressing modifiable risk factors such as physical inactivity, hypertension, and obesity. The Million Hearts® Collaboration to Prevent Heart Disease and Stroke (MHC), established in 2015, unites national, state, and local partners to implement Million

Hearts® strategies. MHC organizations disseminate evidence-based cardiovascular disease prevention resources, promote consistent cardiovascular health messaging, and facilitate the sharing of best practices. While esteemed organizations like the AMA, YMCA of the USA, the Association of Public Health Nurses, and the Preventive Cardiovascular Nurses Association are active collaborators, the APTA is notably absent from this crucial initiative. This motion for the 2026 House of Delegates seeks to have the APTA Board of Directors explore a collaborative membership with the AHA Million Hearts® campaign. This motion fully aligns with the APTA's vision and mission to transform society and build community to improve health. Achieving such societal transformation necessitates working beyond traditional professional silos. Aligning with the American Heart Association—a highly visible and trusted organization—will significantly amplify physical therapy's voice in national health conversations and powerfully demonstrate our profession's commitment to collaborative, population-level impact.

How does this motion contribute to achieving the Vision?

a. Expanding Physical Therapy's Role

The Million Hearts® campaign focuses on preventing heart attacks and strokes through addressing modifiable risk factors like physical inactivity, hypertension, and obesity. By partnering with this initiative, physical therapists position themselves as essential contributors to cardiovascular health—not just rehabilitation specialists, but proactive agents in disease prevention. This expands the profession's influence on society's understanding and use of movement as medicine.

b. Optimizing Movement as a Public Health Intervention

Cardiovascular disease remains the leading cause of death in the United States. Physical therapists possess unique expertise in prescribing exercise and movement interventions tailored to individual capacity and risk. A coalition with Million Hearts® creates pathways to integrate this expertise into large-scale prevention efforts, reaching populations before they experience cardiac events rather than only afterward.

c. Improving the Human Experience Through Prevention

The vision speaks to improving the human experience, encompassing quality of life, not just the treatment of dysfunction. Preventing a heart attack or stroke means preserving someone's ability to move, work, care for family, and participate in their community. This coalition positions physical therapists as partners in helping people maintain their fullest lives rather than recovering from preventable losses.

d. Transforming Society Through Interprofessional Collaboration

Achieving societal transformation requires working beyond professional silos. Aligning with the American Heart Association—a highly visible, trusted organization—amplifies physical therapy's voice in national health conversations and demonstrates the profession's commitment to collaborative, population-level impact.

How does this motion support APTA priorities as reflected in the current APTA Framework?

a. Advancing Our Payment

A collaboration with the Million Hearts® campaign would strengthen the case for physical therapists as essential providers in value-based care models that prioritize prevention and outcomes over volume. Cardiovascular disease prevention programs increasingly attract reimbursement through Medicare's chronic care management codes, cardiac rehabilitation programs, and emerging value-based payment arrangements. By formally aligning with a CMS co-led initiative, the profession gains credibility and visibility with the very payers shaping future reimbursement policy, creating opportunities to expand covered services and to demonstrate physical therapy's role in reducing costly downstream events such as heart attacks and strokes.

b. Empowering Our Members

This collaboration would open doors for professional development, specialized training, and practice resources related to cardiovascular health promotion. Members across career stages and settings—from new graduates seeking differentiation to experienced clinicians expanding their scope—would benefit from APTA-developed toolkits, continuing education, and evidence-based protocols emerging from the partnership. It provides a tangible, high-profile initiative that members can engage with locally while feeling connected to a broader national effort.

c. Evolving Our Practice

The motion directly supports practice transformation by encouraging physical therapists to move beyond traditional episode-based care toward proactive, population-health models. Partnering with Million Hearts® accelerates adoption of prevention-focused services, positions physical therapists within interprofessional care teams addressing chronic disease, and demonstrates the profession's capacity to contribute to public health priorities—expanding how society views and utilizes physical therapy.

How is this motion's subject national in scope and importance?

Cardiovascular disease is the leading cause of death in the United States, claiming approximately 695,000 lives annually and affecting every community regardless of geography, demographics, or socioeconomic status. The Million Hearts® campaign is a national initiative co-led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services, with a goal of preventing one million heart attacks and strokes over five years. Physical therapists practice in all 50 states and across diverse settings—from rural health clinics to urban hospital systems—making the profession uniquely positioned to contribute to this nationwide effort. A collaboration between APTA and Million Hearts® would establish a unified, national framework for physical therapist engagement in cardiovascular prevention, ensuring consistent messaging, shared resources, and coordinated advocacy efforts that transcend state and regional boundaries. This motion addresses a health crisis affecting every corner of the nation and leverages the physical therapy profession's full geographic reach to make a meaningful impact.

What previous or current initiatives and positions of the Association address this topic?

Commitment to Interprofessional Education and Practice (HOD P07-24-09-16)
Endorsements (BOD Y11-22-05-25)
Health And Social Issues (HOD P06-19-46-21)

Physical Therapists' Role In Prevention, Wellness, Fitness, Health Promotion, And Management Of Disease And Disability (HOD P06-19-27-12)
Health Priorities For Populations And Individuals (HOD P06-19-41-15)

What interested parties will be impacted by this motion?
The APTA will need to collaborate with the American Heart Association (AHA) and the Million Hearts® Collaboration (MHC). The MHC was established in 2015 to bring together national, state, and local partners to implement Million Hearts® strategies.

Additional background information
https://www.heart.org/en/professional/million-hearts/about-million-hearts

References:

1. American Heart Association. (2024). Heart disease and stroke statistics—2024 update: A report from the American Heart Association. Circulation, 149(8), e347–e913. https://www.ahajournals.org/doi/10.1161/CIR.0000000000001209
2. American Physical Therapy Association. (2024). APTA strategic plan and framework. https://www.apta.org/apta-and-you/leadership-and-governance/vision-mission-and-strategic-plan/strategic-framework

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 09-26 RECOMMEND: WEBSITE AUTHORSHIP

Proposed by: Maine
Primary Motion Contact: Heather Eastty, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

That information on the American Physical Therapy Association website, including but not limited to guidance on practice, legal, regulatory, licensure, and ethical matters, shall include documentation of or links to references and the names of the authors. APTA encourages its components to follow similar guidelines for information on their websites.

Support Statement

What is this motion seeking to achieve?
The website of the American Physical Therapy Association includes guidance on practice, legal, regulatory, licensure, and ethical matters (hereinafter referred to as "articles"). These articles about career development and advancement, patient care, payment, and advocacy serve as a valuable resource to members during their decision-making related to each of these issues. All clinical summaries and clinical practice guidelines, many of the test and measures reviews, and some articles in the areas of intervention, payment, and advocacy include authorship. This is evidence that the APTA does value the role of documenting who authored the publication. This motion would require that authorship is documented for all articles. This would be ideally completed in a by-line, at the beginning or end of each article. Additionally, resources utilized in many of the articles and resources are well-documented in online resources. This motion would expand this typical practice to a requirement for all articles and ask that these resources include a permalink, when possible, to allow for the greatest access to resources by members.

How does this motion contribute to achieving the Vision?
By maintaining the quality of practice, ensuring that all information published by the professional organization is accurate, properly references, and authors are accountable.

How does this motion support APTA priorities as reflected in the current APTA Framework?
By indicating the source of all communication on the website, members are better able to follow up on payment-related issues. The website features numerous articles that address payment-related problems, many of which include interpretations of complex laws or regulatory matters. By allowing follow-up with authors and associated resources, members can clarify confusing on conflicting information.

How is this motion's subject national in scope and importance?
Resources on the APTA's website are available to all members regardless of region or practice setting.

What previous or current initiatives and positions of the Association address this topic?
Unable to locate any that address this issue.

What interested parties will be impacted by this motion?
The Board will have to utilize time resources to ensure authorship on all articles posted on the website.

Additional background information:

References:
Examples of articles without authorship:
https://www.apta.org/your-practice/payment/coding-billing/coding-interpretations-group-therapy-patient-scenarios
https://www.apta.org/your-practice/payment/coding-billing/commercial-insurance/tpa-umur
https://www.apta.org/your-practice/payment/medicaid/medicaid-enrollment-requirements

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 10-26 RECOMMEND: MOTIONS NOT HEARD IN THE HOUSE OF DELEGATES

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT
Discussion Thread

Required for Adoption: Majority Vote

Any main motion placed on the agenda of the House of Delegates that is not considered prior to adjournment due to time constraints shall be referred to the Board of Directors for review.

Support Statement

What is this motion seeking to achieve?
A considerable amount of time, money, opportunity costs, and human resources are expended for each motion ordered on the House of Delegates agenda. Collectively APTA, its components, and delegates pay in excess of $2 million each year for the HOD. Due only to time constraints, in some years, some motions are not heard.

The BOD has stated they have no intention of acting on any motions not heard regardless of the merits of the motion. This arbitrary position is a disservice to APTA members, the profession, and a huge waste of resources. There are motions, which with time permitting, would easily be adopted by HOD. Some of these motions have the potential for significant positive impact on the profession. Some reordering of the agenda could be avoided if the BOD committed to addressing some motions. Some motions are reintroduced the following year incurring additional costs. Some motion-makers give up and are dissatisfied with APTA and the process.

It would be a low resource initiative for the BOD to consider those motions which have merit, a huge cost savings for all in involved, and a huge boost to membership belonging. The BOD would have full discretion to decide what motions if any to act on, but responsible leadership requires consideration at a minimum.

How does this motion contribute to achieving the Vision?
Motions not heard solely dur to time constraints have the potential to to impact the Vision.

How does this motion support APTA priorities as reflected in the current APTA Framework?
In 2025 there were multiple motions implicating payment policy that were not heard due to time. If these motions had been heard or at least considered by the BOD payment could have been improved.

How is this motion's subject national in scope and importance?
Applies to HOD motions which is the national policy body of APTA.

What previous or current initiatives and positions of the Association address this topic?
APTA does not have a position on motions not heard in the HOD.

What interested parties will be impacted by this motion?
HOD, BOD, potentially others. The HOD will be assured the BOD will look at the merits of any motion not heard and take action as appropriate. This will allow for better use of HOD time by reducing reordering and ensure motions that have merit are acted on by either the HOD or the BOD

Additional background information
The following are the number of motions not considered over the last 10 years: 2016 – 0 2017 – 0 2018 – 0 2019 – 0 2020 – 6 2121 – 1 2022 – 3 2024 – 2 2025 13

References:

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 11-26 RECOMMEND: ADVOCACY FOR THE USE OF THE DOCTOR OF PHYSICAL THERAPY TITLE AND THE DPT CREDENTIAL

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association advocate for and promote the consistent use of the "Doctor of Physical Therapy" title and credential in all contexts.

Support Statement

What is this motion seeking to achieve?
Require APTA to come into compliance with House policy. Gain recognition of the DPT as the regulatory and professional title and credential.

How does this motion contribute to achieving the Vision?
Identity: Gain recognition that physical therapists are doctorly trained. Elevate the stature of the profession.

How does this motion support APTA priorities as reflected in the current APTA Framework?
Sustainable profession: increase visibility of physical therapists training and qualification. Quality of Care: demonstrate the high level of education and qualifications of physical therapists.

How is this motion's subject national in scope and importance?
Almost one half of states and probably more than one half of DPTs can use the DPT as a regulatory credential but it is widely unknown. APTA has not taken the necessary steps to encourage adoption of the DPT as the regulatory credential. This applies to every state practice act.

What previous or current initiatives and positions of the Association address this topic?

Implementation of Consumer Protection Through Licensure Of Physical Therapists And Physical Therapist Assistants (HOD P06-19-51-57)

What interested parties will be impacted by this motion?
All physical therapists. All state licensure boards. APTA. DPTs where permitted will use the credential and drop the PT. Licensure boards will use the initiative as a resource. APTA will come into compliance with House policy.

Additional background information:
Consumer Protection Through Licensure Of Physical Therapists And Physical Therapist Assistants (HOD P06-19-51-57)

The referenced position originates from a position adopted in 2014. Since then, APTA has not actively worked to further the intent of the position. Additionally, APTA's internal policy on credentials is not aligned with the HOD policy. Currently 20 states permit the use of the DPT as the regulatory credential and another 4 have language with some caveats.

Many physical therapists in the 20 states are unaware of the proper use of the DPT. APTA publications does not align with House policy.

All physical therapist education programs have been at the DPT level for decades. For all intents the profession is comprised of Doctors of Physical Therapy. The use of the PT credential by DPTs is an anachronism.

References:

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 12-26 RECOMMEND: PAYMENT RESOURCES FOR THE SCOPE OF PHYSICAL THERAPIST SERVICES

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association publish on the APTA website educational materials describing the range of procedures and services within physical therapist services, to support practice sustainability, accurate billing, and expanded payer fee schedules.

Support Statement

What is this motion seeking to achieve?
Physical therapists billing for and getting paid for the full scope of practice. Greater recognition of the full scope of physical therapist practice within and external of the profession.

How does this motion contribute to achieving the Vision?
The motion will increase quality by giving physical therapists the resources to provide all needed services. It will provide value by more efficiently providing services by the physical therapist without unnecessary referrals to others. It will foster innovation by providing resources for physical therapists to offer more services. It will benefit the consumer by having increased access to needed services.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion contributes to every aspect of the strategic plan. Providing a member value, improving payment which will increase sustainability, improving quality of care by physical therapists providing all needed services, increase demand for physical therapists and increase access to all services physical therapists provide.

How is this motion's subject national in scope and importance?
CPT codes are used by all outpatient and inpatient physical therapists who bill third party payors.

What previous or current initiatives and positions of the Association address this topic?
APTA has intermittently addressed this issue. Currently activity seems to be confined to member resources around new or changed codes.

What interested parties will be impacted by this motion?
All PTs and PTAs who provide clinical services which are billable to third parties. All public and private third part payors. All state policy makers involving physical therapy.

Additional background information:
APTA has limited resources for members describing the range of services which are billable. While copyright restrictions limit APTA's ability to publish specific CPT codes APTA can describe the services physical therapists provide in so that members can easily find and use the appropriate CPT code to bill. Moreover, many payers have narrow fee schedules for physical therapist services thus preventing payment for the full scope of services. The educational materials should be crafted to provide resources for members and comonents to use in advocacy for expanded payer fee schedules.

In addition to the 97xxx series of CPT codes there are many other codes which are within the scope of physical therapist practice. There are codes for strapping, vestibular testing, pulmonary procedures, ultrasound imaging (MSK and abdominal/pelvic), EMG/NCV, vestibular, motion analysis, and neurologic procedures to name some.

Many/most physical therapists are unaware they can bill for procedures outside of the 97xxx series of codes and are unaware of the full range of procedures they can bill. This results in physical therapists leaving millions of dollars on the table each year. This perception also results in physical therapists not performing procedures which are medically necessary and within their scope of practice. This situation also leaves external entities with a perception of physical therapist practice as much smaller than reality.

Members have previously advocated for APTA to fulfill the intent of this motion intermittently over many years. Intermittently APTA has published resources addressing some of these codes, but it has been few and far between. Some resources are no longer available.

One aspect of addressing the long-standing payment crisis is to not leave money on the table. Additionally, if payment can be made for services currently not provided then those services should increase in volume thus providing society with needed services.

References:

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 13-26 AMEND: GUIDING PRINCIPLES TO ACHIEVE THE VISION

Proposed by: APTA Board of Directors
Primary Motion Contact: Kyle Covington, PT, DPT, PhD
Discussion Thread

Required for Adoption: Majority Vote

That Guiding Principles To Achieve The Vision (HOD P06-19-46-54) be amended by substitution.

GUIDING PRINCIPLES TO ACHIEVE THE VISION

Movement is a key to optimal living and quality of life across the lifespan that enables every person to participate in and contribute to society. Detriments to health, such as those resulting from a lack of movement, emphasize the need for the physical therapy profession to engage with consumers to overcome barriers and reduce preventable health care costs.

While transforming society by optimizing movement to improve the human experience is APTA's vision for the physical therapy profession, this vision is meant to inspire society to create systems that optimize movement and function across the lifespan. The following Guiding Principles of Identity, Quality, Collaboration, Value, Innovation, Person-Centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The Guiding Principles are described as follows:

Identity. Physical therapists and physical therapist assistants promote the movement system as the foundation for optimizing movement to improve the health of society. The movement system is the integration of body systems that generate and maintain movement at all levels of bodily function and is the core of the domains of physical therapist services, education, and research. Human movement is a complex behavior within a specific context and is influenced by social, environmental, and personal factors. The human movement system is essential to understanding the structure, function, and potential of the human body. Doctors of physical therapy are qualified and responsible to address all aspects of patient and client management to improve an individual's movement system across the lifespan.

Quality. Physical therapists and physical therapist assistants commit to establishing and adopting best practice standards across the domains of practice, education, and research to respond to a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy embrace best practice standards in all aspects of patient and client management; generate, validate, and disseminate evidence, outcomes, and quality indicators; strive to prevent adverse events related to the care of patients and clients; and demonstrate continuing competence. Educators seek to propagate the highest standards of teaching and learning and support collaboration and innovation throughout academia. Researchers collaborate with clinicians to expand evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurements, and participate in interprofessional and intraprofessional research teams.

Collaboration. Physical therapists and physical therapist assistants demonstrate the value of collaboration with other professionals, consumers, community organizations, and governing entities to solve the health-related challenges that society faces. Physical therapists and physical therapist assistants collaborate to ensure that services are coordinated, of value, and person-centered, recognizing practice limitations and referring to and participating with other individuals. Education values and fosters intraprofessional and interprofessional approaches to best meet consumer and population needs and embody team values. Research integrates an interprofessional approach to ensure quality evidence that translates to person-centered, interprofessional practice.

Value. Value in health care is the measured improvement in a person's health outcomes for the cost of achieving that improvement.[1] To ensure the best value, quality physical therapist services provided are effective, safe, person-centered, timely, equitable, integrated, and efficient.[2] Outcomes are both cost-effective and meaningful to patients and clients. Value is demonstrated and achieved in all settings where physical therapist services are delivered. Accountability is a core characteristic of the profession and is essential to demonstrate value.

Innovation. Physical therapists and physical therapist assistants offer innovative and proactive solutions to enhance health services delivery and demonstrate the value of physical therapist services to society. Innovation in clinical practice occurs in many settings and dimensions, including the adoption of technology to enhance diverse health care delivery models for all aspects of patient and client management. Innovation in education enhances interprofessional and intraprofessional learning and quality by anticipating adult learning needs, fostering educational models, and remote delivery methods. In research, innovation accelerates evidence and the application of new knowledge to optimize movement and function through discovery. Translation of evidence through technology expediently puts discoveries into the hands and minds of clinicians and educators.

Person-Centricity. Physical therapists and physical therapist assistants deliver person-centered care that includes patient and client values and goals and embraces cultural competence and cultural humility to ensure best practice in the delivery of physical therapist services.

Access/Equity. Physical therapists and physical therapist assistants improve access to and equity within the health care system, and minimize the impacts of social drivers of health that contribute to health inequities and disparities for patients and clients across the lifespan.

Advocacy. Physical therapists and physical therapist assistants advocate for patients and clients, their families, caregivers, and support systems at the individual and population levels, and for the physical therapy profession, in all settings. Advocacy promotes societal change; adoption of best practice standards and approaches; and systems that are designed to be person-centered, improve access, enhance equity, and reduce disparities.

1. Teisberg, Elizabeth PhD; Wallace, Scott JD, MBA; O'Hara, Sarah MPH. Defining and Implementing Value-Based Health Care: A Strategic Framework. Academic Medicine 95(5):p 682-685, May 2020.
2. https://www.who.int/health-topics/quality-of-care

~~Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.~~

~~While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.~~

~~The principles are described as follows:~~
~~*Identity.* The physical therapy profession promotes the movement system as the foundation for optimizing movement to improve the health of society. The movement system is the integration of body systems that generate and maintain movement at all levels of bodily function. Human movement is a complex behavior within a specific context, and is influenced by social, environmental, and personal factors. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and~~

provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

Collaboration. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

Value. *Value* has been defined as "the health outcomes achieved per dollar spent".[1] To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.[2] Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education

~~funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expediently put these discoveries and other new information into the hands and minds of clinicians and educators.~~

~~*Consumer-centricity*. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.~~

~~*Access/Equity*. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.~~

~~*Advocacy*. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.~~

~~1. Porter ME, Teisberg EO. Redefining health care: creating value-based competition on results. Boston: Harvard Business School Press, 2006.~~
~~2. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: Institute of Medicine of the National Academies, 2001.~~

Support Statement

What is this motion seeking to achieve?
If revised, this document will be updated to improve clarity and update language in both relevance and timeliness.

How does this motion contribute to achieving the Vision?
The motion is intended to provide clarity to the "how" behind achieving the vision as it is a revision to the Guiding Principles to Achieve the Vision.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion addresses the APTA Strategic Framework priority: Evolving our Practice.

How is this motion's subject national in scope and importance?
Given its scope of influence, the Guiding Principles to Achieve the Vision are national in scope and importance addressing the Identity, Quality, Collaboration, Value, Innovation, Person-centricity, Access/Equity, and Advocacy for the profession.

What previous or current initiatives and positions of the Association address this topic?
Guiding Principles to Achieve the Vision (HOD P06-19-46-54) Vision Statement for the Physical Therapy Profession (HOD P06-13-18-22)

What interested parties will be impacted by this motion?
This motion affects all physical therapists, physical therapist assistants and students of physical therapy in that it provides the foundational values and beliefs which shape the behavior, decisions and goals of our organization and profession.

Additional background information:
In 2025 the APTA Academy of Leadership and Innovation forwarded RC 10-25 Amend: Guiding Principles to Achieve the Vision to the House. The House of Delegates voted to refer RC 10-25 to the Board of Directors, reasoning that prior to adopting revised guiding principles, the Vision Statement for the Physical Therapy Profession should be reviewed to determine if changes were needed since its adoption in 2013. In addition, the House felt that more time was necessary to consider how changes to the Guiding Principles could impact the future of the profession. The APTA Board of Directors is submitting this concept to signal its interest in collaborating with other delegations to consider amendments that may be needed. The Vision Statement for the Profession was reviewed by the Board as part of its work developing the Strategic Framework and feels that no changes to the Vision are needed at this time. For additional information, please see the original support statement below that accompanied RC 10-25. Original SS: The Vision Statement for the Physical Therapy Profession was revised in 2013 by the House of Delegates, (HOD P06-13-18-22) [Initial HOD P06-00-24-35] [Position] and it reads: Transforming society by optimizing movement to improve the human experience. At the same time, the House adopted the Guiding Principles to Achieve the Vision HOD P06-19-46-54 [Initial HOD P06-13-19-23] [Position]. These important foundational values or beliefs shape the behavior, decisions and goals of our organization and profession. They are used in several important ways: setting strategic direction, shaping organizational and professional culture, influencing policy and advocacy and building member engagement and public trust. Revisions to the Guiding Principles to Achieve the Vision have been minimal since the initial position was created in 2013. Given the importance of this document, it is time to update the language to ensure that it stays current, inclusive and reflective of evolving societal and professional norms. Revising the Guiding Principles to Achieve the Vision demonstrates the Association's and House of Delegates' commitment to society and the evolving landscape of local, national and global health and healthcare. In these revisions, changes such as digital health, innovation, interprofessional

and intraprofessional collaboration and an emphasis on evidence-based, person-centered care acknowledge changes since the initial adoption and latest revision of the Guiding Principles.

References:

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 14-26 ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION: KEVIN FORD, PhD, FACSM

Proposed by: APTA Board of Directors
Primary Motion Contact: Kyle Covington, PT, DPT, PhD

Required for Adoption: 2/3 Vote

Whereas, Dr. Kevin Ford has made significant contributions to the practice of physical therapy;

Whereas, Dr. Ford has authored over 200 peer-reviewed articles exploring the prevention and rehabilitation of anterior cruciate ligament injuries;

Whereas, Dr. Ford has garnered over $8 million dollars in research funding;

Whereas, Dr. Ford has earned national recognition including the Orthopaedic Research and Education Foundation Clinical Research Award, the American Academy of Sports Physical Therapy Excellence in Research Award, and the JOSPT George J. Davies – James A. Gould Excellence in Clinical Inquiry Award;

Whereas, Dr. Ford was a founding faculty member of the High Point University Department of Physical Therapy;

Whereas, Dr. Ford has fostered American Board of Physical Therapy Residency and Fellowship Education residency placement in more than 20% of his previous three physical therapist cohorts;

Whereas, Dr. Ford has mentored multiple APTA award winners at the federal and state levels, including the winners of the APTA Societal Impact Award and the APTA Federal Government Affairs Leadership Award;

Whereas, Dr. Ford has conducted 94 peer-reviewed presentations at APTA Combined Sections Meetings, and;

Whereas, Dr. Ford has mentored over 500 physical therapist students and 30 physical therapy faculty members;

Resolved, that Dr. Ford be elected as an Honorary Member of the American Physical Therapy Association.

Support Statement

Motion Concept:
This motion forwards the nomination for Kevin Ford to the House of Delegates for election as an Honorary Membership in the APTA.

What is this motion seeking to achieve?
If elected, Kevin Ford will be an Honorary Member of APTA.

How does this motion contribute to achieving the Vision?
Honorary membership supports the Vision by recognizing outstanding service to the Association or notable contributions of individuals who would not otherwise be eligible for membership in the Association.

How does this motion support APTA priorities as reflected in the current APTA Strategic Plan?
Honorary membership supports APTA's Strategic Plan by recognizing outstanding service to the Association or notable contributions of individuals who would not otherwise be eligible for membership in the Association.

How is this motion's subject national in scope and importance?
Honorary membership in APTA is a national recognition, the purpose of which is stipulated in the Bylaws of the APTA.

What federal or state laws and regulations also address this topic?

What previous or current initiatives and positions of the Association address this topic?
The purpose of this honor is stipulated in the Bylaws of the American Physical Therapy Association. Criteria for selection, eligibility, and process are outlined in association policy APTA Honors and Awards (BOD Y02-24-04-06)

What interested parties will be impacted by this motion?

Honorary membership recognizes the impact of individuals other than members in any other membership category, who have rendered outstanding service to the Association or have made notable contributions to the health of humanity.

Additional background information:

It is with great enthusiasm that APTA North Carolina nominates Kevin Ford, Ph.D., FACSM, for Honorary Membership within APTA. Dr. Kevin Ford has been a steady presence in the development of physical therapy faculty and future physical therapists while serving as founding faculty member of the High Point
University Department of Physical Therapy. Moreover, he is one of the most influential researchers in the physical therapy space. Additionally, he is a consistent presenter at physical therapy conferences at the national and state level. It is notable that despite these achievements, Kevin Ford is neither a physical therapist nor a physical therapist assistant. While he isn't "one of us," he certainly deserves to be recognized as "one of us." To that end, I believe an Honorary Membership in the APTA would be a fitting recognition for his contributions to the profession.

References:

Last Updated: 5/8/26
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 15-26 RECOMMEND: GUIDANCE FOR APPROPRIATE UTILIZATION AND PROTECTION OF THE PHYSICAL THERAPIST ASSISTANT ROLE

Proposed by: Arizona, PTA Council
Primary Motion Contact: Jamie Kuettel, PT, DPT, EdD
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association develop and disseminate guidance and resources to improve awareness, appropriate utilization, and protection of the physical therapist assistant role across clinical, regulatory, and employer-facing environments.

Support Statement

What is this motion seeking to achieve?
For the purposes of this motion, physical therapist assistants (PTAs) include individuals who are licensed or certified according to state law. Unlicensed personnel refer to aides, technicians, or other support staff who do not hold physical therapy licensure or certification. The expected outcome of this motion is improved clarity and consistency regarding the role and utilization of PTAs across clinical practice settings, regulatory environments, and employer structures. Clearer national guidance will help members, employers, and regulators better distinguish the responsibilities of licensed/certified PTAs from those of unlicensed personnel, thereby supporting ethical delegation, effective team-based care, and safe patient management.

How does this motion contribute to achieving the Vision?
This motion aligns with the APTA Vision statement in that society benefits from greater access to high-quality physical therapist services. By reinforcing appropriate PT/PTA team utilization, the profession can improve efficiency, expand patient access to care, and support sustainable workforce models while maintaining professional and ethical standards.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion reflects APTA's Strategic Framework 2030 by focusing on quality, collaboration, value, innovation, and access. It relies on recommendations from the Physical Therapist Assistant Education Summit Report, which identified the need for greater consistency in understanding and applying the PTA role across education, practice, and regulation. This motion operationalizes those recommendations by asking the Board to coordinate and standardize messaging, guidance, and advocacy tools that reinforce PTAs as licensed/certified providers, not an interchangeable substitute for unlicensed personnel. The Summit findings also underscore that PTAs are educated extenders whose education and licensure/certification are designed to support contemporary physical therapist practice, not to be diluted or replaced by unlicensed personnel. Implementation of this motion may include developing consistent messaging across APTA resources; providing chapters with advocacy tools to address misuse of unlicensed personnel; promoting best-practice PT/PTA utilization models; and offering guidance to members, employers, and regulators regarding appropriate delegation and supervision.

How is this motion's subject national in scope and importance?

This issue is national in scope because the utilization of PTAs and unlicensed personnel varies widely across states, employers, and practice settings. Differences in the interpretation of PTA roles and supervision requirements contribute to confusion among clinicians, employers, and regulators. Reports from clinicians across practice settings indicate that unlicensed personnel are sometimes being used to perform patient-related tasks that require the training and clinical judgment of licensed PTs or licensed/certified PTAs. This variability poses risks to patient safety, increases supervising PTs' liability, and undermines PTAs' professional role. A national policy statement from APTA would provide unified guidance that supports appropriate delegation under licensed PTs, reinforces the PT/PTA team as the standard model for delivery of physical therapist services, and helps prevent the erosion of professional standards driven by cost-cutting or staffing shortages. Such a policy would also support advocacy efforts with regulators, payers, and employers at the federal and state levels by clearly distinguishing the roles of licensed/certified PTAs from those of unlicensed personnel, thereby promoting patient safety and ethical practice nationwide.

What previous or current initiatives and positions of the Association address this topic?

1. APTA House of Delegates Position: Direction and Supervision of the Physical Therapist Assistant (HOD P08-22-09-11)
2. APTA House of Delegates Position: The Role of Aides in a Physical Therapy Service (HOD P06-19-12-07)
3. APTA Guide to Physical Therapist Practice 3.0
4. APTA Standards of Ethical Conduct for the Physical Therapist Assistant
5. Federation of State Boards of Physical Therapy (FSBPT) Model Practice Act for Physical Therapy
6. Physical Therapist Assistant Education Summit Report (2022)

What interested parties will be impacted by this motion?

Stakeholders affected by this motion include physical therapists, physical therapist assistants, students, employers, health systems, private practice owners, payers, regulators, and patients. External stakeholders include state licensure boards, legislators, accrediting bodies, and other healthcare organizations. State practice acts and rules govern delegation and supervision requirements, and the Federation of State Boards of Physical Therapy (FSBPT) Model Practice Act provides additional guidance. This motion does not seek to override state law but rather to provide clear, consistent national guidance to support appropriate interpretation and implementation.

Additional background information:

The APTA has long maintained that the PTA is the "only individual" who assists the PT in the provision of physical therapist services according to HOD P08-22-09-11. Despite this clear position, research and workforce discussions have highlighted variability in how physical therapy services are delivered, including the extent to which unlicensed personnel are involved in patient-related tasks. This motion reinforces existing APTA policy and clarifies expectations regarding the appropriate utilization of licensed/certified PTAs within the physical therapist service." Licensure is the bedrock of public protection. Unlike unlicensed personnel, PTAs are graduates of CAPTE-accredited programs and are tracked via the FSBPT ELDD database, ensuring accountability and transparency. Substituting licensed/certified PTAs with unlicensed personnel bypasses these safety "pillars," creating an unmanageable liability for the supervising PT and a direct threat to the consumer. By adopting this motion, the House of Delegates moves beyond a passive definition of the PTA and takes an active stance against the commoditization of our services. We are not just protecting a job title; we are protecting the clinical integrity of the profession in a new era of healthcare economics. Across practice settings nationwide, there is increasing variability and confusion regarding the utilization of PTAs and unlicensed personnel in the delivery of physical therapy services. Anecdotally, PTs and PTAs report situations in which unlicensed personnel are being used to perform tasks beyond their training or legal scope, sometimes in place of licensed/certified PTAs, often driven by staffing shortages or cost-containment pressures rather than patient-centered care considerations. Despite PTAs being licensed/certified healthcare professionals with defined scopes of practice and supervision requirements, their role is not consistently understood or valued by employers, payers, or within the profession. This variability creates risk to patient safety, places ethical and legal burdens on supervising PTs, and undermines the professional identity of PTAs. Inconsistent interpretation and enforcement of state and federal regulations, combined with the absence of a clear national policy statement, have contributed to ongoing ambiguity that this motion seeks to address.

References:

1. American Physical Therapy Association. (n.d.). Guide to physical therapist practice 3.0. https://guidetoptpractice.apta.org
2. American Physical Therapy Association. (n.d.). Code of Ethics for the Physical Therapy Profession
3. https://www.apta.org

4. American Physical Therapy Association. Direction and supervision of the physical therapist assistant. HOD P08-22-09-11. Amended October 2022. Accessed March 10, 2026. https://www.apta.org
5. American Physical Therapy Association. The role of aides in a physical therapy service. HOD P06-19-12-07. Last updated September 20, 2019. Accessed March 10, 2026. https://www.apta.org
6. American Physical Therapy Association. (n.d.). Workforce and practice resources related to PTA utilization. https://www.apta.org
7. Federation of State Boards of Physical Therapy. (n.d.). Model practice act for physical therapy. https://www.fsbpt.org
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Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 16-26 RECOMMEND: IMPROVING TRANSPARENCY OF FINANCIAL RESOURCES FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT STUDENTS

Proposed by: Arizona, Colorado
Primary Motion Contact: Jennifer Zoucha, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association will regularly update and promote web-based financial resources to improve transparency of physical therapist and physical therapist assistant student debt relative to anticipated entry-level income. These resources will be prominently displayed on the APTA website, easy to locate, and readily accessible to prospective students, members, and nonmembers.

Support Statement

What is this motion seeking to achieve?
This motion is seeking to improve access and transparency on the APTA's web-based financial resources, currently titled the "Financial Solutions Center", for perspective students and nonmembers so that they have a better understanding of student loan debt related to financial stability. In 2022, CAPTE began requiring Student Financial Fact Sheets for DPT and PTA programs within one "click" from their program webpage to provide the public with current, accurate, and easily available information regarding cost of attendance because of HOD P06-20-40-32 [Position] FINANCIAL TRANSPARENCY OF PHYSICAL THERAPY EDUCATION PROGRAMS. On every Financial Fact Sheet, the APTA's Financial Solutions Center link is listed for APTA student members to visit. This was a significant step in better transparency regarding the cost of education. Additionally, the APTA has currently partnered with third parties to provide web-based resources to increase financial literacy for both members and nonmembers (target audience of nonmembers are PT/PTA program applicants as well as early PT/PTA students). Currently, these APTA resources are non-intuitive to access and are underutilized. This lack of easily accessible financial literacy resources regarding student debt, expected median incomes for new graduates, graduate degree federal loan limits, and current workforce vacancy and growth rates exacerbates the DPT/PTA student debt crises. This

motion highlights the existing APTA web-based financial literacy resources and seeks to improve access and transparency to this type of information for both members and nonmembers so they may be better informed on financial literacy principles in preparation for the true cost of a physical therapy education. This language, through the support of the APTA, further encourages academic DPT and PTA programs to publicize and promote these resources at appropriate time points such as orientation or other time points in their respective programs. Additionally, this language encourages all academic programs to prominently display the resource link directly on their webpage that also links to the CAPTE-required financial fact sheet. The authors acknowledge the resource link does exist in the financial fact sheet each program currently provides. However, the link is at the bottom of the page, is not prominent, and states it is for APTA student members.

How does this motion contribute to achieving the Vision?

Each year our physical therapy institutions produce thousands of highly qualified graduates to pursue our Vision of "transforming society by optimizing movement to improve the human experience". However, the cost of a DPT degree continues to climb while the expected base salaries are unable to keep pace. In a recent APTA 2025 Report on Demographics of the Profession, over 23% of PT survey respondents are considering leaving the field or reducing their hours. It is vital that we turn our attention to the importance of helping secure the next generation of clinicians to sustain a workforce that meets our national health needs. Having web-based financial resources that are easily accessible to members and nonmembers that provide robust literature on the current state of the profession will help potential PT and PTA students have a clearer financial understanding of the impact of debt and realistic base salary expectations.

How does this motion support APTA priorities as reflected in the current APTA Framework?

APTA strategic framework for 2030 focuses on advocating for increased payment and decreased administrative burden for physical therapist services. In 2025 the APTA's Incomes in the Profession Report noted that physical therapist incomes increased with inflation earlier this century, but they have not kept pace with inflation since 2016. As the cost of graduate education continues to increase and the median newer graduate income remains relatively even (increasing slightly from $70,000 to $72,000 from 2017-2020), we must look to improve current and prospective PT students' understanding of these concepts. Having APTA web-based financial resources provide the public with this type of return on investment data will help with financial transparency regarding the true cost of a physical therapy education.

How is this motion's subject national in scope and importance?

Since 2007, graduate and professional students have been able to borrow up to the full cost of attendance. The One Big Beautiful Bill Act (P.L. 119-21) signed into law in July 2025 creates a lifetime cap of $100,000 in borrowing for graduate students for non-professional students. The Department of Education has not identified physical therapy as a professional degree; therefore, PT students will be able to borrow no more than $20,500 a year. The bill also terminates Grad PLUS loans, which graduate and professional students have used to pay for education expenses not covered by other

financial aid. Ideally, having APTA web-based financial resources be a source for members and nonmembers to access these types of updates regarding student loan changes would be another way to help with financial literacy for prospective students.

What previous or current initiatives and positions of the Association address this topic?
There are multiple reports completed by the APTA that the web-based financial resources can help make student members and nonmembers better aware of vacancy rates, growth rates, and the true ratio between physical therapy student debt and expected earnings. In June 2020, the APTA took a comprehensive look at the Impact of Student Debt on the Physical Therapy Profession. The report highlighted that nearly 93% of recent physical therapist graduates are carrying debt, at an average of $152,882 for all debt except mortgages. For 89% of PTs with education debt, most of that amount (80%) is attributed to loans for their PT education, the average balance being $116,183. One of the solutions outlined in the report was to improve students' financial literacy. The 2020 APTA report also highlighted the median income of PTs who are within three years out of school. Annual income remained relatively even from APTA's 2017 survey to 2020, increasing slightly from $70,000 to $72,000 over the three-year period. APTA's 2025 Physical Therapy Profile: Incomes in the Profession Report found that incomes have not kept pace with inflation. While incomes increased with inflation earlier this century, they have not kept pace with inflation since 2016. In APTA's 2025 Report on Demographics of the Profession, survey respondents were asked about their employment intentions over the next 2 years. 7.4% of PTs reported planning for retirement and 16.2% had intentions of reducing their work hours, indicating significant vacancy rates will continue to remain elevated for the profession. On the current Financial Solutions Center, APTA has partnered with third parties (Enrich and Fitbux) to provide web-based resources to increase financial literacy for both members and nonmembers. Per the Board of Directors, Enrich registration numbers do not support the continuation of this paid partnership and without growth in the number of subscribers, APTA will sunset the Enrich program in 2026.

What interested parties will be impacted by this motion?
With improved access and publicity of the APTA web-based financial resources, prospective and new students would be better financial consumers regarding the amount of debt they are willing to assume in order to obtain a physical therapy education.

Additional background information:
Additional non-APTA generated literature that could be considered worthwhile for prospective students to have access to on the Financial Solutions Center are return on investment articles and importance of financial literacy, with a few examples noted below. In 2018, Shields and Dudley-Javoroski found that physical therapist education is a good investment up to a certain amount of debt. At $150,000 of debt, the net present value for the DPT is lower than all health professions careers (other than veterinary medicine and chiropractic). Once debt exceeds $266,000, the economic value of a physical therapist degree "no longer exceeded that of a typical bachelor's degree." They also noted in the last 10 years from publish date, the cost of a DPT education had

risen between two and three times more quickly than growth in entry level salaries. In 2023, Shields et al. found that careers with low salary growth and high debt relative to salary (e.g. physical therapy) had career net present value (NPV) at the lowest range of modeled professions. 29% of physical therapy students graduated with more debt than could be supported by entry-level salaries. Physical therapy students from minoritized groups graduated with 10–30% more debt than their non-minoritized peers. In Ambler's study in 2020 it was suggested that practice setting choice may be affected by physical therapist student debt, and student debt may be a barrier overall to practice and career choices in physical therapy. In Sawyer's 2024 study, 125 DPT students completed a financial knowledge survey and their student loan literacy scores were below those of other college students. Furthermore, 85% of DPT students either had no awareness of the APTA financial education platform or had not accessed it. In Sawyer's national study of DPT students (n=364) [in review] from 12 DPT programs across the U.S., the average financial literacy score was 54% of questions correct. Further, 77% of the respondents in this survey were not aware nor have accessed APTA Financial Literacy resources.

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Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 17-26 AMEND: THE ROLE OF AIDES IN A PHYSICAL THERAPY SERVICE

Proposed by: Arizona, PTA Council
Primary Motion Contact: Jamie Kuettel, PT, DPT, EdD
Discussion Thread

Required for Adoption: Majority Vote

That The Role Of Aides In A Physical Therapy Service (HOD P06-19-12-07) be amended by adding a sentence to the first paragraph so that it would read:

THE ROLE OF AIDES IN PHYSICAL THERAPY SERVICES

Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy services. Tasks are activities that do not require the clinical decision-making of the physical therapist or the clinical problem-solving of the physical therapist assistant. Aides may not independently perform, adjust, or progress components of patient and client management.

Tasks related to patient and client services must be assigned to the physical therapy aide by the physical therapist, or where allowable by law the physical therapist assistant, and may be performed by the aide only under direct personal supervision. Direct personal supervision requires that the physical therapist, or where allowable by law the physical therapist assistant, be physically present and immediately available to supervise tasks that are related to patient and client services. The physical therapist maintains responsibility for patient and client management at all times, including for tasks performed by a physical therapy aide.

Given this role of the physical therapy aide, the American Physical Therapy Association opposes certification or credentialing of physical therapy aides.

Support Statement

What is this motion seeking to achieve?

The expected outcome of this motion is improved national clarity, consistency, and awareness regarding the appropriate utilization of licensed or certified physical therapist assistants (PTAs) and the role of support personnel in the delivery of physical therapist services.

How does this motion contribute to achieving the Vision?
This motion advances APTA's Vision to transform society by optimizing movement and enhancing the human experience by reinforcing the physical therapist, physical therapist assistant (PT–PTA) team as the standard model for delivering high-quality care and more clearly identifying the appropriate use of support personnel.

How does this motion support APTA priorities as reflected in the current APTA Framework?
It supports APTA's Strategic Plan priorities related to access, workforce sustainability, and value-based care by promoting appropriate utilization of licensed/certified providers, improving efficiency without compromising patient safety, and strengthening public trust in the profession.

How is this motion's subject national in scope and importance?
This issue is national in scope due to widespread variability in how PTAs and support personnel are utilized across practice settings, employers, and regulatory environments. While state practice acts govern supervision and delegation, stakeholders frequently rely on APTA policy to interpret appropriate roles and responsibilities. Reports from clinicians across the country indicate that support personnel are increasingly being used to perform patient-related tasks that require clinical judgment, sometimes in place of licensed or certified PTAs. This variability creates inconsistency in care delivery, introduces risk to patient safety, and contributes to confusion among clinicians, employers, and regulators. A national, coordinated approach from APTA is necessary to provide clear guidance, promote consistency, and support appropriate implementation of team-based care models across all states.

What previous or current initiatives and positions of the Association address this topic?
THE ROLE OF AIDES IN A PHYSICAL THERAPY SERVICE (HOD P06-19-12-07)

What interested parties will be impacted by this motion?
Stakeholders affected by this motion include physical therapists, physical therapist assistants, students, employers, health systems, private practice owners, payers, regulators, and patients. External stakeholders include state licensure boards, legislators, accrediting bodies, and other healthcare organizations. State practice acts and rules govern delegation and supervision requirements, and the Federation of State Boards of Physical Therapy (FSBPT) Model Practice Act provides additional guidance.

Additional background information:
Across practice settings, there is increasing evidence and anecdotal reporting that support personnel are being utilized beyond their intended role, at times performing tasks that require the clinical

judgment of a licensed physical therapist or the clinical problem solving of a licensed or certified physical therapist assistant. These practices are often driven by workforce shortages, cost-containment strategies, and variability in employer understanding of appropriate delegation. Tasks appropriate for physical therapy aides are intended to be non-clinical, preparatory, or supportive in nature. These may include, but are not limited to, preparation of treatment areas, equipment setup and cleaning, transportation of patients, and other administrative or operational duties. Activities that require clinical decision making or clinical problem solving are not appropriate for delegation to support personnel. Aides may not initiate, perform, adjust, or progress components of patient care or treatment programs.

Examples of activities that are not appropriate for delegation include, but are not limited to:

- Therapeutic exercise prescription, progression, or modification
- Neuromuscular re-education
- Gait training
- Balance or endurance training
- Manual therapy techniques
- Application or removal of therapeutic modalities
- Patient examination, evaluation, or reassessment
- Clinical interpretation of patient response to intervention
- Modification of interventions based on patient status

Despite PTAs being licensed or certified healthcare providers educated through CAPTE-accredited programs and held accountable through regulatory systems, their role is not consistently understood or appropriately utilized. This has contributed to role erosion, increased liability for supervising physical therapists, and potential risks to patient safety. Additionally, APTA policy related to the role of aides, while foundational, was last updated in 2019 and does not fully reflect current workforce dynamics or explicitly address the inappropriate substitution of unlicensed personnel for licensed providers. This motion provides an opportunity to align existing policy with contemporary practice realities and reinforce the integrity of the PT–PTA team.

References:

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Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 18-26 AMEND: INTERVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS

Proposed by: Wisconsin
Primary Motion Contact: Krissa Reeves, PTA, MEd
Discussion Thread

Required for Adoption: Majority Vote

That Interventions Performed Exclusively By Physical Therapists (HOD P06-18-31-36) be amended by adding the word "thrust" before the words spinal and peripheral joint mobilization/manipulation so that it would read:

INTERVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS

Physical therapists' practice responsibility includes all elements of patient and client management: examination, evaluation, diagnosis, prognosis, intervention, and outcomes. The entirety of evaluation, diagnosis, and prognosis, as well as components of examination, intervention, and outcomes, must be performed by the physical therapist exclusively due to the requirement for immediate and continuous examination, evaluation, or synthesis of information. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

Selected interventions are performed exclusively by the physical therapist. Such interventions include, but are not limited to, thrust spinal and thrust peripheral joint mobilization/manipulation and dry needling, which are components of manual therapy; and sharp selective debridement, which is a component of wound management.

Support Statement

What is this motion seeking to achieve?
Joint mobilization/manipulation and whether the PTA possesses the knowledge and clinical decision-making skills necessary to safely, effectively, and appropriately apply the intervention have been

debated for many years. But the evolution of our profession has mandated that PTAs become educated and skilled to provide interventions under the direction and supervision of a clinical, doctoral-level Physical Therapist. While the physical therapist assistant's degree level has not been advanced to keep pace with that of the physical therapist, the depth and breadth of the content has had to increase and in a large majority of PTA program (where permitted by state statute) this has meant including non-thrust, spinal and peripheral joint mobilization/manipulations including identification of contraindications and precautions, risk assessment of based on the patients' surrounding tissue structures, continuous assessment of the patient's response during application, immediate adjustment to the application when appropriate, and request for the physical therapist to assist or re-assess if red-flags emerge. By amending the intervention performed exclusively by the physical therapist to exclude non-trust spinal and non-thrust peripheral joint mobilizations/manipulations we are seeking to acknowledge the change clinical practice as already demanded and align the APTA policy with how effective and efficient PT/PTA teams provide patient care.

How does this motion contribute to achieving the Vision?

The optimal PT/PTA team provides care to patients that is highly skilled, evidence-based, and both effective and efficient. This team functions on a foundation of trust and mutual respect, and an understanding of each person's knowledge and skill level. It is always the physical therapist's decision what to delegate to a PTA. The current position statement that all spinal and peripheral joint mobilization/manipulation interventions are to be performed exclusively by the physical therapist does not allow for the PT to make that decision, even when the PTA team member has the knowledge and skill set to do so.

How does this motion support APTA priorities as reflected in the current APTA Framework?

The optimal PT/PTA team provides care to patients that is highly skilled, evidence-based, and both effective and efficient. This team functions on a foundation of trust and mutual respect, and an understanding of each person's knowledge and skill level. It is always the physical therapist's decision what to delegate to a PTA. The current position statement that all spinal and peripheral joint mobilization/manipulation interventions are to be performed exclusively by the physical therapist does not allow for the PT to make that decision, even when the PTA team member has the knowledge and skill set to do so. Amending the policy on PTAs performing non-thrust spinal and non-thrust peripheral joint mobilizations/manipulations is inline with the strategic framework goal of evolving our practice and empowering our members.

How is this motion's subject national in scope and importance?

PTAs who have not been taught joint mobilization/manipulation techniques in school are taking continuing education courses to become proficient in the skill, as clinical practice is driving the need to be able to apply the intervention as part of the plan of care. Clinical practice demands that entry-level PTAs have the foundational knowledge to learn and perform non-thrust joint mobilizations/manipulations, as supported by the FSBPT's Practice Analysis Reports. The final 2022

report, which was used to create the 2024 NPTE Content Outlines (https://www.fsbpt.org/Free-Resources/NPTE-Development/Ensuring-Validity), identifies the following as CRITICAL PTA Work Activities: Joint Integrity & Range of Motion Perform tests and measures of… …spinal joint stability (e.g., ligamentous integrity, joint structure) …peripheral joint stability (e.g., ligamentous integrity, joint structure) …spinal joint mobility (e.g., glide, end feel) …peripheral joint mobility (e.g., glide, end feel) …range of motion (e.g., passive, active, functional) …flexibility (e.g., muscle length, soft tissue extensibility) Manual Therapy Techniques Perform spinal manual traction Perform peripheral manual traction Perform and/or train patient/client/caregiver in soft tissue mobilization (e.g., connective tissue massage, therapeutic massage, foam rolling) Perform peripheral joint range of motion Perform peripheral mobilization/manipulation (non-thrust) Perform spinal mobilization (non-thrust) This means that PTAs are being tested on this content on the NPTE, and the current APTA position that only physical therapists have the knowledge, skills, and clinical reasoning to apply non-thrust joint mobilizations/manipulations is not supported by clinical practice. The majority of state practice acts either are silent or explicitly allow for PTAs to perform non-thrust spinal and non-thrust peripheral joint mobilizations/manipulations and the practices that do not typically site APTA's Interventions Performed Exclusively by the Physical Therapist policy as the reason.

What previous or current initiatives and positions of the Association address this topic?

What interested parties will be impacted by this motion?

PTs, PTAs, patients

Additional background information:

References:

https://www.fsbpt.org/Free-Resources/NPTE-Development/Ensuring-Validity

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 19-26 AMEND PHYSICAL THERAPISTS' ROLE IN PREVENTION, WELLNESS, FITNESS, HEALTH PROMOTION, AND MANAGEMENT OF DISEASE AND DISABILITY and RESCIND HEALTH PRIORITIES FOR POPULATIONS AND INDIVIDUALS

Proposed by: Student Council
Primary Motion Contact: Ida Hoxha, SPT
Discussion Thread

Required for Adoption: Majority Vote

This is a motion with two conforming amendments: Parts A–B.

PART A

That Physical Therapists' Role In Prevention, Wellness, Fitness, Health Promotion, And Management Of Disease And Disability (HOD P06-19-27-12) be amended by substitution:

PHYSICAL THERAPISTS' PRACTICE IN PREVENTION, WELLNESS, FITNESS, HEALTH PROMOTION, AND MANAGEMENT OF CONDITIONS AND DISABILITY

Physical therapist services extend beyond rehabilitation and habilitation to include prevention, lifestyle and behavioral interventions, and the promotion of wellness and fitness. These services aim to treat or prevent health conditions or injuries that may lead to disability.

As movement system experts, physical therapists may serve as primary care providers within a health care team to preserve long-term health outcomes. Physical therapists and physical therapist assistants are essential in promoting access to preventive services through education, screening, referral, direct intervention, research, advocacy, and collaborative consultation. Within these roles, they implement evidence-informed lifestyle and behavioral interventions that address modifiable risk factors for chronic conditions and functional decline, including secondary prevention strategies.

When providing preventive health services, physical therapists and physical therapist assistants account for the social drivers of health and their impact on function and participation. This approach

enables the adaptation of health care recommendations in ways that are practical, sustainable, and culturally responsive, advancing lasting functional and health outcomes across populations.

~~PHYSICAL THERAPISTS' ROLE IN PREVENTION, WELLNESS, FITNESS, HEALTH PROMOTION, AND MANAGEMENT OF DISEASE AND DISABILITY~~

~~Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals and populations. This means that although physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals and populations improve overall health and avoid preventable health conditions. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.~~

~~Physical therapists, like most health professionals, are educated to provide services in the health services delivery environment. Physical therapists also are uniquely educated and trained to adapt health recommendations to the community environment where individuals live, work, learn, and play. Importantly, physical therapists consider and account for the social determinants of health in the provision of clinical and community services. This knowledge and ability enables physical therapists to adapt medical recommendations to specific environments, to meaningfully interpret health recommendations, to create targeted approaches to help individuals modify their health behaviors, and to ensure clinical and community services are integrated, available, and mutually reinforcing~~

~~For their role in prevention, wellness, fitness, and health promotion, physical therapists:~~

1. ~~Integrate decision-making skills across all dimensions and contextual factors of the International Classification of Function~~
2. ~~Incorporate health history into a plan of care that includes data related to body functions and structures, activities and participation, and relevant personal and environmental factors, including social determinants of health (economic stability, education, social and community context, health and health care, neighborhood, and built environment)~~
3. ~~Integrate scientific principles of movement, function, and exercise progression to promote physical activity and improve health outcomes for individuals and populations~~
4. ~~Incorporate concepts of prevention, wellness, fitness, and health promotion with every patient or client as appropriate~~
5. ~~Integrate and interpret the elements of medical, biopsychosocial, and health promotion models that allow them to monitor health status over time~~
6. ~~Design and develop integrated clinical and community screening programs to prevent and manage disease and disability, and refer as appropriate, as part of a community-based integrated team that is focused on healthy lifestyles~~

7. Apply the best available evidence in selecting and prescribing exercise for individuals, and planning physical activity and injury prevention programs for individuals and communities
8. Use skills in behavior change to promote healthy lifestyles in individuals and communities
9. Adapt tasks and the environment to promote healthy behaviors and improved health outcomes for individuals and populations of all ages, including those with complex health and functional needs, as part of a community-based integrated team
10. Adopt healthy lifestyle choices for themselves that include engaging in active forms of transportation and meeting national guidelines for participation in physical activity and exercise

For their role in management of disease and disability, physical therapists:

1. Recognize the risk factors for, and the course of, chronic diseases and the potential impact on quality of life and on activities and participation
2. Establish and facilitate collaborative, interprofessional, patient- and client-centric relationships that empower individuals and populations in self-management across the lifespan and through the health continuum, with an emphasis on movement and function
3. Apply best available evidence in selecting, prescribing, and using intervention and measurement strategies to establish exercise prescription for individuals to help them prevent primary, secondary, and tertiary conditions or optimize functional mobility
4. Apply best available evidence in planning programs to educate populations to help them prevent primary, secondary, and tertiary conditions or restore functional mobility
5. Provide nonsurgical and nonpharmacological services as a hallmark of physical therapist practice
6. Predict and interpret health outcomes and functional needs in the context of where people live, work, learn, and play

For their role as a dynamic link between health and health services delivery, physical therapists:

1. Apply their expertise in exercise and physical activity to adapt health recommendations for individuals and populations, from clinical settings to the home and community
2. Function as a member of an interprofessional team of health providers, wellness and fitness providers, community health workers, public health providers, and other diverse professionals to help individuals and populations reduce their disease risk and improve their health and quality of life
3. Communicate and collaborate with relevant health professionals to help individuals and populations receive appropriate health services

For their role as advocates for prevention, wellness, fitness, health promotion, and management of disease and disability, physical therapists:

1. Support scientific, educational, legislative, and other policy initiatives that promote regular physical activity and exercise to enhance health and prevent disease

~~2. Advocate for physical education, physical conditioning, and wellness instruction at all levels of education, from preschool through higher education~~

~~3. Advocate for community design that promotes opportunities for safe physical activity and active forms of transportation for individuals and populations of all ages and abilities~~

~~4. Advocate for strategies that reduce inequities and barriers related to social determinants of health~~

PART B

That Health Priorities For Populations And Individuals (HOD P06-19-41-15) be rescinded.

~~HEALTH PRIORITIES FOR POPULATIONS AND INDIVIDUALS~~

~~The American Physical Therapy Association (APTA) supports the following health priorities for populations and individuals in the areas of prevention, wellness, fitness, health promotion, and management of disease and disability. The population health priorities that most relate to physical therapist practice in primary and secondary prevention and in disease management are active living, injury prevention, and secondary prevention in chronic disease and disability management.~~

~~I. Physical therapists have unique opportunities with the following populations identified by the US National Prevention Strategy (USNPS):~~

~~A. Aging individuals and populations (risk of falls, more individuals living longer with chronic diseases and conditions, impact of reduced physical fitness on quality of life)~~

~~B. Individuals and populations of all ages with health disparities~~

~~C. Individuals and populations of all ages with chronic conditions, disabilities, and diseases that impact their ability to remain independent and physically active~~

~~II. Physical therapists have unique opportunities in the following areas of injury prevention identified by USNPS:~~

~~A. Falls prevention~~

~~B. Workplace injury prevention~~

~~C. Community-based injury prevention~~

~~III. Priorities for physical therapists in secondary prevention in chronic disease and disability management include:~~

~~A. Diseases and disabilities that impair an individual's body function or structure~~

~~B. Diseases and disabilities that limit an individual's activity~~

~~C. Diseases and disabilities that restrict an individual's participation in society~~

~~D. Diseases and disabilities that require modification of environmental factors to allow for full participation in society~~

~~Physical therapists provide education, behavioral strategies, patient advocacy, referral opportunities, and identification of supportive resources after screening for the following additional USNPS health priorities:~~

- ~~Tobacco Free Living~~
- ~~Preventing Drug Abuse and Excessive Alcohol Use~~

- ~~Healthy Eating~~
- ~~Active Living~~
- ~~Mental and Emotional Well-Being~~
- ~~Reproductive and Sexual Health~~
- ~~Injury and Violence Free Living~~

Support Statement

What is this motion seeking to achieve?

Inclusion of Physical Therapists and Physical Therapist Assistants The explicit inclusion of both physical therapists and physical therapist assistants is necessary to accurately reflect the full care team responsible for the delivery of physical therapy services. Naming both roles promotes professional unity, enhances role clarity, and ensures alignment of APTA policy with contemporary care delivery across practice settings. Current models of care rely on coordinated PT–PTA collaboration to expand access, improve efficiency, and optimize patient outcomes. This update corrects a meaningful omission in prior language and strengthens equitable representation of all licensed providers contributing to patient care and advancement of the profession. Lifestyle and Behavioral Interventions The incorporation of lifestyle and behavioral intervention language reinforces the role of physical therapists and physical therapist assistants as leaders in prevention, health promotion, and long-term health outcomes beyond rehabilitation. This update aligns with value-based care and population health models, where behavior change and prevention are central to improving outcomes and reducing healthcare costs. Furthermore, it reflects a robust and growing body of evidence supporting the effectiveness of lifestyle and behavioral interventions in reducing chronic disease risk and improving overall health outcomes. Clear and Concise Language This motion enhances clarity and usability by reducing redundancy and replacing lengthy, enumerated lists with more concise and adaptable language. These revisions improve readability and applicability for members, policymakers, and external stakeholders, while fully preserving the original intent and scope of the policy. Essential Role and First-Contact Practitioners Previous language describing physical therapists as having a "unique role" in prevention and health promotion does not fully capture the profession's impact. The proposed revisions appropriately position physical therapy services as essential within these domains and recognize physical therapists as part of the healthcare team who may serve as first-contact practitioners. This supports timely access to care, early intervention, and improved health outcomes across the lifespan, while reinforcing the profession's role within evolving, prevention-focused healthcare systems. Alignment with the International Classification of Functioning, Disability and Health (ICF) The updated language is consistent with the World Health Organization's International Classification of Functioning, Disability and Health framework, ensuring alignment with a globally recognized model of health. This approach emphasizes function, participation, and contextual factors, and supports a shift toward a biopsychosocial model of care. Integrating ICF language enhances clinical decision-making by accounting for environmental and personal factors, including social drivers of health, and positions

the profession in accordance with international standards and contemporary best practice. Rescind Health Priorities For Populations and Individuals Position Statement Rescinding the existing health priorities language is necessary to eliminate redundancy and ensure consistency across APTA policy. The current language contains overlapping concepts that are more clearly and comprehensively addressed within updated policy statements, and maintaining both creates unnecessary duplication and potential confusion for members, policymakers, and external stakeholders. Importantly, the foundational principles previously outlined within the health priorities language have not been lost. Instead, they have been intentionally incorporated and strengthened within the revised policy through broader, more adaptable concepts, including screening, referral processes, intervention planning, and prevention strategies. This approach ensures these essential elements remain central to practice while allowing for flexibility across diverse patient populations, practice settings, and evolving models of care.

How does this motion contribute to achieving the Vision?

Prevention is a foundational component of establishing and maintaining optimized movement and health across the lifespan. Further, physical therapist and physical therapist assistant involvement in preventive care strengthens the professions' ability to reduce disability, address health inequities, and improve quality of life at both individual and population levels, particularly for populations disproportionately affected by chronic disease and social drivers of health. This motion advances APTA's vision by clearly defining and elevating the role of physical therapists and physical therapist assistants in prevention, health promotion, and long term population health, recognizing that they do not solely contribute to establishing and maintaining optimized movement through episodic rehabilitation.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion directly supports the three core components of the APTA Strategic Framework: advancing payment, empowering members, and evolving practice. First, it advocates for advancing payment by formally recognizing physical therapists and physical therapist assistants as essential providers of preventive health services. By establishing prevention, wellness, and health promotion as core components of physical therapist practice, this motion strengthens the profession's position in reimbursement discussions across public and private payers, including value-based and population health payment models. Second, this motion supports the evolution of clinical practice by clearly outlining the role of PTs and PTAs in preventive health. It highlights opportunities for engagement in health promotion, wellness, early intervention, and disease prevention, reinforcing PT-first care models that emphasize proactive, movement-based, nonpharmacological care across care settings and across the lifespan. Third, this motion empowers members by providing a clear and consistent framework for policy initiatives, interprofessional collaboration, and public education.

How is this motion's subject national in scope and importance?

This motion is national in scope and importance because it addresses significant public health challenges including physical inactivity, chronic disease prevalence, falls, disability, and health

inequities. By clarifying and expanding the role of physical therapists and physical therapist assistants in prevention, wellness, and health promotion, this motion supports consistent nationwide physical therapy practice expectations, reducing variation in how preventive physical therapy services are delivered and recognized across jurisdictions. Establishing physical therapists and physical therapist assistants as integral members of the preventive health workforce supports early intervention and risk reduction strategies that improve population health outcomes across the lifespan. In addition, outlining how preventive physical therapy services can improve access to healthcare, particularly in underserved, rural, and high-risk communities, has the potential to increase utilization of these services by healthcare companies, thus reducing overall healthcare costs, unnecessary referrals and downstream interventions, and improving patient satisfaction through timely patient-centered care. This motion aligns physical therapy practice with national public health priorities, including increasing physical activity, preventing falls and injury, and addressing chronic disease through nonpharmacological, movement-based interventions. It complements federal legislative efforts such as the Stopping Addiction and Falls for the Elderly (SAFE) Act and Senate legislation focused on fall prevention by reinforcing the role of physical therapists in evidence-based, system-level strategies to reduce fall risk and injury nationwide. Standardizing preventive health roles for physical therapists and physical therapist assistants across states strengthens the profession's capacity to contribute meaningfully to federal and state health initiatives and reinforces their role as essential partners in addressing the nation's most pressing health challenges.

What previous or current initiatives and positions of the Association address this topic?

Several existing House of Delegates policies and Association initiatives already support the concepts advanced in this motion, demonstrating strong alignment with APTA's established direction while highlighting the need for further clarification and integration. P06-19-26-11 P06-19-41-15 P07-24-05-07 P07-24-20-06 P08-22-12-14 Collectively, these policies reflect APTA's longstanding support for prevention, wellness, population health, and practice evolution. This motion strengthens and unifies these positions by eliminating ambiguity, explicitly recognizing the PT-PTA care team, and embedding lifestyle and behavioral health more clearly into policy.

What interested parties will be impacted by this motion?

Primarily, physical therapists and physical therapist assistants will benefit from expanded recognition of their scope, which may increase opportunities in prevention- and wellness-focused practice, and enhanced professional visibility within evolving care models. However, other parties may be interested in this motion if the outcome leads to increased advocacy and utilization of preventive physical therapy services. For instance, patients and the public may gain earlier access to preventive, movement-centered care, reducing the risk of chronic disease, functional decline, and avoidable disability while improving long-term health outcomes and quality of life. Payers and insurers may experience increased short-term utilization of services for preventive care, with anticipated long-term cost savings through reduced chronic disease burden and health care utilization. Physicians and other health care professionals can benefit from improved interprofessional collaboration, reduced

system burden, and enhanced population health outcomes. Community and public health organizations may be strengthened through expanded interdisciplinary partnerships, while underserved and high-risk populations, caregivers, and families may benefit from improved access to early intervention, reduced health disparities, and sustained functional independence over time.

Additional background information:

The healthcare delivery system is shifting toward prevention, early intervention, and long term health optimization. APTA policy language does not fully reflect how PT is currently practiced and their role in preventative health remains underrepresented in formal policy. It clarifies the role of the PT–PTA care team, reinforces prevention as a core component of physical therapy, and strengthens alignment with value-based and population health approaches. Ultimately, it ensures that APTA policy not only reflects current practice, but actively positions the profession to lead in a healthcare system increasingly focused on prevention and long term outcomes

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Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 20-26 RECOMMEND: ADVANCING DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES PRESCRIPTIVE AUTHORITY

Proposed by: Pennsylvania; Hand and Upper Extremity
Primary Motion Contact: Claire McCann, PT, DPT, PhD
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association, consistent with existing House of Delegates position Access to Durable Medical Equipment (HOD P06-18-19-29) supporting physical therapists as authorized prescribers of durable medical equipment, shall:

- Pursue statutory or regulatory change through federal legislation to recognize physical therapists as authorized prescribers of durable medical equipment, prosthetics, orthotics, and supplies, or DMEPOS, as part of their professional service under the Medicare program.
- Develop and pursue a phased legislative strategy for expanding physical therapist prescriptive authority for DMEPOS that includes collaboration with components, relevant professional organizations, and states in which such authority is already explicitly recognized.

Support Statement

What is this motion seeking to achieve?
Under current Medicare statutes and regulations, physical therapists are qualified providers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) as part of their professional service but are not listed as prescribing/ordering providers. In 2013, the House approved Access To Durable Medical Equipment (HOD P06-13-28-28), which affirmed that APTA supports physical therapists as authorized prescribers of durable medical equipment DME. Prescription of DEMPOS is currently included within the Commission on Physical Therapy Education (CAPTE) education standards and Federation of State Boards of Physical Therapy's (FSBPT) Model Practice Act, confirming that DEMPOS prescription is within physical therapist scope of practice for entry-level practitioners (APTA Task Force Report, 2025) Since 2013, APTA has engaged in advocacy focusing on patient and client access to affordable DMEPOS but has not pursued legislative or regulatory changes that would allow physical therapists to be recognized as authorized

prescribers or ordering providers, in part due to competing priorities (APTA Task Force Report, 2025). With this motion, we are seeking for APTA to actively pursue prioritize state and federal legislative and regulatory changes that would incrementally move the profession to broader recognition as authorized prescribers of DMEPOS.

Examples of work that we expect to see from this motion include but are not limited to:

- Partnering with State Chapters to pursue practice act changes that explicitly add the ability of physical therapists to prescribe DMEPOS, as APTA Colorado did in 2024 (HB24-1327)
- Exploring opportunities to partner with other professional organizations to advocate for Federal legislative and regulatory changes that would allow physical therapists to be recognized as authorized for prescribers or ordering providers of DMEPOS.
    - A current example is HR4475/S2329 Medicare Orthotics and Prosthetics Patient-Centered Care Act, which seeks to exempt custom fabricated or custom fitted orthoses from the Reasonable Useful Lifetime statue.

Current bill language permits only physicians to approve orthosis or prosthesis replacement prior to the five-year covered replacement timeframe under Medicare. Physical therapists evaluate, design and fabricate or provide these items and are best positioned to determine if the device no longer effectively meets medically necessary objectives and requires replacement. Prescriptive authority in these circumstances allows for more expedient replacement, avoiding delays seeking orders from a third-party. APTA, in collaboration with partnering organizations, could explore opportunities to advocate for inclusion of PTs, OTs, orthotists and prosthetists.

How does this motion contribute to achieving the Vision?

This motion supports APTA's strategic priority of evolving practice by advancing timely, efficient, and patient-centered delivery of services. Enabling physical therapists to prescribe DMEPOS aligns scope of practice with entry-level physical therapist education andclinical expertise, reduces unnecessary administrative barriers, and improves access to essential equipment needed to support movement, function, and participation.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion supports APTA's strategic priority of evolving practice by advancing timely, efficient, and patient-centered delivery of services. Enabling physical therapists to prescribe DMEPOS aligns scope of practice with entry-level physical therapist education andclinical expertise, reduces unnecessary administrative barriers, and improves access to essential equipment needed to support movement, function, and participation.

How is this motion’s subject national in scope and importance?

This motion asks APTA to pursue legislative and regulatory changes that would apply to physical therapists nationwide. As the population ages and the prevalence of chronic conditions and mobility limitations increases, timely access to appropriate DMEPOS is essential to prevent falls, reduce hospitalizations, and support safe participation in home and community life. Ordering equipment based on demonstrated functional level and patient safety, consistent with the patient’s

environment, by the practitioners most skilled in making these determinations, has the potential to be more cost effective by reducing waste due to inappropriate prescriptions.

What previous or current initiatives and positions of the Association address this topic?
Access to Durable Medical Equipment (HOD P06-18-19-29)

What interested parties will be impacted by this motion?
- State Chapters
- Physical therapists
- Patients and clients
- Referring providers
- Professional partners involved in the provision of DMEPOS

Additional background information:

References:

1. APTA (2025). Feasibility of Expanding Prescriptive Authority Within Physical Therapist Scope of Practice: APTA Task Force Report.
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Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 21-26 RECOMMEND: EVALUATION OF EDUCATIONAL AND REGULATORY FRAMEWORKS FOR PHYSICAL THERAPIST MEDICATION PRESCRIPTIVE AUTHORITY

Proposed by: Pennsylvania
Primary Motion Contact: Claire McCann, PT, DPT, PhD
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association, consistent with its position Pharmacotherapeutics and Supplements in Physical Therapist Practice (HOD P07-25-71-60) and the recommendations of the Task Force on Feasibility of Expansion of Prescriptive Authority, evaluate:

- The categories of medication and the clinical contexts of medication prescription that are appropriate and within the scope of physical therapist services.
- Suitable educational and competency-based pathways for physical therapists who seek authorization to prescribe medications.
- The regulatory and legislative pathways, including state and federal models, that may support the pursuit of prescriptive authority.
- The safeguards, ethical considerations, and ongoing competency requirements for physical therapists necessary to ensure patient safety when prescribing medications and supplements.

Support Statement

What is this motion seeking to achieve?
The 2025 report of the APTA Task Force on Feasibility of Expanding Prescriptive Authority Within Physical Therapist Scope of Practice concluded that expansion of physical therapist scope of practice into medication prescription is feasible. However, the report also identified substantial unanswered questions related to education, regulation, and implementation that must be addressed before the profession can responsibly move in that direction. The goal of this motion is to follow up on the work of the Feasibility Task Force by initiating structured evaluation of potential educational, regulatory, and legislative pathways. This work would establish foundational guidance for the profession should future House action support pursuing medication prescriptive authority.

How does this motion contribute to achieving the Vision?
This motion supports APTA's strategic priority of evolving practice by evaluating pathways toward medication prescriptive authority that may advance timely, efficient, and patient-centered care while maintaining high standards of safety, competence, and ethical practice.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion supports APTA's strategic priority of evolving practice by evaluating pathways toward medication prescriptive authority that may advance timely, efficient, and patient-centered care while maintaining high standards of safety, competence, and ethical practice.

How is this motion's subject national in scope and importance?
The question of medication prescriptive authority for physical therapists is national in scope because it implicates professional education standards, licensure regulation, federal and state law, and the role of physical therapists within the U.S. health care system. Decisions related to scope of practice, educational pathways, and regulatory models cannot be effectively addressed by individual states or components in isolation. As demonstrated in the 2025 APTA Feasibility of Expanding Prescriptive Authority report, potential expansion of medication prescriptive authority would require coordinated consideration of national educational standards, competency expectations, federal regulatory frameworks, and interprofessional impacts. Without national evaluation and guidance, states pursuing changes independently risk inconsistency, inefficiency, and patient safety concerns. This motion seeks to ensure that any future consideration of medication prescriptive authority is informed by a unified, evidence-based, and strategically coordinated national approach that supports patient safety, professional accountability, and equitable access to care across jurisdictions.

What previous or current initiatives and positions of the Association address this topic?
The Task Force on the Feasibility of Expansion of Prescriptive Authority Within Physical Therapist Scope of Practice, established by charge of the House of Delegates (RC 17-22), evaluated the feasibility of expanding physical therapist prescriptive authority across multiple domains, including medication. The Task Force's final report to the 2025 House of Delegates concluded that expansion of medication prescriptive authority is feasible, while identifying the need for further evaluation of educational pathways, regulatory models, and safeguards prior to implementation In addition, the Association's position on Pharmacotherapeutics and Supplements in Physical Therapist Practice (HOD P07-25-71-60) was amended in 2025 to explicitly recognize that, where permitted by law or regulation, physical therapists may prescribe, store, and administer medication to optimize patient and client management and health. The position further affirms the role of physical therapists in medication reconciliation, monitoring for therapeutic benefit and adverse effects, and engaging in team-based collaboration with other medication-prescribing practitioners This motion is consistent with and builds upon these existing Association positions by seeking to evaluate the educational, regulatory, and legislative frameworks necessary to responsibly operationalize medication prescriptive authority should the profession choose to pursue it in the future. The motion

does not propose immediate changes to scope of practice, but rather supports informed, evidence-based decision-making by the House and the Association.

What interested parties will be impacted by this motion?

- State Chapters
- Physical therapists
- Patients and clients
- Referring providers and interprofessional partners

Additional background information:

References:

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 22-26 RECOMMEND: CREATION OF EDUCATIONAL RESOURCES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT REGARDING PSILOCYBIN THERAPY

Proposed by: Oregon
Primary Motion Contact: Gavin McBride, PT, DPT, MS
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association provide resources to educate physical therapists, physical therapist assistants, and students on the effects, clinical applications, methods of delivery, and current best evidence related to clients' use of psilocybin therapy for health-related conditions, with a focus on patient safety.

Support Statement

What is this motion seeking to achieve?
This motion is intended to ensure that physical therapists and physical therapist assistants have standardized, evidence-informed educational resources to support safe communication and clinical decision-making when patients ask about or disclose psilocybin use. If adopted, the APTA would provide educational resources, similar in purpose to its existing Physical Therapy and Patient Cannabis Use resource, developed following RC 67-19, so that clinicians can respond appropriately when encountering patients who are currently using or considering psilocybin therapy. The psilocybin landscape is evolving rapidly. Without standardized resources, PTs and PTAs lack guidance to navigate these clinical encounters safely.

How does this motion contribute to achieving the Vision?
This motion advances the profession's Vision by equipping PTs and PTAs to optimize movement and improve the human experience safely when patients are using or considering psilocybin therapy. Patients presenting for rehabilitation may have recent or planned psilocybin exposure that produces physiological and psychological effects directly relevant to physical therapy. Without standardized resources, PTs and PTAs lack guidance to appropriately screen, modify interventions, or coordinate

care when patients ask about or disclose psilocybin use. By providing essential resources, clinicians will be better prepared to respond and deliver safe, evidence-informed, patient-centered care.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion supports two strategic priorities in the APTA Strategic Framework for 2030. It supports Empowering Our Members by creating a practice-relevant resource that can be used across career stages and settings, delivering value when and how members need it through standardized guidance for safe, evidence-based patient conversations about psilocybin therapy. It also supports Evolving Our Practice by helping PTs and PTAs operate safely in existing and emerging care models that intersect with psilocybin services. This motion provides practical tools that improve care and patient safety as these environments continue to evolve. The level of professional interest is already evident, as more than 200 attendees participated in the CSM panel discussion on cannabis, opioids, and psilocybin, demonstrating member demand for this type of education.

How is this motion's subject national in scope and importance?
This subject is national in scope because psilocybin use is no longer limited to a single state. Oregon, Colorado, and New Mexico have implemented state-regulated psilocybin service models, and fourteen additional states currently have active legislation related to psilocybin use. A 2026 JAMA study reported that more than 7 million Americans used psilocybin outside any regulated framework, and the 2025 RAND Psychedelics Survey estimated approximately 11 million total past-year users. A University of California Berkeley national survey found 61% public support for legalizing regulated therapeutic use. This shows a growing patient population that will present for rehabilitation with recent or planned psilocybin exposure, questions about therapeutic effects and safety, and a need for modified care. The APTA is well positioned to provide standardized guidance that improves safety and reduces practice variability.

What previous or current initiatives and positions of the Association address this topic?
To date, none, only the existing Physical Therapy and Patient Cannabis Use resource from RC 67-19 is relevant.

What interested parties will be impacted by this motion?
Physical Therapists and Physical Therapist Assistants are the primary stakeholders impacted by this motion. PTs and PTAs across all practice settings may encounter patients who ask about, disclose, or present with recent or planned psilocybin exposure. Clinicians currently have no APTA guidance to inform screening, intervention modification, or within-scope communication during these encounters. This motion would provide standardized educational resources to support safe, evidence-based clinical decision-making. APTA Staff would be responsible for developing the requested resources. Importantly, this motion does not require financial investment or extensive staff time. The Board's own staff assessment identified the possibility of an educational practice brief that provides a high-level description of the issue, a summary of available evidence, and emphasis on safety. This is consistent with the intent of the motion. The precedent set by the cannabis resources

following RC 67-19, a webpage compiling links to existing external resources from organizations such as the CDC, FDA, NIH, and National Academies, demonstrates this type of resource can be developed by curating and organizing existing evidence.

Additional background information:

The psilocybin therapy landscape is evolving rapidly across the United States. Oregon, Colorado, and New Mexico have already implemented legalized state-regulated psilocybin services. Beyond these, fourteen additional states currently have active legislation regarding psilocybin use (1). A 2026 JAMA study reported that more than 7 million Americans used psilocybin outside of any regulated framework in the past year (2), while the 2025 RAND Psychedelics Survey, a nationally representative probability-based survey of more than 10,000 U.S. adults, estimated approximately 11 million total past-year users (3). Furthermore, there are currently 290 registered clinical trials on ClinicalTrials.gov related to psilocybin therapy (4). A University of California Berkeley national survey found 61% public support for legalizing regulated therapeutic use (5). As this landscape expands, PTs and PTAs will increasingly encounter patients who ask about, disclose, or present for rehabilitation with recent or planned psilocybin exposure.

Just as cannabis use raised questions PTs and PTAs were not initially prepared to answer, psilocybin use presents a similar and growing clinical reality. Patients presenting for rehabilitation may have recent or planned psilocybin exposure that may produce physiological and psychological effects directly relevant to physical therapy. Without standardized resources, PTs and PTAs lack guidance to appropriately screen, modify interventions, or coordinate care when patients ask about or disclose psilocybin use. The level of professional interest is already evident, as more than 200 attendees participated in the CSM panel discussion on Cannabis, Opioids and Psilocybin (6).

This motion asks the APTA to take the same practical, patient safety-oriented approach it has applied to cannabis. APTA's existing "Physical Therapy and Patient Cannabis Use" resource, developed following RC 67-19, recognizes that patient substance use can affect physical therapy outcomes and that changing state laws and regulations make it imperative for PTs and PTAs to stay informed. This motion extends that established model to psilocybin therapy by providing standardized educational resources that help clinicians summarize current best evidence on clinical applications and effects, risks and benefits, and relevant state-specific regulations. These resources would support clinicians in responding within scope, communicating safely, and coordinating care appropriately.

References:

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6. American Physical Therapy Association. This Talk Is All Substance: TED Talks and Panel Discussion on Cannabis, Opioids and Psilocybin. Presented at: APTA Combined Sections Meeting, Leadership & Innovation; 2026; Anaheim, CA.

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 23-26 AMEND: DIAGNOSIS BY PHYSICAL THERAPISTS

Proposed by: New York
Primary Motion Contact: Theresa Marko, PT, DPT, MS
Discussion Thread

Required for Adoption: Majority Vote

That Diagnosis by Physical Therapists (HOD P07-25-70-57), second paragraph, be amended by inserting the words "and the presence of impairments, activity limitations, or participation restrictions" after the word "disease" so that it would read:

DIAGNOSIS BY PHYSICAL THERAPISTS

Physical therapists shall establish a diagnosis[1] for each patient/client.

A diagnosis[1] is a label identifying the nature and cause of injury, ~~or~~ disease[2], and the presence of impairments, activity limitations, or participation restrictions[3, 4]. It is the decision reached as a result of the diagnostic process, which is the evaluation of information obtained from the patient/client history and physical examination and other available information. The purpose of the diagnosis is to guide the physical therapist in determining the most appropriate management for each patient/client.

When indicated, physical therapists order diagnostic tests/studies, including but not limited to imaging and laboratory tests. Physical therapists may also perform or interpret selected imaging or other tests/studies.

~~References~~
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4. World Health Organization. *ICF Checklist: Version 2.1a, Clinician Form for International Classification of Functioning, Disability and Health (ICF).* Geneva, Switzerland: World Health Organization; 2003. Accessed March 10, 2026. https://www.who.int/docs/default-source/classification/icf/icfchecklist.pdf

Support Statement

What is this motion seeking to achieve?

This motion seeks to address a limitation in the current diagnostic framework that does not adequately capture the clinical complexity of physical therapist management. Reliance on disease-based or injury-based diagnoses alone fails to communicate patient-specific functional needs and does not reflect how physical therapists determine plans of care. A medical diagnosis, such as Parkinson's disease, identifies the condition but does not convey the patient's functional stage or complexity, which directly dictates intervention selection. For example, the management of a patient with early-stage Parkinson's disease differs significantly from that of a patient with advanced disease, despite use of the same disease diagnosis. By explicitly including impairments, activity limitations, and participation restrictions within the definition of diagnosis, this motion allows physical therapists to more accurately describe patient presentation, justify interventions, and document the clinical reasoning that guides care.

Examples of ICD-10 diagnostic codes in each of the three areas of impairments, functional limitations, and participation restrictions are below.

- M25.5 (joint stiffness)
- Z74.09 (general reduced mobility)
- M62.81 (muscle weakness)
- R26x (gait impairments)
- R26.2 (difficulty in walking)
- Z73.6 (limitation of activities due to disability)
- Z02.5 (encounter for examination for participation in sport)

How does this motion contribute to achieving the Vision?

The Vision of transforming society by optimizing movement requires diagnostic frameworks that reflect how conditions affect movement, function, and participation across stages of disease and across the lifespan. A disease label alone does not convey how a condition limits mobility, independence, or engagement in daily and societal roles. For example, a 40-year-old with single-joint osteoarthritis presents with different intervention needs than an 80-year-old with multi-joint involvement, despite similar diagnostic labels. By supporting diagnoses that incorporate impairments, activity limitations, and participation restrictions, this motion enables physical

therapists to target interventions that directly improve movement, participation, and quality of life in ways that align with real-world patient experience.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion directly supports all three pillars of APTA's Strategic Framework for 2030:
Advancing Our Payment: Payment models rely on clear justification of medical necessity. Disease-based diagnoses alone do not adequately explain why specific physical therapy interventions are required, particularly when patients with the same medical diagnosis present with vastly different impairments and functional limitations. Functional and impairment-based diagnoses strengthen documentation by clearly linking patient presentation to required interventions, supporting outcomes-driven care and fair payment advocacy.
Empowering Our Members: This motion empowers physical therapists by aligning Association policy with how clinicians already examine and manage patients. Physical therapists routinely identify impairments, activity/functional limitations, and participation restrictions to determine plans of management care. Recognizing these elements within diagnosis(es) supports professional judgment, improves communication with payers and other providers, and reinforces the role of physical therapists as autonomous practitioners.
Evolving Our Practice: As practice continues to move toward value-based and patient-centered services, diagnostic frameworks must extend beyond static disease labels. ICD-10 codes already exist to describe impairments and functional limitations (e.g., muscle weakness, gait impairment, difficulty walking, limitations in activities due to disability). This motion supports modern practice models by ensuring that the diagnosis reflects clinical complexity, patient goals, and participation demands rather than relying solely on disease classification.

How is this motion's subject national in scope and importance?
Physical therapists across the country face the same challenge when disease-based diagnoses fail to reflect functional complexity. A single diagnosis code does not distinguish between early and advanced neurologic disease, nor between younger and older adults with differing levels of impairment and participation restriction. This lack of specificity affects documentation, payment justification, and interprofessional communication nationwide. Incorporating impairments, activity/functional limitations, and participation restrictions into the diagnostic framework ensures consistency, accuracy, and relevance across all practice settings and aligns national policy with how physical therapists deliver care.

What previous or current initiatives and positions of the Association address this topic?
This motion builds upon existing APTA positions and recent House actions that recognize physical therapists as autonomous practitioners responsible for examination, diagnosis, and management of movement dysfunction. The House has previously affirmed diagnostic authority and continues to refine policy language to ensure it reflects contemporary physical therapist practice. During the 2025 House of Delegates cycle, the House adopted amendments related to diagnosis by physical therapists, with implementation activities extending into 2026, including updates to the Guide to

Physical Therapist Practice and related APTA resources. In addition, the House has charged committees with developing contemporary operational definitions of terminology impacting APTA documents, reflecting an ongoing commitment to clarity, consistency, and relevance in Association policy. This motion complements and strengthens these initiatives by further clarifying the diagnostic framework to explicitly include impairments, activity/functional limitations, and participation restrictions. In doing so, it supports ongoing Association efforts to advance payment, reduce administrative burden, and align policy language with the realities of physical therapists' clinical reasoning, documentation, and patient-centered services across practice settings.

What interested parties will be impacted by this motion?

Physical Therapists: Gain clearer policy support for diagnostic reasoning and patient-specific services.
Patients: Benefit from diagnoses that reflect functional needs and participation goals rather than disease labels alone.
Payers: Receive more precise documentation that clarifies medical necessity and treatment rationale.
Interprofessional Teams: Experience improved communication and understanding of physical therapist decision-making.

Additional background information:

References:

1. American Physical Therapy Association. (2025). House of Delegates RC 30-25: Diagnosis by physical therapists.
2. American Physical Therapy Association. (2025). House of Delegates Year in Review.
3. American Physical Therapy Association. (2023). APTA Strategic Framework for 2030.

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 24-26 AMEND: CARDIOPULMONARY RESUSCITATION

Proposed by: New Jersey, Cardiovascular and Pulmonary, Acute Care
Primary Motion Contact: Kaitlyn Hanelt, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

That Cardiopulmonary Resuscitation (HOD P06-18-23-31) be amended by substitution.

CARDIOPULMONARY RESUSCITATION

Basic Life Support

The American Physical Therapy Association supports the requirement and the maintenance of a certification in basic life support of the adult, child, and infant for all physical therapists, physical therapist assistants, student physical therapists, and student physical therapist assistants.

~~In addition,~~APTA ~~recommends~~ supports a requirement that all ~~health care and wellness~~ facilities providing physical therapist services have an automated external defibrillator available for use by trained personnel during first-response cardiopulmonary resuscitation efforts.

Advanced Cardiac Life Support

APTA recommends that physical therapists and physical therapist assistants certified in advanced cardiac life support, or ACLS, be authorized to perform ACLS procedures as allowable by jurisdictional law.

Support Statement

What is this motion seeking to achieve?
Supporting Basic Life Support (BLS) certification as a requirement for licensure strengthens the professional standards of the physical therapy profession and aligns regulatory expectations with those of other healthcare disciplines. It reinforces the vital role that physical therapists (PTs) and physical therapist assistants (PTAs) play in promoting patient safety and responding to medical

emergencies, ensuring that all licensed practitioners are prepared to act swiftly and competently in life-threatening situations. Physical therapists and physical therapist assistants practice across the lifespan and across care settings in which sudden cardiac arrest may occur, including outpatient clinics, inpatient hospitals, skilled nursing facilities, home health, community environments, and school- and sports-related settings. Contemporary epidemiologic data demonstrate that sudden cardiac arrest affects adults across a wide age range, including working-age and older adults, as well as youth and young athletes during physical exertion. Given the nature of physical therapy interventions—which frequently involve physical activity, exertion, and cardiovascular stress—baseline preparedness to recognize and respond to sudden cardiac arrest is an essential component of safe and competent practice. By establishing CPR and BLS certification as a licensure requirement, the profession reinforces its commitment to a high level of clinical readiness and interprofessional consistency. This standard would promote greater uniformity across state practice acts, reduce variability in emergency preparedness, and reflect the evolving expectations of patients, employers, and healthcare systems. Ultimately, this position supports the profession's public protection mandate by ensuring that all PTs and PTAs maintain critical, evidence-based life-saving skills regardless of practice setting or population served.

How does this motion contribute to achieving the Vision?

The language supports its vision by emphasizing patient safety, professional responsibility, and the role of physical therapists as essential members of the healthcare system. By requiring certification in basic life support for all physical therapists, physical therapist assistants, and students, it ensures that providers are prepared to respond effectively to emergencies, reinforcing a commitment to high-quality, safe care. The recommendation that facilities offering physical therapy services maintain access to automated external defibrillators further promotes a culture of preparedness and comprehensive care across all settings. Together, these expectations highlight the importance of ongoing competence, support public trust, and position physical therapy professionals as key contributors to improving the health and safety of society.

How does this motion support APTA priorities as reflected in the current APTA Framework?

The language from the American Physical Therapy Association supports its strategic framework by advancing key priorities such as quality, safety, professional competence, and value within the healthcare system. Requiring basic life support certification for all physical therapy professionals reinforces a commitment to clinical excellence and lifelong learning, which are central components of the framework. It also strengthens the profession's role in interprofessional, patient-centered care by ensuring PTs and PTAs are prepared to respond to emergencies alongside other healthcare providers. Additionally, recommending access to automated external defibrillators in all facilities enhances the quality and safety of care environments, aligning with efforts to improve outcomes and reduce risk. Altogether, this language helps operationalize the strategic framework by promoting consistent standards, elevating professional accountability, and demonstrating the value of physical therapy in protecting and improving patient health

How is this motion's subject national in scope and importance?

This motion is national in scope and importance because it establishes consistent expectations for safety, preparedness, and professional competence across all individuals and settings associated with the American Physical Therapy Association. By recommending universal basic life support certification for physical therapists, physical therapist assistants, and students, it promotes a standardized level of emergency readiness regardless of geographic location or practice setting. Similarly, the recommendation that all facilities providing physical therapy services maintain access to automated external defibrillators ensures a uniform approach to patient safety nationwide. Because these measures impact education programs, clinical practice environments, regulatory considerations, and patient outcomes across the country, the motion extends beyond local or regional concerns and contributes to a cohesive, high standard of care throughout the profession in the United States.

What previous or current initiatives and positions of the Association address this topic?

Several existing initiatives and positions from the American Physical Therapy Association support the emphasis on BLS certification and AED availability by reinforcing the profession's commitment to safety, competence, and high-quality care. APTA's focus on continued competence and lifelong learning aligns with maintaining current life-saving certifications as part of professional responsibility. Its standards of practice and ethical guidelines prioritize patient safety and risk management, which naturally include emergency preparedness. Additionally, APTA's vision for the profession highlights physical therapists as essential, autonomous healthcare providers, a role that requires readiness to respond to emergencies across the lifespan. The association also promotes interprofessional collaboration, where skills like CPR and AED use are critical for effective team-based care. Together, these initiatives demonstrate that the motion builds on and strengthens existing priorities related to clinical excellence, patient safety, and the overall value of physical therapy in the healthcare system.

What interested parties will be impacted by this motion?

This motion from would impact a wide range of internal and external stakeholders by shaping expectations for safety, training, and facility preparedness. Internally, physical therapists, physical therapist assistants, and students would be directly affected through the requirement to obtain and maintain basic life support certification, increasing their responsibility for ongoing competence and emergency readiness. Academic programs would need to ensure that students are trained and certified, potentially adjusting curricula and resources. Employers and physical therapy practices would be impacted by the recommendation to maintain automated external defibrillators, which may involve financial costs, staff training, and policy updates to ensure compliance and proper use. Externally, patients would benefit from increased safety and confidence knowing that providers are prepared to respond to emergencies. Healthcare systems and interprofessional teams would also be positively affected, as PT professionals would be better equipped to contribute during critical situations, enhancing coordinated care. Regulatory bodies and accrediting organizations may consider these expectations when shaping standards or guidelines, potentially influencing broader

healthcare policy. Additionally, payers and insurers could view these measures as contributing to improved outcomes and reduced risk. Overall, the motion strengthens accountability and preparedness across the profession while improving safety and trust for those receiving care.

Additional background information:

Each year, an estimated 350,000 individuals in the United States experience sudden cardiac arrest outside of a hospital setting, with survival highly dependent on immediate bystander intervention. Early initiation of cardiopulmonary resuscitation (CPR) and rapid defibrillation with an automated external defibrillator (AED) can double or triple survival, particularly when provided within the first few minutes of collapse.[1] Sudden cardiac arrest and sudden cardiac death occur across the adult lifespan and disproportionately affect working-age and older adults, populations that comprise a substantial proportion of patients treated by physical therapists and physical therapist assistants in outpatient clinics, inpatient hospitals, skilled nursing facilities, home health, and community-based settings. National mortality data demonstrate that among adults aged 25 to 44 years, more than 10,500 sudden cardiac deaths occurred in the United States between 1999 and 2020, representing an average of approximately 480 deaths per year. During this period, sudden cardiac death–related mortality in this age group increased by approximately 28%, with disproportionate increases observed among Black and Hispanic/Latinx adults and individuals residing in rural communities.[2] Although the incidence of sudden cardiac arrest increases with advancing age, adults aged 25 to 44 years are often perceived as lower risk despite experiencing sudden cardiac arrest during daily activities, physical exertion, and community participation. The majority of these events occur outside of hospitals, frequently in homes or public settings, where rapid recognition and immediate CPR are critical to survival.[2] Physical therapists and physical therapist assistants routinely engage adults across this age spectrum in interventions that impose cardiovascular demand, underscoring the importance of universal emergency preparedness across practice settings. Sudden cardiac arrest and sudden cardiac death also occur in youth, scholastic, and collegiate athletes, frequently during physical exertion. Prospective U.S. surveillance data collected between 2014 and 2018 identified 331 confirmed cases of sudden cardiac arrest or death among young competitive athletes, with 61.6% occurring in high school athletes and 13.3% in collegiate athletes. The overall incidence was approximately 1 sudden cardiac arrest or death per 65,000 athlete-years at the high school level and 1 per 50,000 athlete-years at the collegiate level, with substantially higher risk observed among male athletes, Black athletes, and those participating in basketball and football.[3] More recent national surveillance examining survival outcomes among young competitive athletes from 2014 to 2023 identified 641 cases of sudden cardiac arrest, with an overall survival rate of 49%. Survival was significantly higher for events occurring during exercise (57%), and survival improved steadily over the study period, reflecting the impact of early CPR, AED access, and coordinated emergency response systems. High school athletes accounted for the majority of cases (61%), followed by collegiate athletes (15%). Persistent disparities in survival outcomes underscore the importance of universal preparedness across all populations and care environments.[4] Physical therapists and physical therapist assistants practice across the lifespan and across settings in which sudden cardiac arrest may occur. Establishing BLS certification as a requirement for licensure ensures that all licensed

PTs and PTAs are prepared to respond effectively to these time-sensitive, life-threatening events, reinforcing the profession's commitment to patient safety, public protection, and emergency readiness

References:

1. Benjamin EJ, Muntner P, Alonso A, et al. Heart disease and stroke statistics—2019 update: a report from the American Heart Association. Circulation. 2019;139(10):e56–e528. doi:10.1161/CIR.0000000000000659
2. Zuin M, Mohanty S, Aggarwal R, et al. Trends in sudden cardiac death among adults aged 25 to 44 years in the United States: an analysis of 2 large US databases. J Am Heart Assoc. 2025;14:e035722. doi:10.1161/JAHA.124.035722 Accessed January 10, 2026.
3. Peterson DF, Kucera KL, Thomas LC, et al. Aetiology and incidence of sudden cardiac arrest and death in young competitive athletes in the USA: a 4-year prospective study. Br J Sports Med. 2021;55(21):1196–1203. doi:10.1136/bjsports-2020-102666
4. Petek BJ, Churchill TW, Moulson N, et al. Survival outcomes after sudden cardiac arrest in young competitive athletes from the United States. J Am Coll Cardiol. 2025;85(17):1682–1692. doi:10.1016/j.jacc.2025.03.006
5. Delaware Department of State, Division of Professional Regulation. Examining Board of Physical Therapists and Athletic Trainers Rules and Regulations. 24 Del Admin Code §2600 (21 DE Reg 960, June 1, 2018). Accessed January 10, 2026. https://regulations.delaware.gov/AdminCode/title24/2600.shtml
6. Centers for Medicare & Medicaid Services. Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. 42 CFR §483. Accessed January 10, 2026. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483
7. Centers for Medicare & Medicaid Services. State Operations Manual (SOM), Appendix PP—Guidance to Surveyors for Long-Term Care Facilities. Accessed January 10, 2026. https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations
8. The Joint Commission. Human Resources Standards. Updated 2024. Accessed January 10, 2026. https://www.jointcommission.org

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 25-26 RESCIND: OPPOSITION TO PHYSICAN OWNERSHIP OF PHYSICAL THERAPIST SERVICES AND SELF-REFERRAL BY PHYSICIANS

Proposed by: North Carolina
Primary Motion Contact: Elizabeth Nixon, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

That Opposition To Physician Ownership Of Physical Therapist Services And Self-Referral By Physicians (HOD P06-19-16-46) be rescinded.

~~OPPOSITION TO PHYSICAN OWNERSHIP OF PHYSICAL THERAPIST SERVICES AND SELF-REFERRAL BY PHYSICIANS~~

~~Whereas, The American Physical Therapy Association advocates for a healthy society, for patient and client engagement in health services, and for direct access to physical therapist services;~~

~~Whereas, Physical therapists and physicians collaboratively provide patient-centered services in practice models that may include mutual referral, co-management, and consultation;~~

~~Whereas, Physician self-referral to physical therapist services in which an ownership interest by the physician is an avoidable conflict of interest that may restrain patient choice in services;~~

~~Whereas, Federal law prohibits, with some exceptions, physician self-referral for various designated health services1;~~

~~Whereas, Evidence suggests that there is greater cost per patient encounter and for the entire episode of care in self-referral situations2; and~~

~~Whereas, Evidence also suggests that patients in self-referral situations receive more passive treatment that is performed by persons not licensed as physical therapists and that non-self-referred physical therapist services include more active, hands-on, and one-to-one services that promote greater patient independence and a return to performing routine activities without pain3;~~

~~Resolved, That the American Physical Therapy Association opposes ownership of and self-referral to physical therapist services by physicians, and supports federal and state laws and regulations that prohibit physician ownership of physical therapist services.~~

~~REFERENCES~~

~~1. Centers for Medicare & Medicaid Services. Physician Self-Referral webpage. https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/index.html.~~

~~2. Mitchell J, Reschovsky J, Franzini L., et al. Physician Self-Referral of Physical Therapy Services for Patients with Low Back Pain: Implications for Use, Types of Treatments Received and Expenditures. Forum for Health Economics and Policy, 2015;19(2):179-199. doi:10.1515/fhep-2015-0026.~~

~~3. Mitchell JM, Reschovsky JD, Reicherter EA. Use of Physical Therapy Following Total Knee Replacement Surgery: Implications of Orthopedic Surgeons' Ownership of Physical Therapy Services. Health Serv Res, 2016;51: 1838-1857. doi:10.1111/1475-6773.12465.~~

Support Statement

What is this motion seeking to achieve?

This motion seeks to rescind an APTA position that opposes one specific business model: physician-owned physical therapy practices. While the original stance reflected concerns at the time, particularly related to therapist autonomy and potential overutilization, it has not met its intended objectives and no longer reflects the realities of today's healthcare environment. The core issue is not physician ownership itself, but unethical or exploitative practices, which can occur under any ownership model. Singling out physician-owned practices is unnecessarily divisive, particularly in a profession grounded in strong ethical standards. Unethical behavior should be addressed consistently and principle-based, rather than by targeting a single practice structure. In 2020, the APTA House of Delegates adopted the motion Practice and Business Financial Arrangements for Physical Therapists, stating that "The American Physical Therapy Association supports collaborative practice and business models that are innovative, ethical, and person-centered, and that advance the health of individuals, patient and client populations, and communities." This policy, together with the APTA Code of Ethics, already provides a robust framework to guide professional conduct across all business models, including physician-owned practices. Rescinding the 2003 position would remove a longstanding stigma that has discouraged many PTs and PTAs from engaging with the Association. It would affirm the legitimacy of diverse, ethical practice models and welcome a significant segment of the workforce that has often felt excluded - strengthening professional unity and supporting membership growth. This change directly advances APTA's Vision by promoting inclusivity and recognizing a broad spectrum of patient-centered business models. It also aligns with APTA's Strategic Framework for 2030, specifically the priority of Empowering Our Members, which calls to "Build an APTA where all PTs, PTAs, and students want to and can belong." Lowering perceived

barriers to participation expands opportunities for all professionals to engage, contribute, and lead. This is a national issue. PTs and PTAs practice in physician-owned settings in every state except one. Medicare data demonstrate that private-equity-owned chains, not physician-owned clinics, now represent the highest utilizers in cost per patient. Moreover, internal referrals are common across all integrated health systems, including nonprofit organizations and hospitals. These trends reflect broader industry dynamics rather than concerns unique to physician-owned PT practices. Federal laws, including the Stark Law and its exceptions, permit physician-owned practices to operate legally in 49 states under strict compliance requirements. In this context, physician ownership is no longer the primary driver of financial conflict concerns. Ethical, patient-centered care must remain the standard across all ownership models. Maintaining a position that targets one practice structure limits APTA's relevance and reach. Rescinding the 2003 stance would encourage broader engagement and allow more professionals to participate meaningfully in shaping the Association's future. Additionally, the original position has contributed to internal policies that restrict member opportunities based solely on employment setting; for example, prohibiting members in physician-owned practices from advertising or exhibiting at CSM. Until 2020, these practices were also ineligible to host residencies or fellowships through ABPTRFE. Such exclusions are inconsistent with the Association's stated commitments to equity and inclusion. Ultimately, this motion represents a shift from exclusion to equity. It supports a principle-based approach that upholds ethical standards across all settings and ensures that all qualified PTs and PTAs feel welcome within the APTA community.

How does this motion contribute to achieving the Vision?

The motion advances APTA's Vision by promoting inclusivity, professional unity, and ethical, patient-centered care regardless of practice setting. It recognizes diverse, collaborative practice models and supports physical therapist autonomy without singling out one ownership structure as inherently unethical.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion aligns directly with the Strategic Framework for 2030, particularly the priority of Empowering Our Members, which calls on APTA to "build an APTA where all PTs, PTAs, and students want to and can belong." Rescinding this position lowers perceived barriers to engagement and supports broader participation, leadership, and membership growth.

How is this motion's subject national in scope and importance?

Physician-owned physical therapy practices exist in 49 states and employ PTs and PTAs nationwide. Federal laws (Stark Law and Anti-Kickback Statutes) already regulate referral for profit. Internal referrals also occur broadly across integrated health systems, hospitals, and nonprofit organizations. The issue is national, systemic, and not limited to a single state or practice model.

What previous or current initiatives and positions of the Association address this topic?

2003 House/Board Action

The Board of Directors adopted the task force's recommendation to implement the Strategic Plan to Address Referral for Profit Including Physician Ownership of Physical Therapy Services (BOD 03-06-11-22). 2019 House Action

RC 9-19 AMEND: Opposition to Physician Ownership of Physical Therapy Services (HOD P06-03-27-25).

The House amended the language by changing the term "therapy" to "therapist." 2024 House Motion – Withdrawn

RC 11-23 RESCIND: Opposition to Physician Ownership of Physical Therapist Services and Self-Referral by Physicians (HOD P06-19-16-46), Annex C.

This motion, introduced by the Illinois delegation, was withdrawn prior to a vote. Board of Directors Actions Resulting from the Original Motion 2003 – Board Action

In response to the original motion, the Board appointed a task force in fall 2003 to develop and assist in implementing a strategic plan to prohibit physician ownership of physical therapy services. The Board adopted the task force's strategic plan titled Strategic Plan to Address Referral for Profit Including Physician Ownership of Physical Therapy Services (BOD 03-06-11-22). 2007 – Board Action

The task force was formalized as a standing committee of the Board of Directors, known as the Referral for Profit Committee. 2011 – Board Action

As part of broader organizational alignment, the Board disbanded the Referral for Profit Committee and reassigned the policy issue to the Public Policy and Advocacy Committee (PPAC). 2019 – Board Action

In March 2019, as part of efforts to streamline policies, the Board rescinded the strategic plan, citing that the specific activities and projects outlined had been completed and that legislative advocacy related to referral for profit had been fully operationalized.

What interested parties will be impacted by this motion?

- PTs and PTAs practicing in physician-owned settings: increased inclusion and engagement with APTA
- Physician partners: support interdisciplinary collaboration and diverse practice models including physician owned.
- APTA as an organization: improved relevance, consistency, broader participation and professional unity

Additional background information:

Laws and Regulations Addressing Physician Ownership and Referral for Profit The Stark Law, introduced by Representative Pete Stark in 1988 and enacted in 1990, prohibits physicians from referring Medicare patients to entities in which they or their immediate family members have a financial interest. Initially limited to clinical laboratory services, the law was later expanded to include Medicaid patients and additional designated health services, including physical therapy. The intent of the law is to prevent financial incentives from influencing referral patterns. Over time, seven key exceptions have been added to the Stark Law, allowing for lawful business arrangements that may

include physician ownership of physical therapy practices. These exceptions require, among other elements, written agreements, compensation at fair market value, commercially reasonable arrangements, pre-established terms, and the separation of payment from the volume or value of referrals. In 2020, an additional exception further expanded flexibility within the law, resulting in physician-owned physical therapy practices being legally permissible in 49 states. These practices remain subject to Federal Anti-Kickback Statutes, which continue to regulate financial relationships and safeguard against fraud and abuse.

References:

1. Opposition To Physician Ownership Of Physical Therapist Services and Self-Referral By Physicians (APTA Position);
2. Practice and Business Financial Arrangements for Physical Therapists (APTA Position)
3. APTA Strategic Framework for 2030
4. APTA Librarian report on RC 30-03 and 31-03 from the Archives.
5. History of ABPTFRE reversing policy against physician-owned PT services hosting residencies and fellowships.
6. Federal Fraud & Abuse Laws
7. Court overturns physical therapy decision (South Carolina). September, 2016.
8. Employment of PTs by Medical Corporations (California), Simas & Associates LTD, 2024;
9. Medicare data usage by patient per type of PT business
10. Mitchell, J. M., & Scott, E. (1992). Physician ownership of physical therapy services. Effects on charges, utilization, profits, and service characteristics. JAMA, 268(15), 2055–2059.

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 26-26 AMEND: OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPIST SERVICES AND SELF-REFERRAL BY PHYSICIANS

Proposed by: Florida
Primary Motion Contact: Amanda Williamson, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

That Opposition To Physician Ownership Of Physical Therapist Services And Self-Referral By Physicians (HOD P06-19-16-46) be amended by substitution so that it would read:

Opposition To ~~Physician Ownership Of~~ Referral-for-Profit Arrangements in Physical Therapist Services ~~And Self-referral By Physicians~~

That the American Physical Therapy Association believes that referrals to physical therapist services be grounded in patient need, sound clinical judgment, and evidence-based care, and must remain free from financial influence, ownership pressure, or incentives that could compromise independent decision-making or patient choice.

~~Whereas, The American Physical Therapy Association advocates for a healthy society, for patient and client engagement in health services, and for direct access to physical therapist services;~~

~~Whereas, Physical therapists and physicians collaboratively provide patient-centered services in practice models that may include mutual referral, co-management, and consultation;~~

~~Whereas, Physician self-referral to physical therapist services in which an ownership interest by the physician is an avoidable conflict of interest that may restrain patient choice in services;~~

~~Whereas, Federal law prohibits, with some exceptions, physician self-referral for various designated health services[1];~~

~~Whereas, Evidence suggests that there is greater cost per patient encounter and for the entire episode of care in self-referral situations[2]; and~~

~~Whereas, Evidence also suggests that patients in self-referral situations receive more passive treatment that is performed by persons not licensed as physical therapists and that non-self-referred physical therapist services include more active, hands-on, and one-to-one services that promote greater patient independence and a return to performing routine activities without pain[3].;~~

~~Resolved, That the American Physical Therapy Association opposes ownership of and self-referral to physical therapist services by physicians, and supports federal and state laws and regulations that prohibit physician ownership of physical therapist services.~~

~~REFERENCES~~

~~Centers for Medicare & Medicaid Services. Physician Self-Referral webpage. https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/index.html.~~

~~Mitchell J, Reschovsky J, Franzini L., et al. Physician Self-Referral of Physical Therapy Services for Patients with Low Back Pain: Implications for Use, Types of Treatments Received and Expenditures. *Forum for Health Economics and Policy*, 2015;19(2):179-199. doi:10.1515/fhep-2015-0026.~~

~~Mitchell JM, Reschovsky JD, Reicherter EA. Use of Physical Therapy Following Total Knee Replacement Surgery: Implications of Orthopedic Surgeons' Ownership of Physical Therapy Services. *Health Serv Res*, 2016;51: 1838-1857. doi:10.1111/1475-6773.12465.~~

Support Statement

What is this motion seeking to achieve?

The Florida delegation intends to broaden the scope of this motion and avoid opposing a single business practice, instead speaking to behaviors. Our intent is to broaden the scope to have a position that opposes procedural and operational barriers that reduce (strategically, intentionally or unintentionally) patient access and undermine PT autonomy. This motion concept focuses on financial conflicts of interest, patient choice, and unbiased clinical decision-making. The intent of the motion is to de-emphasizing specific ownership models and instead identify problematic practices limiting patient choice, equitable access, and integrity to patient care. This position will complement, support, and reinforce HOD P06-20-39-31 Practice and Business Financial Arrangements for Physical Therapists as well as the APTA Code of Ethics. specifically Principle 6, Responsible Business and Organizational Practices.

How does this motion contribute to achieving the Vision?

This motion supports the Vision to ensure that patient access to physical therapy care is based on patient need and not financial relationships or organizational pressures. Emphasizing that referrals to physical therapist services remain free from financial influence, ownership pressure, or incentives that could compromise independent decision-making or patient choice.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion supports evolving our practice, ensuring that patient access to car is free from financial influence and ownership pressure. The motion also supports clinicians referring to appropriate providers who may be outside of their institution in accordance with other federal and state laws.

How is this motion's subject national in scope and importance?
This motion is national in scope in that it speaks to referral behaviors for patient access to physical therapist services regardless of geographic location or specific discipline.

What previous or current initiatives and positions of the Association address this topic?
APTA Code of Ethics, Principle 6 and HOD P06-20-39-31: Practice and Business Financial Arrangements for Physical Therapists

What interested parties will be impacted by this motion?
Patient/clients referred for physical therapist services, physical therapist providers, physicians and other professionals referring for PT services

Additional background information:

References:

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 27-26 RECOMMEND: EVALUATE REVISIONS TO THE GUIDE TO PHYSICAL THERAPIST PRACTICE 4.0 AS RELATED TO ENVIRONMENTAL FACTORS

Proposed by: Maryland
Primary Motion Contact: Mike Ukoha, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

The American Physical Therapy Association will evaluate revisions to the APTA Guide to Physical Therapist Practice 4.0 to recognize environmental factors across the lifespan and across physical therapy populations that impact health services and physical therapy best practice.

Support Statement

What is this motion seeking to achieve?
Expected outcomes: 1) To educate physical therapists, physical therapist assistants, and students about environment-informed physical therapy practice, including awareness of how climate and other environmental factors impact human health and healthcare needs and delivery. 2) To facilitate update to APTA Guide 4.0 foundational concepts within the social determinants of health section to include recommended practice modifications 3) Adaptation of clinical practice minimizing patient risk to environmental stressors such as air pollution associated with wildfires, heat centered stressors, and cold centered stressors 4) Provide a resource [for physical therapists, physical therapist assistants, and students] optimizing emergency preparedness for patients, communities, and healthcare entities 5) Recommending a mitigation plan reducing carbon footprint from larger medical systems within our profession.

Potential changes to the Guide may include:

- Introduction >> Social Determinants of Health:
    - Expand the environmental factors paragraph (paragraph 3) to include climate change. Add the following:
      Physical therapists will provide client education on environmental changes, such as air

pollution and extreme weather events, the risk it poses to human health, and counsel clients on how to respond.

- Introduction >> More Information about Social Determinants of Health >> Examples in physical therapist practice that impact social determinants of health, add the following examples:
    - Recycle or re-use adaptive equipment, mobility devices, orthoses, and prostheses rather than disposing of such equipment.
    - Educate patients on common physiological responses to extreme cold, potential influence on clinical presentations, and safety recommendations for extreme cold environmental conditions to reduce fall risk.
- Introduction >> Roles in Prevention and in the Promotion of Health, Wellness, and Fitness:
    - Screen for health risks posed by environmental changes for vulnerable populations to counsel or refer clients to resources to address identified risks

How does this motion contribute to achieving the Vision?

This motion would contribute to the innovation principle for achieving the Vision by offering creative and proactive solutions to enhance health services delivery while considering environmental factors. The motion would contribute to the access/equity principle for achieving the Vision by offering recognition of health inequities and disparities vulnerable populations face due to environmental factors with intentions to work to alleviate them through innovative models of service delivery, advocacy, and attention. This motion would contribute to the advocacy principle for achieving the Vision by offering concise and clear advocacy efforts for patients, clients, consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards with environmental considerations.

How does this motion support APTA priorities as reflected in the current APTA Framework?

Directly addresses at least two of the three goals of the Strategic Plan Elevating Our Practice: This motion elevates the quality of care provided by PTs and PTAs to improve health outcomes for populations, communities, and individuals with considerations for environmental factors. This motion looks to accelerate the transformation of practice models and services to better serve society and the profession Empowering Our Members: This motion would provide APTA an opportunity to empower our members with evidence-based information to educate consumers and effectively support vulnerable populations more widely impacted by adverse environmental factors.

How is this motion's subject national in scope and importance?

Evidence increasingly demonstrates profound health – environment connections across the lifespan and across physical therapy populations impacting health services needed and physical therapy best practice. Climate change is reportedly "the greatest threat to human health of the 21st century", a concern stated by the World Health Organization (WHO) and by many health professional

associations. International climate change statements by the WHO and United Nations call on health professionals to take immediate actions while promoting the right to health for all.

What previous or current initiatives and positions of the Association address this topic?
HOD P06-20-26-22: Describes the association's position on environmental stewardship.

What interested parties will be impacted by this motion?
1st - Clinicians (including students)
2nd - Clients & Community -(population health)
3rd - Larger medical systems
See above

Additional background information:
American Occupational Therapy Association (AOTA) - (2022, Occupational Therapy's Commitment to Sustainability and Climate Change - Policy, E16 policy-e16-20220908.pdf Purpose - The purpose of this policy is to articulate the Association's commitment to addressing occupational needs in a manner that considers future generations and marginalized communities' ability to mitigate and adapt to the harmful health impacts of climate change through education, practice, research, policy, and advocacy American Medical Association (AMA) - (2024, AMA Advocacy for Environmental Sustainability and Climate H-135.923) H-135.923 AMA Advocacy for Environmental Sustainability and Cli | AMA Purpose -Provide eight deliverable strategies to support environmental sustainability and climate health. Two highlights: Our AMA supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities. Our AMA supports a resilient, accountable health care system capable of delivering effective and equitable care in the face of changing health care demands due to climate change. American Medical Association (AMA) -(2019, Climate Change Education Across the Medical Education Continuum H-135.919) H-135.919 Climate Change Education Across the Medical Education | AMA Our AMA: (1) supports teaching on climate change in undergraduate, graduate, and continuing medical education such that trainees and practicing physicians acquire a basic knowledge of the science of climate change, can describe the risks that climate change poses to human health, and counsel patients on how to protect themselves from the health risks posed by climate change; (2) will make available a prototype presentation and lecture notes on the intersection of climate change and health for use in undergraduate, graduate, and continuing medical education; and (3) will communicate this policy to the appropriate accrediting organizations such as the Commission on Osteopathic College Accreditation and the Liaison Committee on Medical Education. United Nations Environment Programme (UNEP) - (2026, Validated Terminal Review of the UNEP Project Environment, Health and Pollution (PIMS 02021) Validated Terminal Review of the UNEP Project Environment, Health and Pollution (PIMS 02021) 2018 – 2023 Purpose - The project's overall goal was to enhance the capacity of member states, stakeholders and citizens to prevent and address pollution in an integrated manner to improve environmental quality and the health of all

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Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 28-26 RECOMMEND: ADVOCATING FOR EVIDENCE-INFORMED ENHANCEMENTS TO THE NATIONAL PHYSICAL THERAPY EXAMINATION

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT
Discussion Thread

Required for Adoption: Majority Vote

That the American Physical Therapy Association shall advocate for the Federation of State Boards of Physical Therapy to evaluate and, as appropriate, implement evidence-informed enhancements to the National Physical Therapy Examination, including:

a. Weighting of exam content based on public safety risk.
b. Weighting of exam content based on frequency of use in contemporary practice.
c. Weighting of exam content based on the knowledge and skill level needed to safely perform physical therapist services.
d. Refining methodologies used in the Practice Analysis to enhance transparency, rigor, and objectivity.
e. Updating NPTE terminology and content to reflect current physical therapist practice standards, including relevant APTA documents (Code of Ethics for the Physical Therapy Profession, Standards of Practice for Physical Therapy, Guide to Physical Therapist Practice) and peer-reviewed literature.
f. Ensuring physical therapists and physical therapist assistants retain primary professional authority in the development, review, and approval of NPTE content and structure.

Support Statement

What is this motion seeking to achieve?
Have the NEPT more accurately reflect the full scope of practice in 2026. Remove the burden on DPT programs to cover content which are low risk and infrequently performed.

How does this motion contribute to achieving the Vision?
Elevates the level of practice and education of DPTs.

How does this motion support APTA priorities as reflected in the current APTA Framework?
Support current practice models. Move away from outdated practice.

How is this motion's subject national in scope and importance?
Every graduate DPT has to take the NEPT to become licensed. Every DPT program has to address the content of the NPTE.

What previous or current initiatives and positions of the Association address this topic?
None

What interested parties will be impacted by this motion?
FSBPT, DPT programs, CAPTE. All will have to adjust their standards to meet any new NPTE content/format.

Additional background information:
Currently the NPTE weights each item on the NPTE equally (one item = one point). Items addressing content which have a low public safety risk if done incorrectly are weighted the same as items addressing content which have a high public safety risk. E.g. Testing knowledge of therapeutic ultrasound is one point and understanding the medical implications of arterial blood gases is one point.

Aspects of practice which occur at low frequency and are in areas of practice few PT/PTAs work are also given equal weight. Therefore, an exam item addressing content which is low risk and skill in an area of practice few work (lymphatic system) is weighted the same as an item of high risk in an area of practice (musculoskeletal) where a large percentage practice.

The result is exam takers must consider all aspects of the NPTE content area equally. In an exam appropriately weighted the exam taker should be most knowledgeable of content which is high risk and occurs at a high frequency in practice.

Appropriate weighting of the NPTE will free DPT and PTA educational programs from devoting a disproportionate amount of time teaching content which is of little significance to where and how PTs and PTAs work, and the risk to the public. The curriculum can be weighted based on real life practice and public safety risk, thus producing more qualified, safe, and competent PTs and PTAs.

The NPTE uses a subjective committee approach to determining what content should be surveyed. This approach is lacking in rigor. Practice areas which should be surveyed can, and are, omitted from the practice analysis (PA). Survey responses are not sorted and analyzed based on the practice setting of the respondent. Therefore, a PT who practices in critical care is responding to practice areas mainly found in pediatric school settings. That critical care PT's responses are given equal weight as the pediatric PT.

The content breakdown of the NPTE is approved by the FSBPT Board of Directors who is comprised of several non-PT members. These non-PT members lack the expertise to determine the NPTE content.

The FSBPT PA is based on non-contemporary practice and terminology. It is decades old and has changed little over time. This is largely due to methodological flaws in the PA. Some examples follow. The model does not adequately recognize the roles of PTs as:

- Consultants
- Co-managers of patient care
- In health and wellness models
- Ordering diagnostic testing, including imaging
- Ordering/reconciling pharmacotherapy
- Ordering DME
- Primary Care Providers
- Elite performance providers
- Austere Environment providers
- Rural and Indigenous Health Providers

The NPTE sates: "develop physical therapy diagnosis by integrating system and non-system data." There is no such thing as a "physical therapy diagnosis." There are only one or multiple diagnoses. There is no resource of "physical therapy diagnoses."

The PA uses terminology such as "plan of care." This terminology and the practice model it implies omits a wide range of PT practice, is antiquated, and originates with Medicare payer language, not scope of practice.

A significant proportion of PTs do not practice in models where there is an evaluation, treatment over a period of time, perhaps a reevaluation, more treatment, and ultimately discharge.

The current NPTE does not optimally discern those test takers who are not at entry-level, nor does it capture the full breadth and depth of the entry-level work of PTs and PTAs.

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Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 29-26 AMEND: EDUCATIONAL DEGREE QUALIFICATIONS AND NOMENCLATURE FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Proposed by: Georgia
Primary Motion Contact: Jacob Irwin, PT, DPT
Discussion Thread

Required for Adoption: Majority Vote

That Educational Degree Qualifications And Nomenclature For Physical Therapists And Physical Therapist Assistants (HOD P06-18-33-38), second paragraph be amended by substitution.

EDUCATIONAL DEGREE QUALIFICATIONS AND NOMENCLATURE FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Consistent with current Commission on Accreditation in Physical Therapy Education, or CAPTE, criteria, the American Physical Therapy Association shall consider attainment of ~~a~~ the ~~d~~Doctor of ~~p~~Physical ~~t~~Therapy degree the minimum professional education qualification for physical therapists who graduate from a program accredited by CAPTE in 2018 or thereafter.

~~When the DPT degree is awarded, it represents professional (entry-level) qualifications only, whether obtained following a professional (entry-level) education program or as part of a transition program, and is considered "physical therapist professional education."~~
The Doctor of Physical Therapy, or DPT, is the terminal professional degree for the professional practice of physical therapy whether obtained following a professional (entry-level) education program or as part of a postprofessional program. APTA supports recognition of the DPT as the terminal professional degree.

The term "physical therapist postprofessional education" is used to refer to degree- and nondegree-based professional development for the physical therapist to enhance professional knowledge, skills, and abilities.

APTA shall consider attainment of an associate degree from a program accredited by CAPTE the minimum educational qualification for a physical therapist assistant.

Support Statement

What is this motion seeking to achieve?

The DPT is currently the degree awarded by all accredited entry-level physical therapist education programs in the United States. It encompasses rigorous academic coursework, advanced clinical reasoning, and over 30 weeks of supervised clinical education—preparing graduates for autonomous practice in a variety of settings. While the DPT has become the universal standard for educational preparation of new U.S.-trained physical therapists, APTA's current position language reflects only that the DPT is the minimum required degree—not its standing as the terminal professional degree. This lack of explicit recognition contributes to inconsistencies in licensure messaging, academic hiring practices, and public understanding. This motion brings APTA policy into alignment with that educational reality by affirming the DPT as the terminal professional degree—complementing, not replacing, the association's current language on degree qualifications. It aligns physical therapy with other doctoral-level health professions such as medicine (MD), pharmacy (PharmD), dentistry (DDS/DMD), and nursing (DNP)—all of which recognize their respective professional doctorates as terminal degrees, even when post-professional academic or clinical training is pursued.

Amending the existing position in this way will:

- Clarify the educational endpoint for professional clinical preparation;
- Support consistency in how institutions evaluate faculty qualifications;
- Align APTA's terminology with that of other health professions;
- Reinforce public understanding of physical therapists as doctoral-level providers;
- Strengthen APTA's advocacy efforts related to licensure, regulation, and interprofessional recognition.

This amendment does not diminish the value of post-professional academic or clinical credentials such as PhD, EdD, ScD, residencies, or fellowships. Rather, it affirms the DPT as the foundational professional degree while encouraging academic and clinical advancement for those seeking roles in research, teaching, or specialty care. Importantly, it is not intended to prescribe hiring criteria or override institutional or accreditor autonomy. Ultimately, this policy refinement is not symbolic—it is strategic. It closes a gap in APTA's language, strengthens our public and academic posture, and positions physical therapy in line with its peer professions in title, recognition, and advocacy impact.

What is this motion seeking to achieve? This motion seeks to establish formal recognition by the American Physical Therapy Association (APTA) of the Doctor of Physical Therapy (DPT) as the terminal professional degree for the profession of physical therapy.

By formally recognizing the DPT as the terminal professional degree, APTA will position the profession to advance in four strategic domains:

1. Academic Alignment Without Compromising Faculty Quality: This motion supports academic institutions that choose to recognize the DPT as a terminal degree for faculty roles related to clinical education and professional instruction. It reflects the educational structure used in all

current accredited entry-level DPT programs. However, this recognition is not intended to override or replace the role of post-professional academic doctorates.

2. Public Recognition and Interprofessional Equity: The motion reinforces that physical therapists are doctoral-level providers, helping the profession gain parity in how it is viewed by patients, healthcare systems, and other professions. This recognition strengthens public trust, enhances interprofessional credibility, and clarifies the level of expertise DPT graduates bring to professional practice.
3. Respect for Post-Professional Scholarship and Specialization: This motion explicitly affirms the continued importance of academic doctorates, residency and fellowship training, and clinical board certification. It distinguishes between the professional degree required for practice (DPT) and the advanced credentials professionals may pursue based on career goals. This layered approach mirrors that of other health professions and promotes academic and professional excellence without conflating degree levels.

How does this motion contribute to achieving the Vision?

The APTA Vision—Transforming society by optimizing movement to improve the human experience—calls on the profession to lead with clarity, consistency, and credibility across all areas of practice, education, and public service. This motion advances that vision by affirming the Doctor of Physical Therapy (DPT) as the terminal professional degree for the profession, helping to position physical therapists as fully recognized movement experts across society. This motion empowers future generations of physical therapists. By affirming the DPT as the terminal professional degree, we reinforce the value of the education that students and academic programs commit to. It signals to aspiring physical therapists—and the patients they will one day serve—that this profession is unified, respected, and aligned with APTA's vision of improving the human experience at scale.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion aligns with and advances several key priorities outlined in APTA's Strategic Plan as outlined below.

Evolving practice: By formally recognizing the Doctor of Physical Therapy (DPT) as the terminal professional degree, this motion reinforces the profession's commitment to high educational standards. This acknowledgment supports efforts to ensure fair compensation and reduce administrative burdens, contributing to the long-term evolution of the profession. It also aids in addressing workforce challenges by clarifying the professional identity of physical therapists, which is essential for recruitment and retention.

Empowering Members: Clarifying the DPT as the terminal professional degree enhances the professional identity of physical therapists, which can lead to increased recognition and respect within the healthcare system. This recognition supports career advancement opportunities and professional development, thereby increasing the value of APTA membership and empowering members to act with the knowledge that the professional association respects the degree it requires to be conferred. It also aligns with APTA's goal to provide unmatched opportunities for members to belong, engage, and contribute.

Advancing Payment: Establishing the DPT as the terminal professional degree strengthens advocacy efforts aimed at increasing public awareness and understanding of physical therapy services. This clarity can lead to greater consumer confidence and utilization of physical therapy as a primary entry point for care, thereby driving demand and improving access to services.

How is this motion's subject national in scope and importance?

This motion addresses a policy gap that affects the physical therapy profession at a national level. While the Doctor of Physical Therapy (DPT) is now the standard degree awarded by all accredited entry-level physical therapist education programs in the United States, APTA has not formally recognized the DPT as the terminal professional degree for the profession. This absence of a unified national position leads to inconsistencies in licensure communication, academic credentialing, and public representation of the profession. Across all 50 states and U.S. territories, this issue intersects with three critical domains: licensure and regulatory consistency, academic recognition and hiring practices, and public trust in the profession. Academic Recognition and Institutional Variability: Currently, institutions across the country vary in how they classify the DPT. Some consider it a terminal degree for faculty hiring in clinical education, while others require academic doctorates regardless of teaching focus. This inconsistency limits opportunities for well-qualified DPTs to contribute meaningfully in academic settings and weakens the faculty pipeline. National recognition from APTA would give academic institutions a credible, policy-backed reference point to support equitable evaluation of DPT-prepared educators for clinical and professional teaching roles, without infringing on institutional autonomy or existing CAPTE standards. Finally, this motion positions the profession to lead with one voice in national conversations. Without clear APTA policy recognizing the DPT as the terminal professional degree, physical therapy remains vulnerable to fragmented messaging—whether in federal advocacy, payer negotiations, workforce development policy, or interprofessional collaboration. By adopting this motion, APTA equips its leaders, members, and academic institutions with a unified statement of professional identity that reflects the current educational landscape and enables stronger engagement at every level of the healthcare system.

What previous or current initiatives and positions of the Association address this topic?

The American Physical Therapy Association (APTA) has a longstanding history of initiatives and policies that support the recognition of the Doctor of Physical Therapy (DPT) as the terminal professional degree for physical therapists. These efforts have been instrumental in shaping the profession's educational standards and public identity. In 2000, APTA's House of Delegates adopted Vision 2020, which articulated the goal that by the year 2020, physical therapy would be provided by physical therapists who are doctors of physical therapy. This vision emphasized the importance of the DPT in advancing the profession and enhancing patient care. To support this transition, APTA developed resources for postprofessional education, enabling licensed physical therapists with bachelor's or master's degrees to attain the DPT credential through structured programs. These programs were designed to bridge the gap between previous educational models and the current DPT standards, ensuring consistency in the profession's qualifications. Furthermore, APTA has advocated for the use of "DPT" as a professional designation. While

recognizing the importance of state regulations, APTA supports the use of "DPT" in jurisdictions where it is authorized, promoting uniformity in professional titles and enhancing public recognition of the physical therapist's role. While APTA has long supported the DPT as the standard for entry-level education, the association has not yet included language identifying it as the terminal professional degree within its formal policy structure. This motion amends the existing position to close that gap. Adopting this motion would align APTA's policies with the current educational landscape, providing clarity and reinforcing the profession's commitment to excellence.

What interested parties will be impacted by this motion?

This motion will have a positive, clarifying impact on a wide range of stakeholders across the physical therapy profession and healthcare ecosystem by aligning policy with the profession's current educational standard and reinforcing a consistent professional identity. Physical Therapists (DPTs, legacy degree holders, and internationally-trained clinicians): For DPT-prepared physical therapists, this motion affirms the degree they earned as the terminal professional degree for the profession—supporting consistency in professional identity, advocacy, and credential recognition. It strengthens how physical therapists are represented in interprofessional environments and public-facing roles. The motion does not change licensure eligibility for those with legacy degrees (e.g., MPT, BSPT) or internationally-trained professionals. Instead, it clarifies that the DPT is the standard for new U.S. graduates while preserving inclusivity in existing licensure pathways. This motion supports clinicians, educators, academic leaders, regulators, employers, and patients by providing a consistent, forward-looking statement of professional identity—one that strengthens alignment across all areas of the profession.

Additional background information:

APTA has long recognized the DPT as the standard degree for entry-level physical therapist education. However, the current position does not explicitly state that the DPT is the terminal professional degree for the profession. This omission has led to unintended consequences in academic hiring, regulatory clarity, and public-facing communication. This motion seeks to build upon APTA's existing policy infrastructure by affirming what has become the educational reality: the DPT is both the minimum qualification for U.S. entry-level practice and the terminal professional degree for the field. Clarifying this distinction helps align APTA's language with that of other healthcare professions and provides clarity for employers, institutions, and licensing bodies. Importantly, this motion does not attempt to diminish the role of post-professional academic or clinical education. It affirms that academic doctorates (e.g., PhD, EdD, ScD), residencies, fellowships, and board certifications continue to serve a vital role in professional development, scholarship, and specialty practice. The motion ensures that while those credentials represent advancement beyond entry-level practice, they do not displace the DPT's standing as the professional endpoint for those entering the field. This clarification is particularly important in regulatory and academic contexts. Licensing boards vary in their treatment of professional credentials, and some academic institutions still do not consider the DPT a terminal degree for hiring or promotion purposes. APTA's formal policy recognition will provide a clear and consistent reference to support alignment across

jurisdictions and institutions—without prescribing specific hiring criteria or interfering with academic governance. Public-facing title confusion (e.g., "PT, DPT" vs. "DPT") has also contributed to uncertainty about physical therapists' qualifications, especially compared to other doctoral-level providers. While this motion does not dictate credential formatting, it lays the foundation for future efforts related to credential clarity, title protection, and consumer trust. This concept has received broad support from clinicians, educators, and professional leaders who view this amendment as a logical next step following the successful implementation of Vision 2020. The profession has already transitioned to the DPT; this motion simply ensures that APTA's policy language reflects that evolution in a way that supports academic legitimacy, public trust, and long-term advocacy success.

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Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 30-26 ADOPT: CLASSIFICATION OF THE DOCTOR OF PHYSICAL THERAPY DEGREE AS A PROFESSIONAL DEGREE

Proposed by: APTA Board of Directors
Primary Motion Contact: Kyle Covington, PT, DPT, PhD
Discussion Thread

Required for Adoption: Majority Vote

That the following be adopted:

CLASSIFICATION OF THE DOCTOR OF PHYSICAL THERAPY DEGREE AS A PROFESSIONAL DEGREE

The American Physical Therapy Association supports the Doctor of Physical Therapy, or DPT, as the professional degree required for graduation and eligibility for licensure as a physical therapist in the United States, and asserts that the United States Department of Education and other governmental agencies should classify the DPT as a professional degree for all federal policy purposes, including the determination of federal student loan eligibility and limits. This classification does not limit those physical therapists who earned other degrees in the profession prior to the requirement of the DPT or have earned an internationally equivalent degree.

Support Statement

What is this motion seeking to achieve?
The proposal of the United States Department of Education to classify the doctor of physical therapy degree as a "graduate" rather than "professional" for the purpose of federal loan eligibility limits created the need for continued public awareness and education about the rigor of physical therapist education and the scope of practice and public need that requires a professional level of education. The purpose of this motion is to state that the professional degree in physical therapy, the DPT, should be treated similarly to other professional doctoral degrees that are recognized in the "professional degree" category by the USDE (i.e., PharmD, OD, DC, etc.).

How does this motion contribute to achieving the Vision?

The minimum length and scope of the DPT degree is grounded in the needs of society from the physical therapist profession and the profession's continually evolving professional and jurisdictional scopes of practice. This framing directly supports APTA's vision of "transforming society by optimizing movement to improve the human experience."

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion corresponds to the Evolving our Practice outcome: Society benefits from greater access to high-quality physical therapist services. Physical therapist entry-level professional education is the front line of ensuring that graduates, who are directly eligible for licensure upon graduation, are prepared to deliver high-quality care. Given the known workforce shortages, it will be difficult to accelerate the transformation of practice models and services to better serve society and the profession if the number of graduates declines as a result of reduced federal loan amounts and reduced access to private loans.

How is this motion's subject national in scope and importance?
The cost of higher education in the United States has grown significantly over the years, regardless of major or degree type, and is not a concern of the physical therapy profession alone. By categorizing physical therapist education as a graduate degree rather than a professional degree for the purposes of federal loan accessibility is significant. The current allotted amount for federal loan accessibility beginning July 1, 2026 is:
•Graduate: $100,000 total ($20,500 per year maximum).
•Professional: $200,000 total ($50,000 per year maximum).
Categorizing DPT education at the graduate level is more than an access to education issue—it's a workforce issue. The cost of higher education in the United States has increased steadily for the past 25 years as a result of significant economic events like the Dot-com Recession in 2001, the Great Recession of 2007-2009, and the Covid-19 Recession. As a result of each of those events, legislative funding for public colleges and university declined, as did the endowments of private institutions. To compensate for losses, colleges and universities increased tuition and fees. These changes in higher education costs are beyond the control of any one profession, as is the cost of living. While some believe the lower federal loan limit amount will result in DPT programs reducing tuition and fees, the reality is that colleges, universities, and university systems will not react to a limit change in DPT programs only, as many of its other programs and students are also affected. Rather, colleges and universities will observe the impact of this change on student enrollment and then determine whether a program remains to be a viable option for the institution. The cost of living in geographic locations where many DPT programs are housed will exceed the $20,500 annual federal loan funding limit for graduate education (https://livingwage.mit.edu/) and will require students who do not have independent or family funding to support their education into a private loan market, which can be volatile. Additionally, students who will need to seek private loan funds may be required to have individual or family/co-signer credit ratings that are deemed credit worthy, which could limit access to DPT education for many. To compound this challenge, private loans are not eligible for federal public service loan forgiveness programs. Additionally, DPT graduates who

choose to pursue graduate education after graduation (e.g., EdD, PhD, ScD) would only have access to the amount of federal load funds remaining, and will be limited to $20,500 annually for that level of education as well. For those DPT students who received federal loan funding for a graduate degree prior to enrollment in a DPT program, the amount of funding already received would count toward the $100,000 maximum. The USDE's Reimaging and Improving Student Education publication in the Federal Register on Jan. 30, 2026, reported 24,276 annual DPT borrowers who had average annual loan disbursements of $38,361 using data from the National Student Loan Data System for the 2023-2024 award year. The average disbursement is significantly above the $20,500 annual limit. The Commission on Accreditation has published information related to the total cost of education (minus room and board) in its DPT Fact Sheet for the past three years.

What previous or current initiatives and positions of the Association address this topic?
Accreditation Of Physical Therapy Education Programs HOD P06-19-64-28
Educational Degree Qualifications And Nomenclature For Physical Therapists And Physical Therapist Assistants HOD P06-18-33-38

What interested parties will be impacted by this motion?
Society: Access to physical therapists services.
Profession: Workforce sufficiency (i.e., ability to meet societal needs).
Potential DPT students: Access to education.
Employers: Workforce sufficiency (i.e., ability to meet workload needs).

Additional background information:

- Physical therapist education has been offered at a postbaccalaureate level since 2002.
- Prior to the first DPT program graduates in 1996, physical therapist education programs often exceeded the credits required for a master's degree (i.e., 120-124 undergraduate + 30-36 graduate compared to 90-120 preprofessional and 60-90 plus professional). Thus, some were receiving a degree level that did not accurately reflect their education.
- When CAPTE mandated the DPT degree in 2016, which came into effect in 2018), almost all programs had already begun awarding the DPT or planned to do so. Thus, CAPTE's DPT degree requirement was applied after educational programs had already made the change.
- CAPTE requires a minimum a of 96 weeks of instruction to be completed in a minimum of 6 semesters; a level of post-baccalaureate academic rigor comparable to other professional doctorates. According to CAPTE's 2024 Fact Sheet, the majority of programs (58%) are 4+3 year programs and have a total semester credit mean of 117.5.
- •For approximately the past decade, DPT education has been classified as "Doctor's Degree--Professional Practice" by the National Center for Education Statistics for the purposes of information provided by the Integrated Postsecondary Education Data System (IPEDS).
- Since 2018, the DPT degree has been required for licensure eligibility for all graduates from CAPTE accredited programs.

- The DPT degree meets the USDE negotiated rulemaking committee's definition of "professional degree" in all conditions except the arbitrary four-digit Classification of Instructional Programs (CIP) assignment, as it:
    - Indicates completion of the academic requirements for beginning practice in a particular profession and a level of professional skill beyond that typically required for a bachelor's degree; o Is generally at the doctoral level and requires at least six academic years of postsecondary education coursework for completion, at least two years of which must be postbaccalaureate level coursework; and
    - Generally requires professional licensure to begin practice.

References:

1. CAPTE DPT Fact Sheet: https://www.capteonline.org/faculty-and-program-resources/data-and-research/aggregate-program-data
2. USDE. Notice of Proposed Rulemaking: Reimagining and Improving Student Education: https://public-inspection.federalregister.gov/2026-01912.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

Last Updated: 5/8/2026

Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 31-26 AMEND: PREFERRED NOMENCLATURE FOR THE PROVISION OF PHYSICAL THERAPIST SERVICES

Proposed by: APTA Board of Directors
Primary Motion Contact: Kyle Covington, PT, DPT, PhD
Discussion Thread

Required for Adoption: Majority Vote

That Preferred Nomenclature for the Provision of Physical Therapist Services (HOD P06-18-15-13) be amended by substitution.

PREFERRED NOMENCLATURE FOR THE PROVISION OF PHYSICAL THERAPIST SERVICES

The American Physical Therapy Association defines and uses the following terms in its documents and publications to promote consistency and a common understanding and use of these terms external to APTA regarding the provision of physical therapist services.

1. "Physical therapy" or "physiotherapy" - A health profession that encompasses the examination, diagnostic testing, evaluation, diagnosis, prognosis, and management of movement, function, health, and wellness, as well as the prevention of disease and disability across the lifespan. The practice of physical therapy is provided by a person who is a physical therapist and assisted by a person who is a physical therapist assistant working in accordance with established standards and professional direction. Physical therapy includes education, health promotion, advocacy, research, and community responsibility as essential components of professional practice as outlined in the Standards of Practice for Physical Therapy.

2. ~~1.~~"Physical therapist" – A person who is a ~~the~~ professional practitioner of physical therapist services.

3. ~~2.~~"Physical therapist assistant" – ~~the only individual~~ A person who assists the physical therapist in practice.

4. ~~3.~~ "Physical therapist services" - Services provided by a person who is a physical therapist and, under the direction of a physical therapist, a person who is a physical therapist assistant, within the scope of their professional practice and in accordance with ethical and legal standards.

5. "Physical therapy services" - Entity in which physical therapist services are provided, as outlined in the Standards of Practice for Physical Therapy.

~~3."Physical therapist services" or "physical therapist practice" – preferred nomenclature when referring to the provision of physical therapy. The term "physical therapy service" is appropriate when referring to a facility or a department in which physical therapist services are provided.~~

6. ~~4.~~ Professional titles – Physical therapists are identified by their professional title, ~~"physical therapist" or "doctor of physical therapy"~~ "doctor of physical therapy" or "physical therapist."

7. "Client" or "Patient" - An individual, group, or entity who engages the services of a physical therapist or physical therapist assistant. A client may also be known as a patient, consumer, partner, person, animal owner, or other appropriate nomenclature, selected by the PT or PTA, which is reflective of the client's preference as well as context, organization, setting, and ethical or legal standards. While family members, caregivers, or others involved in the individual's care are not considered clients themselves, they may be engaged as valued members of the care team. PTs and PTAs may provide education or guidance to supporters to help them better assist the client in achieving their goals.

Support Statement

What is this motion seeking to achieve?

This motion responds to RC 21-24 CHARGE: DEVELOP CONTEMPORARY OPERATIONAL DEFINITIONS OF TERMINOLOGY IMPACTING APTA DOCUMENTS That APTA develop contemporary operational definitions of terminology impacting APTA documents including, but not limited to "physical therapy," "patient," "client," "patient care," "physical therapist services," and "patient-physical therapist relationship", and forward motions to a future session of the House. The APTA has responded to this charge and made recommendations for new or amended operational definitions using the following steps:

- Structured investigation: Gathered relevant information from multiple sources.
- Multiple iterations: Solicited targeted feedback on proposed ideas and definitions.
- Regulatory clarification: Consulted the Federation of State Boards of Physical Therapy.
- Perspectives: Invited and received peer review from 38 individuals representing 29 APTA member groups and communities.
- Further revisions: Edited the draft definitions and solicited additional feedback.

- Additional review by APTA legal, governance and communications staff.

In cases where the consideration process resulted in a recommendation of not creating a definition, those were not included in this proposed amendment.

How does this motion contribute to achieving the Vision?

Having a standard nomenclature for these operational definitions promotes consistency and common understanding in the use of these terms.

How does this motion support APTA priorities as reflected in the current APTA Framework?

This motion operationally defines terms that are directly related to practice and payment.

How is this motion's subject national in scope and importance?

If adopted, this amended language would apply to internal and external constituents.

What previous or current initiatives and positions of the Association address this topic?

- Preferred Nomenclature for the Provision of Physical Therapist Services (HOD P16-18-15-13).
- Access to Physical Therapists as Entry-Point Practitioners For Activity Participation, Wellness, Health, And Disability Determination (HOD P08-22-12-14)
- Annual Visit with a Physical Therapist (HOD P06-18-22-30)
- Delivery of Value-Based Physical Therapist Services (HOD P07-25-77-21)
- Digital Health Technologies, Digital Therapeutics, and Artificial Intelligence in Physical Therapist Practice (HOD P07-24-12-11)
- Electrophysiologic Examination And Evaluation (HOD P06-18-35-24)
- Physical Therapist's Role in Management of Individuals With Concussion (HOD P06-19-40-14)
- Physical Therapist Services in Primary Care (HOD P07-24-05-07)
- Physical Therapists as Practitioners of Choice to Rehabilitate and Manage Persons with Disorders of Vestibular Function Related Balanced Disorders (HOD P07-24-07-05)
- Physical Therapists' Role in Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability (HOD P06-19-27-12)
- Physical Therapy For Individuals With Disabilities: Practice in Educational Settings (HOD P06-95-14-03)
- Physical Therapy For Older Adults (HOD P06-19-39-13)
- Support of Emergency Physical Therapist Practice (HOD P06-20-42-35)
- Telehealth (HOD P06-19-15-09)

What interested parties will be impacted by this motion?

These standard definitions of terms describing the profession and service provision impact society, the profession, employers, and payers.

Additional background information:

After extensive review, the recommendation is to not define "patient care" or "patient-physical therapist relationship" in House policy. The rationale for these recommendations are: Patient Care or Client Care: Neither APTA nor the Model Practice Act currently define these terms. Similarly, the international physiotherapy associations and associations of other healthcare professions queried do not provide definitions. The working group examined the definitions of two related terms: "patient or client instruction" (defined in the Guide to PT Practice, 4.0) and "patient- and family-centered care (offered by the American Academy of Pediatrics). They then considered the multiple perspectives, settings and opportunities within the profession. Recommendation to leave undefined: Development of a specific definition risks creating redundancies as care of the patient or client is part of physical therapy and physical therapist services. Furthermore, care can continually change across an episode of care based on the presentation and needs of the patient or client. Patient or Client-Physical Therapist or Physical Therapist Assistant Relationship: APTA does not currently define the relationship between a patient or client and a PT or PTA. The Federation of State Boards of Physical Therapy has indicated that defining this relationship is of key importance for regulatory standards and it is defined in the Model Practice Act. The working group reviewed the definitions in the model practice act and various state practice acts, then queried international physiotherapy associations and other healthcare professions for similar definitions or related terms. Recommendation to leave undefined: Interactions may be highly variable based on the context and setting of care. Furthermore, development of a specific definition risks creating inconsistencies with jurisdictional regulations and reinforcing outdated hierarchies rather than advancing collaborative partnerships. For guidance on this topic, members should look to jurisdictional regulations, the APTA Code of Ethics and Standards of Practice, and other resources from national patient and family-centered organizations that emphasize authentic engagement and shared decision-making.

This motion responds to RC 21-24 CHARGE: DEVELOP CONTEMPORARY OPERATIONAL DEFINITIONS OF TERMINOLOGY IMPACTING APTA DOCUMENTS to examine commonly used definitions used for practice and the description of our services which was referred to the Board of Directors, the Board assigned the Scientific and Practice Affairs Committee (SPAC) to provide the definitions. SPAC engaged in a year long process to collect input and refine definitions. The process involved in depth discussions within the group and with others outside SPAC. SPAC presented the recommendations to the Board of Directors in November of 2025 which was approved to move forward as a motion for the 2026 House of Delegates in order to answer the charge. The language and concepts have been further refined during the motion discussion phase with the final language presented with some further changes to clarify the definitions.

The APTA has responded to this charge from the 2021 House of Delegates and made recommendations for new or amended operational definitions using the following steps:

- Structured investigation: Gathered relevant information from multiple sources.
- Multiple iterations: Solicited targeted feedback on proposed ideas and definitions.
- Regulatory clarification: Consulted the Federation of State Boards of Physical Therapy.

- Perspectives: Invited and received peer review from 38 individuals representing 29 APTA member groups and communities.
- Further revisions: Edited the draft definitions and solicited additional feedback.
- Additional review by APTA legal, governance and communications staff.
- Input from 2026 APTA House of Delegates delegations.

Operational Definition: "Physical Therapy/Physiotherapy"

Two changes are recommended:

- Adding "is a health profession" in the first sentence affirms physical therapy as a health profession provided by physical therapists and physical therapist assistants before describing what physical therapy entails. This additional language puts the people of the profession front and center.
- Adding "diagnostic testing" to the list detailing the provision of physical therapy in the second paragraph explicitly states that diagnostic testing is part of physical therapy, which may assist with current and future policy and payment challenges and opportunities.

Operational Definition: "Physical Therapist Assistant"

Language replacement is recommended:

- Replace the words "the only individual who assists the physical therapist in practice" with "a licensed or certified individual who assists the physical therapist" in recognition of collaborative relationships that exist with other members of the healthcare team.

Operational Definition: Professional titles

Amended language is recommended:

- Reverse the order of the reference to "'Physical therapist' or 'Doctor of Physical Therapy'" so that "doctor of physical therapy" comes first in order to reflect the growing percentage of DPTs in the profession.

Operational Definitions: "Patient" and "Client"

In recommending that the operational definitions of "patient" and "client" be defined as substantively equivalent, the Board, in consultation with SPAC, undertook a deliberate, inclusive, and forward-looking review process. The intent of this work is to provide clarity without constraint and to ensure that Association policy continues to support the full breadth of physical therapist practice—now and in the future.

The Board believes this approach best positions the Association—and the profession—to adapt, innovate, and continue to serve the public effectively in a rapidly changing health care environment, as this recommendation is based on:

- Comprehensive due diligence
- Broad and representative stakeholder input
- Rigorous review of regulatory, professional, and international sources
- A deliberate commitment to protecting current and future practice flexibility

Rationale for Similar Definitions

The Board recognizes that the terms *patient* and *client* are used across physical therapist practice settings in ways that are often overlapping, context-dependent, and evolving. The absence of a rigid distinction between these terms is not a limitation of this recommendation, but a deliberate safeguard against unintentionally constraining clinical practice, reimbursement, or regulatory interpretation as the profession continues to evolve.

While some may express preference for one term over the other based on setting, philosophical orientation, or professional culture, extensive review by SPAC identified that there is no consistent or authoritative distinction between the two terms across regulation, professional guidance, or health care systems.

Importantly, attempting to introduce a narrow or artificial distinction between *patient* and *client*—for example, based on medical versus wellness models—carries a meaningful risk of unintentionally limiting practice, particularly as care delivery, payment models, regulatory frameworks, and professional roles continue to evolve. Additionally, a special interest group of APTA Orthopedics explained that separating patient as an "individual" and client as a "group or entity" legally excludes animal PT from these definitions. The Board was especially attentive to concerns that overly prescriptive wording could create downstream challenges for emerging models of care that cannot yet be fully anticipated.

Accordingly, this recommendation reflects a deliberate decision to preserve flexibility, inclusivity, and practice neutrality, while remaining aligned with ethical standards, legal requirements, and person-centered care principles.

To ensure that this recommendation was well-informed and broadly representative, SPAC engaged in a formal peer review process and consultation strategy that included:

- Invitations for nominations from:
    - Federation of State Boards of Physical Therapy (FSBPT)
    - All APTA components
    - All APTA Board-appointed committees
    - Selected APTA communities representing diverse and future-focused perspectives (including Alternative Payment Models, Digital Care Providers, and Innovation in PT)
- Nominees and feedback received from:
    - FSBPT
    - Multiple APTA components spanning clinical practice areas, education, leadership, innovation, and population health
    - Board-appointed committees addressing specialty certification, ethics, diversity, public policy, education, and student perspectives
    - Future-focused communities engaged in alternative and emerging models of care

Response rate of participating groups: 74.5%, providing the Board with a strong and credible sample of informed perspectives across the profession.

This level of engagement ensured that views from regulatory, clinical, academic, ethical, policy, and innovation-oriented stakeholders were meaningfully represented.

In parallel with consultation, SPAC conducted an extensive environmental scan and document review, examining definitions and usage of *patient* and *client* across:

- Professional organizations within and beyond physical therapy
- State practice acts and regulatory frameworks
- National and international physical therapy associations
- Other health professions (including medicine, nursing, occupational therapy, psychology, and speech-language pathology)
- Consumer- and person-centered care organizations
- Research bodies and national health institutions

Collectively, this review encompassed dozens of authoritative sources across regulatory, professional, ethical, and international contexts. The findings reinforced several key conclusions:

- Regulatory language frequently uses *patient* and *client* interchangeably or defines one without clarifying distinctions.
- Where differences appear, they are inconsistent across jurisdictions and professions.
- Many organizations increasingly emphasize person-centered language and preference, rather than rigid terminology.
- No dominant framework exists that would support a uniform, future-proof distinction between the two terms.

The intent of this approach is not to diminish the value or meaning of either term, nor to prescribe what terminology must be used in a given setting. Rather, the intent is to:

- Acknowledge real-world usage across diverse practice environments
- Respect individual and contextual preferences
- Avoid creating unintended constraints on practice scope or innovation
- Ensure that Association policy remains adaptable as care delivery continues to evolve

By defining *patient* and *client* as similar in substance, the Board affirms that physical therapists and physical therapist assistants must retain the ability to meet the needs of the individuals, groups, and entities they serve—regardless of setting, diagnosis, payment model, or future practice paradigm. By using a flexible and inclusive definition, the profession maintains clarity while allowing for adaptability across legal, clinical, and collaborative care environments.
In accordance with this definition, APTA documents would not be standardized to reflect the use of one term over another. Position statements, reports, and other documents of the association would use the most appropriate term(s).

References:

1. APTA. Guide to Physical Therapist Practice, 4.0. 2023. APTA. Standards of Practice for Physical Therapy (HOD S06-20-35-29). 2020.

2. FSBPT. The Model Practice Act for Physical Therapy, 7th edition. 2022. National Academies of Sciences, Engineering and Medicine, (formerly Institute of Medicine).
3. Defining Primary Care: An Interim Report. 1994. Patient-Centered Outcomes Research Institute. Patient-Centered Outcomes Research Definition Revision: Response to Public Input. 2012.

Last Updated: 5/8/2026
Contact: governancehouse@apta.org

Motion to 2026 House of Delegates

Main Motion:

RC 32-26 RECOMMEND: DEMOGRAPHIC REPRESENTATION OF THE PROFESSION ON THE APTA BOARD OF DIRECTORS AND HOUSE OF DELEGATES

Proposed by: Hawaii
Primary Motion Contact: Douglas White, DPT
Discussion Thread

The Reference Committee determined this motion did not meet the main motion criteria. Therefore, a majority vote is required to consider this motion.

Required for Adoption: Majority Vote

That the American Physical Therapy Association shall develop, publish, and execute a strategic plan to effectuate representation of the APTA Board of Directors and House of Delegates that substantially represents the demographics of the profession.

Support Statement

What is this motion seeking to achieve?
Have the demographics of APTA leadership be representative of the profession

How does this motion contribute to achieving the Vision?
If APTA leadership does not reflect the profession it cannot adequately represent and meet the needs of the profession.

How does this motion support APTA priorities as reflected in the current APTA Framework?
This motion will empower members

How is this motion's subject national in scope and importance?
APTA represents the entire profession and it's leadership should reflect the entire profession.

What previous or current initiatives and positions of the Association address this topic?
None

What interested parties will be impacted by this motion?
All members of the profession particularly APTA members

Additional background information:
APTA BOD and the HOD does not, and has not potentially ever, reflected the demographics of the profession. *(2025 House of Delegates Cycle: A Year in Review Appendix A p. 7-12)* Despite many years of awareness of this issue nothing has changed, and APTA has done little to facilitate change in this regard. In fact, this year the demographic information has been further buried in an appendix released after the HOD cycle. APTA should not be burying this important issue. The disparity of representation in the BOD and the HOD calls into question the legitimacy of APTA. Members report APTA doesn't represent them or the issues that concern them. Academics compromise ~40% of the HOD. Members who are not academics feel they are outsiders to a club whose membership is the academy. They feel disenfranchised. Those members who overcome the barriers of participation (barriers which are much lower for academics) in the HOD often are so put off they decline to return.

In addition to practice setting other aspects of BOD and HOD demographics does not reflect APTA membership.

Membership surveys and post-HOD surveys do not capture the full dissatisfaction of the majority of the profession with APTA, its leadership, and the priorities for the APTA. Institutional tension is healthy but to move the profession forward all voices must be given an opportunity to be heard proportionally and their perspectives given due consideration. APTA leadership must reflect the demographics of the membership which is overwhelmingly clinicians.

APTA and components can do many things to influence and change the dynamics of the situation. To give due credit, APTA has taken many steps to reduce the barriers to HOD participation. APTA and components need to expand these initiatives to facilitate actual changes in demographics. A plan which has measurable goals is necessary to focus APTA and components efforts to address this issue.

References:

Last Updated: 5/8/2026
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