
Call to Order – Mira H. Mariano, PT, Ph.D., Board President

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

Approval of Minutes (p. 4-20)

- Board Meeting – November 1, 2022
- Formal Administrative Hearing – November 1, 2022
- Telephonic Conference – October 25, 2022, and November 29, 2022

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report – Arne Owens, Director

Presentation (p. 22-81)

- 2022 Workforce Reports – Physical Therapist and Physical Therapist Assistant – **Yetty Shobo, Ph.D., Director, and Barbara Hodgdon, Ph.D., Deputy Director, Healthcare Workforce Data Center**

Staff Reports

- Executive Director’s and Discipline Report – **Corie E. Tillman Wolf, JD, Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Supervisor**

Committee and Board Member Reports

- Board of Health Professions Report – **Rebecca Duff, PTA, DHSc**
- FSBPT Committee Updates
 - Ethics and Legislation Committee – **Arkena Dailey, PT, DPT**
 - Boundary Violations Committee – **Mira Mariano, PT, PhD**

Legislative and Regulatory Report – Erin Barrett, Director of Legislative and Regulatory Affairs

- General Assembly 2023 (p. 83-85)
- Report on Status of Regulations (p. 86)

Board Discussion and Actions – Erin Barrett and Corie E. Tillman Wolf (p. 88-97)

- Adopt Revisions to Guidance Document
 - 112-4, Board guidance on requirement for licensure for instructors in a physical therapy program
- Repeal of Guidance Document
 - 112-11, Board guidance on functional capacity evaluations
- Adopt Exempt Regulatory Action Pursuant to SB1005/HB2359
- Discussion – Updated Direct Access Patient Attestation and Medical Release Form – Effective July 1, 2023

Board Counsel Report – Brent Saunders, Senior Assistant Attorney General

- Closed Session

Board Member Recognition

Next Meeting – August 10, 2023

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

Approval of Minutes

November 1, 2022

The Virginia Board of Physical Therapy convened for a full Board meeting on Tuesday, November 1, 2022, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT

Mira H. Mariano, P.T., Ph.D., Vice-President*
Arkena L. Dailey, P.T., D.P.T.*
Rebecca Duff, P.T.A, D.H.Sc.*
Melissa Fox, P.T., D.P.T.
Susan Szasz Palmer, M.L.S.

BOARD MEMBERS ABSENT:

Tracey Adler, P.T., D.P.T.
Elizabeth Locke, P.T., Ph.D.

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Erin Barrett, Senior Policy Analyst
Sarah Georgen, Licensing and Operations Manager
Lisa Hahn, Chief Operating Officer
Laura Mueller, Program Manager
Kelley Palmatier, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Corie Tillman Wolf, Executive Director

**participant indicates attendance to count toward continuing education requirements*

CALL TO ORDER

Dr. Mariano called the meeting to order at 9:37 a.m. and asked the Board members and staff to introduce themselves.

With five Board members present at the meeting, a quorum was established.

Dr. Mariano read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Mariano provided reminders to the Board members and audience regarding microphones, computer agenda materials, breaks, sign-in sheets, and attendance for continuing education requirements.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Dr. Mariano opened the floor to any edits or corrections regarding the draft minutes for meetings held between May 3, 2022, and August 23, 2022, including a Board meeting and Formal Hearing held on May 3, 2022, three Telephone Conference Calls held on May 11, 2022, July 5, 2022, and July 22, 2022, respectively, as well as a Legislative/Regulatory Committee meeting on August 23, 2022.

Upon a **MOTION** by Ms. Szasz Palmer and properly seconded by Dr. Duff, the Board voted to accept the minutes as presented. The motion passed unanimously (5-0).

ORDERING OF THE AGENDA

Ms. Tillman Wolf requested to amend the agenda, noting that Ms. Hahn would provide the Agency Report and Dr. Dailey would provide a Legislative/Regulatory Committee Report.

Upon a **MOTION** by Dr. Dailey and properly seconded by Dr. Duff, the Board voted to accept the agenda as amended. The motion passed unanimously (5-0).

PUBLIC COMMENT

The Board did not receive any public comment.

AGENCY REPORT

Ms. Hahn announced that Arne Owens was appointed to serve as the Director of the Department of Health Professions (DHP), effective November 1, 2022. She included that Mr. Owens had previously served as the Chief Deputy agency director under Governor McDonnell's administration from 2010-2014. She thanked Dr. Brown for his service to DHP.

Ms. Hahn also announced that James Jenkins, Jr. was appointed to serve as the Chief Deputy of DHP, effective November 1, 2022. She noted that Mr. Jenkins was a current citizen Board member with the Board of Pharmacy.

Ms. Hahn provided a brief update on the Conference Center technology upgrade.

With no further questions, Ms. Hahn concluded her report.

PRESENTATION

Health Practitioners Monitoring Program – Christina Buisset, HPMP Manager & Executive Services Manager, and Amy Ressler, LCSW, Administrative Director, VCU HPMP Leadership

Ms. Buisset and Ms. Ressler provided an overview of the Health Practitioners' Monitoring Program.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, J.D., Executive Director

Ms. Tillman Wolf welcomed Dr. Fox to the Board for her first in-person board meeting and Mr. Saunders as the new Board Counsel.

Board Updates

Ms. Tillman Wolf announced the beginning of the 2022 renewal cycle for Physical Therapists and Physical Therapist Assistants, with licenses expiring on December 31, 2022. She stated that renewal notices were scheduled to be sent to all active and inactive licensees on November 1, 2022. She also stated that a Board News Brief was sent electronically to licensees in September 2022 containing renewal reminders and PT Compact information.

Ms. Tillman Wolf stated that she provided a presentation on licensure to Old Dominion University third-year students in October 2022.

Ms. Tillman Wolf stated that the Department of Health and Human Services (HHS) and the Office of Inspector General (OIG) submitted a request for copies of board orders related to suspensions, revocations, and surrenders dating back to January 2021. She reported that these orders would be used to determine participation in Federal healthcare programs such as Medicaid and Medicare. She also noted that the Board's process would be updated to notify the HHS and OIG of future orders.

Pandemic-Related Updates

Ms. Tillman Wolf stated that provisions for temporary practice of out-of-state licensees in certain settings became effective on April 15, 2022, as part of amendments to the Code of Virginia § 54.1-2408.4 from the 2022 General Assembly Session. This would allow out-of-state licensees with an employment offer or contract with a hospital, nursing home, dialysis facility, Virginia Department of Health (VDH), or a local health department to practice in Virginia temporarily. Ms. Tillman Wolf noted that licensees with access to the PT Compact should still obtain Compact privileges to practice in Virginia. The reporting form is available on the Board's website.

Ms. Tillman Wolf noted that physical therapists are no longer on the VDH list to administer COVID-19 vaccinations, as the public health emergency had ended.

FSBPT Updates

Ms. Tillman Wolf said that Regulatory Training for Board Members was offered virtually by the Federation of State Boards of Physical Therapy (FSBPT) in August 2022. She noted that Dr. Mariano and Dr. Fox attended this training.

Ms. Tillman Wolf stated that the FSBPT Annual Meeting occurred from October 27-29, 2022, in Anaheim, California. She reported that Dr. Mariano was the Voting Delegate and Dr. Locke was the Alternate Delegate. Additionally, she reported that she was a panelist on a presentation regarding the Exam, Licensure and Disciplinary Database (ELDD) Task Force. Further, she reported that Dr. Dailey participated in the

Ethics and Legislation Committee. Ms. Tillman Wolf provided a brief report of the FSBPT Annual Meeting topics of discussion.

Ms. Tillman Wolf reported on the upcoming FSBPT meetings to include the 2023 Annual Meeting scheduled for October 19-21, 2023, in Jacksonville, Florida, and the Leadership Issues Forum (LIF) meeting scheduled for July 22-23, 2023, in Alexandria, Virginia.

Ms. Tillman Wolf provided additional information to the Board regarding a communication from FSBPT copied to individual boards on a new virtual physical therapy program launched by United Healthcare.

PT Compact Updates

Ms. Tillman Wolf stated that she participated in the District of Columbia Board of Physical Therapy Board meeting on September 12, 2022, and provided an overview of the implementation of the PT Compact in Virginia.

Ms. Tillman Wolf attended the PT Compact Strategic Planning Meeting on October 7-9, 2022, in Raleigh, North Carolina. Ms. Tillman Wolf also attended the PT Compact Annual Meeting on October 30, 2022. She reported that she was elected to a second term as Member-At-Large on the Executive Committee.

Ms. Tillman Wolf reported on the national status of the Physical Therapy Compact, including new states that have enacted legislation or have begun issuing privileges. She reported that 34 jurisdictions have passed legislation to issue privileges and that 26 jurisdictions are currently issuing privileges.

Ms. Tillman Wolf provided information related to Virginia and National trends. She reported that since January 1, 2020, a total of 813 privileges had been obtained for practice in Virginia (both new and renewal).

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2022

| | |
|--|--------------------|
| Cash Balance as of June 30, 2021 | \$1,702,347 |
| YTD FY 2022 Revenue | \$ 176,371 |
| <u>Less: YTD FY 2022 Direct and Allocated Expenditures</u> | <u>\$ 693,366</u> |
| Cash Balance as of June 30, 2022 | \$1,185,352 |

Ms. Tillman Wolf announced the 2023 Board meeting dates.

- February 9, 2023
- May 11, 2023
- August 10, 2023
- November 9, 2023

Notes and Reminders

Ms. Tillman Wolf provided reminders regarding changes to contact information and attendance for CE credit. She thanked the Board for their hard work and dedication.

With no questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Kelley Palmatier, Deputy Executive Director

As of October 18, 2022, Ms. Palmatier reported the following disciplinary statistics:

- 29 Patient Care cases
 - 1 at Informal Conferences
 - 4 at Formal Hearing
 - 11 at Enforcement
 - 12 at Probable Cause
 - 0 at APD

- 4 Non-Patient Care Cases
 - 0 at Informal
 - 0 at Formal
 - 2 at Enforcement
 - 2 at Probable Cause
 - 0 at APD

- 3 cases at Compliance

Ms. Palmatier reported the following Total Cases Received and Closed:

- | | |
|-------------------|-------------------|
| • Q1 2020 – 26/13 | • Q3 2021 – 12/8 |
| • Q2 2020 – 4/12 | • Q4 2021 – 20/7 |
| • Q3 2020 – 13/18 | • Q1 2022 – 11/12 |
| • Q4 2020 – 7/6 | • Q2 2022 – 9/8 |
| • Q1 2021 – 8/12 | • Q3 2022 – 15/18 |
| • Q2 2021 – 12/19 | • Q4 2022 – 3/10 |

Percentage of all cases closed in 365 days:

| | Q4-21 | Q1-22 | Q2-22 | Q3-22 | Q4-22 |
|--------|-------|-------|-------|-------|-------|
| P.T. | 62.5% | 38.3% | 85.7% | 32.4% | 69.2% |
| Agency | 68.8% | 66.0% | 70.7% | 71.9% | 65.8% |

With no questions, Ms. Palmatier concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Manager

Ms. Georgen presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

| License | Q4 2022 (April - June) | Q1 2023 (July-September) | Change +/- |
|----------------------------------|---------------------------|-----------------------------|---------------|
| Physical Therapist | 9,634 | 9,906 | 272 |
| Physical Therapist Assistant | 3,969 | 4,061 | 92 |
| Total P.T.'s and P.T.A.'s | 13,603 | 13,967 | 364 |
| Direct Access Certification | 1,406 | 1,420 | 14 |

Examination Statistics

Ms. Georgen presented the Physical Therapy examination statistics from April 2022 and July 2022 administrations and provided information on the examination trends.

Ms. Georgen also presented the Physical Therapist Assistant examination statistics from April 2022, July 2022, and October 2022 administrations and provided information on the examination trends.

2022 License Renewals

Ms. Georgen stated that the 2022 license renewal notifications would be electronically sent to licensees with email addresses on file with the Board and by mail for those without email addresses on November 1, 2022. She noted that a second renewal notice reminder would be sent electronically on December 15, 2022, for any licensee that still needed to renew. She also noted that the renewal notice and PT Compact Privileges information had been added to the Board’s website.

Licensure Updates

Ms. Georgen announced using an automated process to communicate with applicants during the application process. She provided a brief update and description of the possible automation methods and stated that more information would be provided as the process came to fruition.

Expense Reimbursement Update

Ms. Georgen announced that the IRS Mileage Rate increased effective July 1, 2022, and the new rate would be reflected on the reimbursement vouchers.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT – M. Brent Saunders, Senior Assistant Attorney General

Mr. Saunders provided an update on a pending court case involving the Board.

With no questions, Mr. Saunders concluded his report.

COMMITTEE AND BOARD MEMBER REPORTS

FSBPT Annual Meeting – Mira Mariano, P.T., Ph.D.

Dr. Mariano provided a brief report of take-aways from the FSBPT Annual Meeting.

With no questions, Dr. Mariano concluded her report.

FSBPT Boundary Violations and Ethics and Legislation Committees – Arkena Dailey, P.T., D.P.T.

Dr. Dailey provided a brief report of the activities of the FSBPT Boundary Violations and Ethics and Legislation Committees. She noted that the Boundary Violations Task Force is now known as the Boundary Violations Committee.

With no questions, Dr. Dailey concluded her report.

Legislative/Regulatory Committee Report – Arkena Dailey, P.T., D.P.T.

Dr. Dailey provided a brief report of the recent meeting of the Legislative/Regulatory Committee.

With no questions, Dr. Dailey concluded her report.

LEGISLATIVE AND REGULATORY REPORT

Ms. Barrett provided an update on the regulatory actions currently in process.

With no questions, Ms. Barrett concluded her report.

BOARD DISCUSSION AND ACTIONS

Board Action on Considerations/Recommendations from Legislative/Regulatory Committee

Response to Public Petition for Rulemaking (Prohibition of Requirements for Mask Wearing, Receipt of Vaccines, and Disclosure of Vaccine Status to Receive Physical Therapy)

Ms. Barrett provided information to the Board regarding the Public Petition for Rulemaking and the recommendation of the Legislative/Regulatory Committee.

Upon a **MOTION** by Dr. Dailey, properly seconded by Ms. Szasz Palmer, the Board voted to accept the recommendation of the Legislative/Regulatory Committee to take no action on the Petition for Rulemaking as presented. The motion carried (5-0).

Initiation of Notice of Intended Regulatory Action (NOIRA) – Board Regulations Governing the Practice of Physical Therapy (18VAC112-20-10 et seq.)

Ms. Barrett provided information to the Board regarding the recommendation by the Legislative/Regulatory Committee to initiate a Notice of Intended Regulatory Action (NOIRA) regarding Board Regulations Governing the Practice of Physical Therapy (18VAC112-20-10 et seq.).

Upon a **MOTION** by Ms. Szasz Palmer, properly seconded by Dr. Dailey, the Board voted to accept the recommendation of the Legislative/Regulatory Committee to initiate a Notice of Intended Regulatory Action (NOIRA) regarding Board Regulations Governing the Practice of Physical Therapy, 18VAC112-20-27, 18VAC112-20-131, and 18VAC112-20-200, as presented. The motion carried (5-0).

Adoption of Amendments to Guidance Documents

Ms. Barrett provided information to the Board regarding the recommendations of the Legislative/Regulatory Committee to amend specific Guidance Documents.

Upon a **MOTION** by Dr. Dailey, properly seconded by Ms. Szasz Palmer, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-4 as presented. The motion carried (5-0).

Upon a **MOTION** by Ms. Szasz Palmer, properly seconded by Dr. Dailey, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-7 as presented. The motion carried (5-0).

Upon a **MOTION** by Dr. Dailey, properly seconded by Dr. Duff, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-12 as presented. The motion carried (5-0).

Upon a **MOTION** by Dr. Dailey, properly seconded by Ms. Szasz Palmer, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-14 as presented. The motion carried (5-0).

Upon a **MOTION** by Dr. Dailey, properly seconded by Dr. Duff, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-15 as amended. The motion carried (5-0).

Upon a **MOTION** by Dr. Duff, properly seconded by Ms. Szasz Palmer, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-18 as presented. The motion carried (5-0).

Upon a **MOTION** by Dr. Dailey, properly seconded by Dr. Duff, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-21 as presented. The motion carried (5-0).

Upon a **MOTION** by Ms. Szasz Palmer, properly seconded by Dr. Fox, the Board voted to accept the Legislative/Regulatory Committee's recommendation to amend Guidance Document 112-22 as presented. The motion carried (5-0).

Repeal of Guidance Documents

Upon a **MOTION** by Dr. Duff, properly seconded by Dr. Fox, the Board voted to table the discussion of Guidance Document 112-11 to the next meeting. The motion carried (4-1; *Dailey nay*).

Upon a **MOTION** by Dr. Dailey, properly seconded by Ms. Szasz Palmer, the Board voted to accept the Legislative/Regulatory Committee's recommendation to repeal Guidance Document 112-16 as presented. The motion carried (5-0).

Upon a **MOTION** by Ms. Szasz Palmer, properly seconded by Dr. Duff, the Board voted to accept the Legislative/Regulatory Committee's recommendation to repeal Guidance Document 112-19 as presented. The motion carried (5-0).

Discussion – Use of “DPT” by Individuals Not Licensed as Physical Therapists

Ms. Tillman Wolf presented information to the Board regarding an email from a licensee expressing concern that the term “DPT” was being used by individuals who are not licensed as Physical Therapists or who do not have a Doctorate of Physical Therapy education credential. Following a discussion by the Board, the Board referred to the statutory language about title protection, Va. Code § 54.1-3481, which does not currently include reference to “DPT.” Board members discussed that any changes to the Code in the area of title protection would necessitate legislation, which would be best initiated by the professional association at this juncture. Ms. Tillman Wolf will follow up with communication to the licensee and to the VPTA regarding this issue.

ELECTIONS

President

Dr. Mariano stated that in accordance with the Bylaws, at the first regularly scheduled meeting of the organizational year, the Board shall elect its officers.

Dr. Mariano opened the floor for President of the Board of Physical Therapy nominations. Dr. Mariano nominated herself for the position of President.

Dr. Mariano called for a motion and voice vote for the election of the one nominee, Dr. Mariano, for the position of President of the Board of Physical Therapy.

Upon a **MOTION** by Dr. Dailey, the Board voted to elect Dr. Mariano as President of the Board of Physical Therapy. The motion passed unanimously (5-0).

Vice-President

Dr. Mariano opened the floor for nominations for Vice-President of the Board of Physical Therapy. Dr. Dailey nominated herself for the position of Vice-President.

Dr. Mariano called for a motion and voice vote for the election of the one nominee, Dr. Dailey, for the position of Vice-President of the Board of Physical Therapy.

Upon a **MOTION** by Dr. Duff, the Board voted to elect Dr. Dailey as Vice-President of the Board of Physical Therapy. The motion passed unanimously (5-0).

NEXT MEETING

The next meeting date is February 9, 2023.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:33 p.m.

Corie Tillman Wolf, J.D., Executive Director

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING
MINUTES

November 1, 2022

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 1:10 p.m.

MEMBERS PRESENT:

Mira H. Mariano, PT, PhD, Chair
Rebecca Duff, PTA, DHSc
Arkena Dailey, PT, DPT
Susan Szasz Palmer, MLS, Citizen Member

MEMBERS NOT PRESENT:

Elizabeth Locke, PT, PhD
Tracey Adler, PT, DPT, CMTPT
Melissa Fox, PT, DPT

BOARD COUNSEL:

M. Brent Saunders, Senior Assistant Attorney General
James Rutkowski, Assistant Attorney General

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager

COURT REPORTER:

Andrea Pegram Court Reporting

**PARTIES ON BEHALF OF
COMMONWEALTH:**

Claire Foley, Adjudication Specialist

**COMMONWEALTH'S
WITNESSES:**

Stephen Shirley, DHP, Senior Investigator

OTHERS PRESENT:

Michelle Longwell, DHP
Melissa Fox

MATTER:

Angela Dawn Andrews, P.T.A.
License No.: 2306-602110
Case No.'s: 200219, 205734, 212095, 214008

ESTABLISHMENT OF A QUORUM:

With four (4) members present, a quorum was established.

DISCUSSION:

Ms. Andrews appeared before the Board in accordance with the Notice of Formal Hearing dated May 24, 2022. Ms. Andrews was not represented by counsel.

The Board received evidence and sworn testimony on behalf of the Commonwealth and Ms. Andrews regarding the allegations in the Notice.

CLOSED SESSION FOR MEDICAL RECORDS:

Upon a motion by Dr. Arkena Dailey, and duly seconded by Dr. Rebecca Duff, the Board voted to convene a closed meeting, pursuant to §2.2-2711 (A) (16) of the Code of Virginia, for the purpose of consideration and discussion of medical and mental health records of Angela Dawn Andrews, P.T.A., that are excluded from the Freedom of Information Act by Virginia Code section 2.2-3705 (A) (5). Additionally, she moved that Mr. Saunders, Mr. Rutkowski, Ms. Palmatier, Ms. Pearson, Angela Andrews and the Court Reporter attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its considerations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, upon motion by Dr. Arkena Dailey, the Board reconvened in open session.

CLOSED SESSION:

Upon a motion by Dr. Rebecca Duff and duly seconded by Dr. Arkena Dailey, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Angela Dawn Andrews, P.T.A. Additionally, she moved that Mr. Saunders, Mr. Rutkowski, Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was

deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Rebecca Duff and duly seconded by Dr. Arkena Dailey, the Board moved to continue the indefinite suspension of the license of Angela Dawn Andrews, P.T.A. for a period of not less than 2 years. The motion carried.

VOTE:

The vote was unanimous (4-0).

ADJOURNMENT:

The Board adjourned at 2:16 p.m.

Corie Tillman Wolf, JD, Executive Director

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL SESSION - MINUTES

October 25, 2022

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

The Board of Physical Therapy convened by telephone conference call on October 25, 2022 at 11:00 a.m. to consider a reinstatement and Consent Order for case 223599. A quorum of the Board was present, with Dr. Mira Mariano, Vice President, presiding.

MEMBERS PRESENT:

Dr. Mira H. Mariano, PT, PhD
Dr. Elizabeth Locke, PT, PhD
Dr. Melissa Fox, PT, DPT
Susan Szasz Palmer, MLS, Citizen Member

DHP STAFF PRESENT:

Corie Tillman Wolf, Executive Director
Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager

BOARD COUNSEL:

M. Brent Saunders, Senior Assistant Attorney General

MATTER:

Sandra Faye Taylor, P.T.A.
License #2306-605923
Case Number 223599

DISCUSSION:

The Board received information from Corie Tillman Wolf regarding the Consent Order in the matter of Sandra Faye Taylor, P.T.A.

CLOSED SESSION:

Upon a motion by Dr. Locke and duly seconded by Ms. Szasz Palmer, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Sandra Faye Taylor, P.T.A. Additionally, she moved that Mr. Saunders, Ms. Tillman Wolf, Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in

the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Mira Mariano and duly seconded by Susan Szasz Palmer, the Board moved to reinstate the Physical Therapy Assistant license and to ratify the Consent Order in lieu of a formal hearing for Sandra Faye Taylor, P.T.A.

VOTE:

The vote was unanimous, (4-0).

ADJOURNMENT:

The Committee adjourned at 11:18 a.m.

Corie Tillman Wolf, JD, Executive Director

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL SESSION - MINUTES

November 29, 2022

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

The Board of Physical Therapy convened by telephone conference call on November 29, 2022, at 3:00 p.m. to consider a Consent Order for cases 192839 & 194220. A quorum of the Board was present, with Dr. Mira Mariano, President, presiding.

MEMBERS PRESENT:

Dr. Mira H. Mariano, PT, PhD
Dr. Rebecca Duff, PTA, DHSc
Dr. Melissa Fox, PT, DPT
Susan Szasz Palmer, MLS, Citizen Member

DHP STAFF PRESENT:

Corie Tillman Wolf, Executive Director
Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager

BOARD COUNSEL:

M. Brent Saunders, Senior Assistant Attorney General

MATTER:

Christine Ann Coder, P.T.
License #2305-001355
Case Numbers 192839 & 194220

DISCUSSION:

The Board received information from Kelley Palmatier regarding the Consent Order in the matter of Christine Ann Coder, P.T.

DECISION:

Upon a motion by Dr. Rebecca Duff and duly seconded by Susan Szasz Palmer, the Board moved to ratify the Consent Order in lieu of proceeding to a formal hearing for Christine Ann Coder, P.T.

VOTE: The vote was unanimous, (4-0).

ADJOURNMENT: The Committee adjourned at 3:06 p.m.

Corie Tillman Wolf, JD, Executive Director

Date

2022 Workforce Reports
Physical Therapist
and
Physical Therapist Assistant

DRAFT

Virginia's Physical Therapist Workforce: 2022

Healthcare Workforce Data Center

February 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 8,000 Physical Therapists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Physical Therapy express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Board of Physical Therapy

President

Mira H. Mariano, PT, PhD, OCS
Norfolk

Vice-President

Arkena L. Dailey, PT, DPT
Hampton

Members

Tracey Adler, PT, DPT, CMTPT
Richmond

Rebecca Duff, PTA, DHSc
Roanoke

Melissa Fox, PT, DPT
Charlottesville

Elizabeth Locke, PT, PhD
Newport News

Susan Szasz Palmer
Richmond

Executive Director

Corie E. Tillman Wolf, JD

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The Physical Therapy Workforce At a Glance:

The Workforce

Licensees: 10,034
Virginia's Workforce: 8,400
FTEs: 7,070

Background

Rural Childhood: 26%
HS Degree in VA: 43%
Prof. Degree in VA: 43%

Current Employment

Employed in Prof.: 97%
Hold 1 Full-Time Job: 65%
Satisfied?: 94%

Survey Response Rate

All Licensees: 82%
Renewing Practitioners: 99%

Education

Doctorate: 71%
Masters: 15%

Job Turnover

Switched Jobs: 10%
Employed Over 2 Yrs.: 60%

Demographics

% Female: 73%
Diversity Index: 35%
Median Age: 39

Finances

Median Income: \$80k-\$90k
Health Insurance: 61%
Under 40 w/ Ed. Debt: 63%

Primary Roles

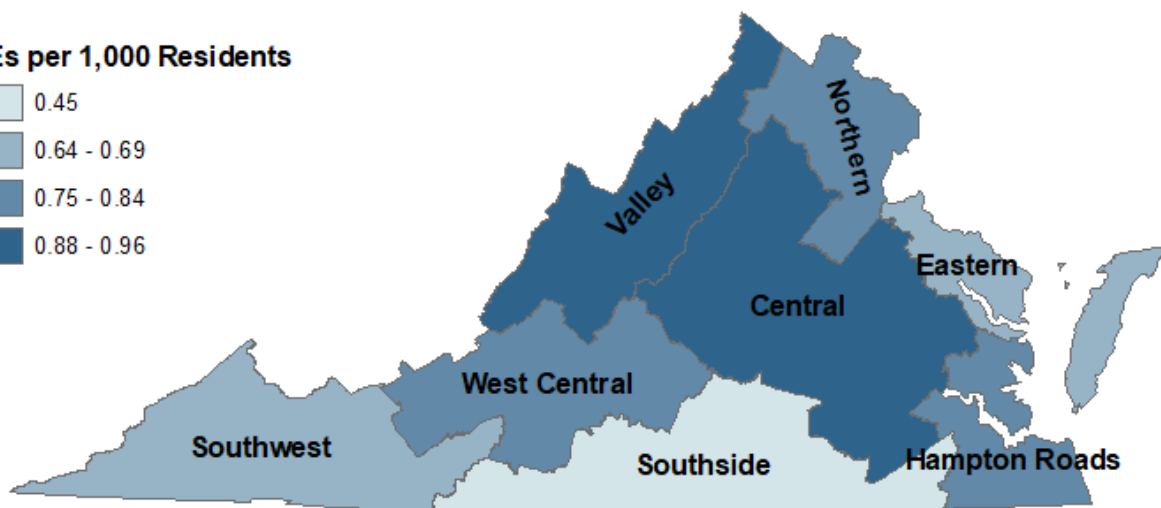
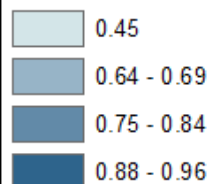
Patient Care: 84%
Administration: 5%
Education: 1%

Source: Va. Healthcare Workforce Data Center

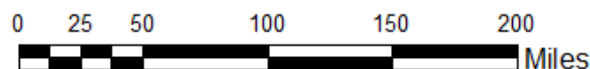
Full-Time Equivalency Units Provided by Physical Therapists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



*Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division*



This report contains the results of the 2022 Physical Therapy (PT) Workforce survey. Over 8,000 PTs who voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place in December of even-numbered years. These respondents represent 82% of the 10,034 PTs who are licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 8,400 PTs participated in Virginia's workforce during the survey period, which is defined as those PTs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a PT at some point in the future. This workforce provided 7,070 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly three out of every four PTs are female, and the median age of this workforce is 39. In a random encounter between two PTs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those PTs who are under the age of 40, this diversity index falls slightly to 34%. This makes Virginia's PT workforce less diverse than the state's population as a whole, which has a comparable diversity index of 58%. More than one-quarter of all PTs grew up in a rural area, and 16% of PTs who grew up in a rural area currently work in a non-metro area of the state. In total, 7% of all PTs work in a non-metro area of Virginia.

Among all PTs, 97% are currently employed in the profession, 65% hold one full-time job, and 52% work between 40 and 49 hours per week. Over the past year, 1% of PTs have experienced involuntary unemployment, and 2% have experienced underemployment. Three out of every five PTs are employed in the for-profit sector, while another 33% work in the non-profit sector. More than one-third of PTs work in either an outpatient rehabilitation facility or a group private practice. The median annual income for PTs is between \$80,000 and \$90,000. In addition, 78% receive at least one employer-sponsored benefit, including 61% who have access to health insurance. Overall, 94% of PTs indicated that they are satisfied with their current employment situation, including 59% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2012 Physical Therapy workforce. The number of licensed PTs has increased by 51% (10,034 vs. 6,663). In addition, the size of Virginia's PT workforce has increased by 55% (8,400 vs. 5,434), and the number of FTEs provided by this workforce has increased by 48% (7,070 vs. 4,788). Virginia's renewing PTs are more likely to respond to this survey (99% vs. 89%).

The percentage of Virginia's PTs who are female has fallen (73% vs. 77%), and this decline is even larger among PTs who are under the age of 40 (72% vs. 78%). At the same time, the percentage of all PTs who are under the age of 40 has increased (52% vs. 46%), which has led to a decline in the median age of the PT workforce (39 vs. 41). The diversity index of Virginia's overall PT workforce has increased (35% vs. 32%), but the opposite is true among those PTs who are under the age of 40 (38% vs. 34%). This has occurred at a time during which the diversity index of Virginia's overall population has increased (58% vs. 54%). Virginia's PTs are slightly less likely to have grown up in a rural area (26% vs. 27%), and PTs who grew up in a rural area are less likely to work in a non-metro area of the state (16% vs. 19%). The percentage of all PTs who work in a non-metro county of Virginia has also fallen (7% vs. 10%). In addition, Virginia's PT workforce has become relatively more likely to work in the non-profit sector (33% vs. 29%) instead of the for-profit sector (60% vs. 64%).

PTs are far more likely to hold a doctoral degree (71% vs. 41%) as their highest professional degree than either a bachelor's degree (13% vs. 29%) or a master's degree (15% vs. 30%). PTs are more likely to carry education debt (43% vs. 38%), and the median debt amount among those PTs with education debt has increased (\$90k-\$100k vs. \$50k-\$60k). At the same time, the median annual income of PTs has increased (\$80k-\$90k vs. \$70k-\$80k). In addition, PTs are slightly more likely to receive at least one employer-sponsored benefit (78% vs. 77%), including those PTs who have access to health insurance (61% vs. 59%). The percentage of PTs who indicated that they are satisfied with their current employment situation has declined (94% vs. 97%). This decline is even greater among those PTs who indicated that they are "very satisfied" (59% vs. 70%).

A Closer Look:

| Licensees | | |
|------------------------|---------------|-------------|
| License Status | # | % |
| Renewing Practitioners | 8,029 | 80% |
| New Licensees | 726 | 7% |
| Non-Renewals | 1,279 | 13% |
| All Licensees | 10,034 | 100% |

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing PTs submitted a survey. These represent 82% of the 10,034 PTs who held a license at some point in 2022.

Definitions

- The Survey Period:** The survey was conducted in December 2022.
- Target Population:** All PTs who held a Virginia license at some point in 2022.
- Survey Population:** The survey was available to PTs who renewed their licenses online. It was not available to those who did not renew, including some PTs newly licensed in 2022.

Response Rates

| Statistic | Non Respondents | Respondents | Response Rate |
|---------------------|-----------------|--------------|---------------|
| By Age | | | |
| Under 30 | 603 | 1,015 | 63% |
| 30 to 34 | 347 | 1,550 | 82% |
| 35 to 39 | 222 | 1,280 | 85% |
| 40 to 44 | 129 | 1,029 | 89% |
| 45 to 49 | 91 | 978 | 92% |
| 50 to 54 | 82 | 858 | 91% |
| 55 to 59 | 70 | 693 | 91% |
| 60 and Over | 266 | 821 | 76% |
| Total | 1,810 | 8,224 | 82% |
| New Licenses | | | |
| Issued in 2022 | 450 | 276 | 38% |
| Metro Status | | | |
| Non-Metro | 78 | 540 | 87% |
| Metro | 870 | 5,905 | 87% |
| Not in Virginia | 862 | 1,779 | 67% |

Source: Va. Healthcare Workforce Data Center

Response Rates

| | |
|------------------------------|-------|
| Completed Surveys | 8,224 |
| Response Rate, All Licensees | 82% |
| Response Rate, Renewals | 99% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed PTs

| | |
|--------------|--------|
| Number: | 10,034 |
| New: | 7% |
| Not Renewed: | 13% |

Response Rates

| | |
|-------------------------|-----|
| All Licensees: | 82% |
| Renewing Practitioners: | 99% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2022 PT Workforce: 8,400
 FTEs: 7,070

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.42
 Workers per FTE: 1.19

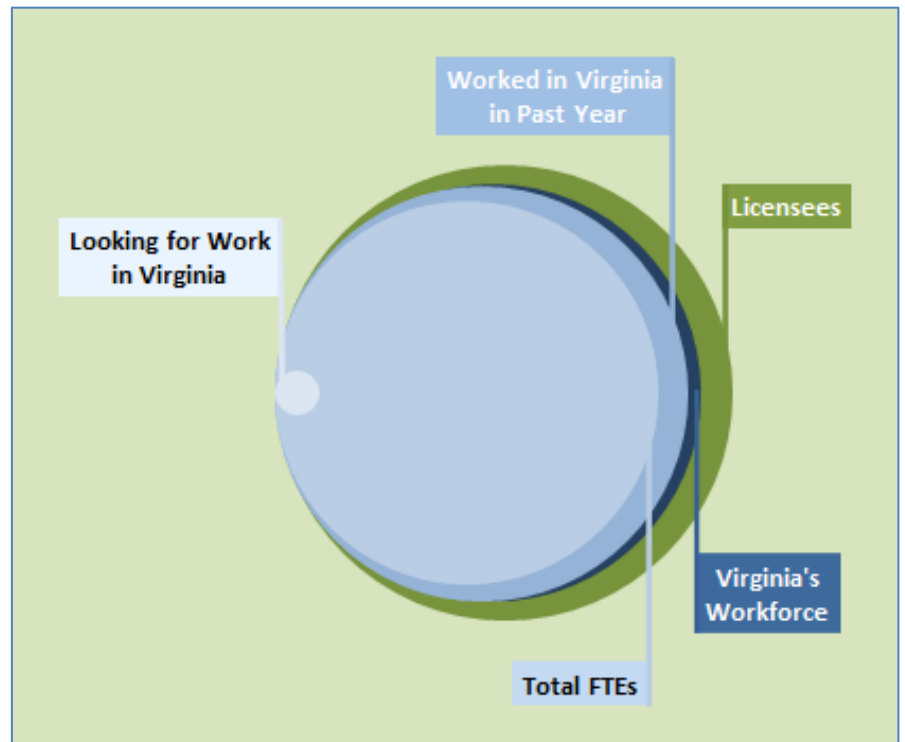
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 hours (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

| Virginia's PT Workforce | | |
|---------------------------------|--------|------|
| Status | # | % |
| Worked in Virginia in Past Year | 8,305 | 99% |
| Looking for Work in Virginia | 94 | 1% |
| Virginia's Workforce | 8,400 | 100% |
| Total FTEs | 7,070 | |
| Licensees | 10,034 | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

A Closer Look:

| Age & Gender | | | | | | |
|--------------|--------------|------------|--------------|------------|--------------|----------------|
| Age | Male | | Female | | Total | |
| | # | % Male | # | % Female | # | % in Age Group |
| Under 30 | 348 | 26% | 990 | 74% | 1,338 | 17% |
| 30 to 34 | 479 | 32% | 1,029 | 68% | 1,509 | 19% |
| 35 to 39 | 294 | 25% | 875 | 75% | 1,169 | 15% |
| 40 to 44 | 226 | 25% | 676 | 75% | 902 | 12% |
| 45 to 49 | 229 | 28% | 597 | 72% | 827 | 11% |
| 50 to 54 | 183 | 26% | 528 | 74% | 711 | 9% |
| 55 to 59 | 141 | 25% | 433 | 76% | 573 | 7% |
| 60 and Over | 209 | 27% | 554 | 73% | 763 | 10% |
| Total | 2,110 | 27% | 5,683 | 73% | 7,793 | 100% |

Source: Va. Healthcare Workforce Data Center

| Race & Ethnicity | | | | | |
|--------------------|-------------|--------------|-------------|--------------|-------------|
| Race/ Ethnicity | Virginia* | PTs | | PTs Under 40 | |
| | % | # | % | # | % |
| White | 60% | 6,230 | 80% | 3,251 | 81% |
| Black | 19% | 356 | 5% | 179 | 4% |
| Asian | 7% | 758 | 10% | 333 | 8% |
| Other Race | 0% | 75 | 1% | 27 | 1% |
| Two or More Races | 3% | 181 | 2% | 123 | 3% |
| Hispanic | 10% | 201 | 3% | 117 | 3% |
| Total | 100% | 7,800 | 100% | 4,030 | 100% |

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 73%
% Under 40 Female: 72%

Age

Median Age: 39
% Under 40: 52%
% 55 and Over: 17%

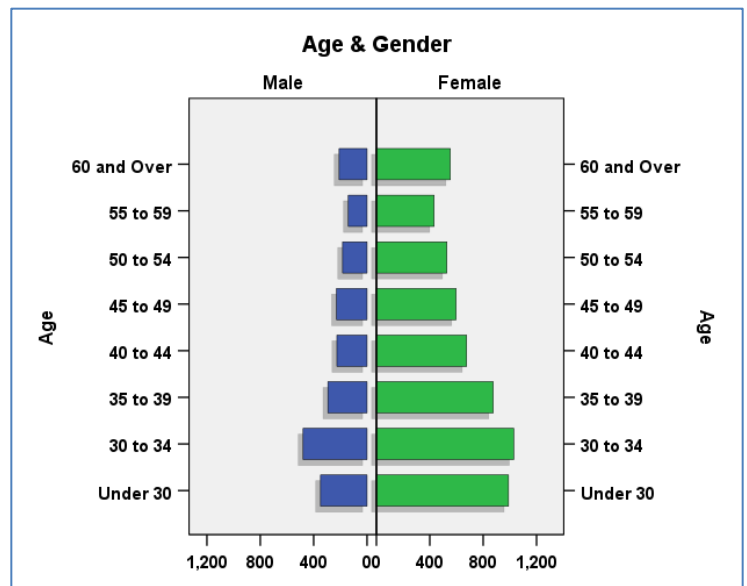
Diversity

Diversity Index: 35%
Under 40 Div. Index: 34%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two PTs, there is a 35% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 58%.

Among the 52% of PTs who are under the age 40, 72% are female. In addition, the diversity index among PTs who are under the age of 40 is 34%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 11%
 Rural Childhood: 26%

Virginia Background

HS in Virginia: 43%
 Professional Edu. in VA: 43%
 HS/Prof. Edu. in VA: 53%

Location Choice

% Rural to Non-Metro: 16%
 % Urban/Suburban to Non-Metro: 5%

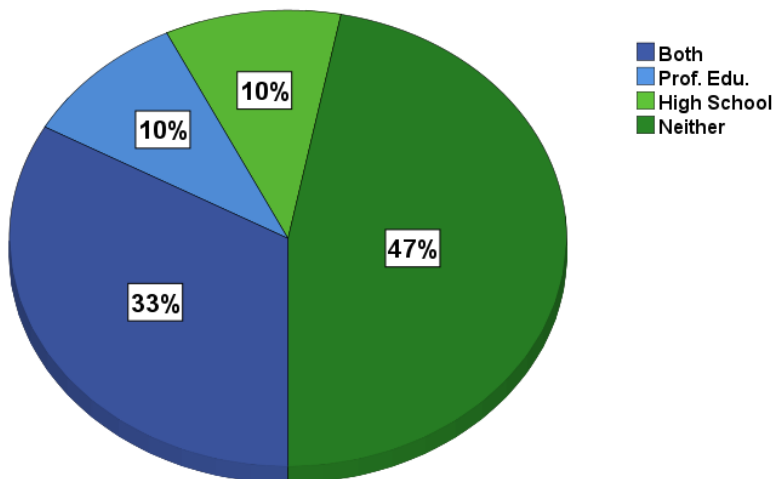
Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Primary Location: USDA Rural Urban Continuum | | Rural Status of Childhood Location | | |
|---|--|------------------------------------|------------|------------|
| Code | Description | Rural | Suburban | Urban |
| Metro Counties | | | | |
| 1 | Metro, 1 Million+ | 20% | 68% | 12% |
| 2 | Metro, 250,000 to 1 Million | 37% | 55% | 8% |
| 3 | Metro, 250,000 or Less | 38% | 52% | 10% |
| Non-Metro Counties | | | | |
| 4 | Urban, Pop. 20,000+, Metro Adjacent | 56% | 36% | 8% |
| 6 | Urban, Pop. 2,500-19,999, Metro Adjacent | 48% | 41% | 10% |
| 7 | Urban, Pop. 2,500-19,999, Non-Adjacent | 69% | 25% | 7% |
| 8 | Rural, Metro Adjacent | 48% | 48% | 5% |
| 9 | Rural, Non-Adjacent | 50% | 42% | 8% |
| Overall | | 26% | 63% | 11% |

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



More than one-quarter of all PTs grew up in a rural area, and 16% of PTs who grew up in a rural area currently work in a non-metro county. In total, 7% of all PTs work in a non-metro county of Virginia.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Physical Therapist Recruitment

| Rank | All Physical Therapists | | | |
|------|-------------------------|-------|---------------------|-------|
| | High School | # | Professional School | # |
| 1 | Virginia | 3,374 | Virginia | 3,282 |
| 2 | Outside U.S./Canada | 699 | Pennsylvania | 566 |
| 3 | New York | 560 | New York | 535 |
| 4 | Pennsylvania | 549 | Outside U.S./Canada | 513 |
| 5 | Maryland | 405 | North Carolina | 348 |
| 6 | New Jersey | 272 | Florida | 285 |
| 7 | North Carolina | 188 | Washington, D.C. | 217 |
| 8 | Florida | 144 | Massachusetts | 209 |
| 9 | Ohio | 132 | Maryland | 166 |
| 10 | Massachusetts | 119 | California | 128 |

Source: Va. Healthcare Workforce Data Center

Among all PTs, 43% received their high school degree in Virginia. Also, 43% received their initial professional degree in the state.

| Rank | Licensed in the Past Five Years | | | |
|------|---------------------------------|-------|---------------------|-------|
| | High School | # | Professional School | # |
| 1 | Virginia | 1,140 | Virginia | 1,150 |
| 2 | Pennsylvania | 179 | Pennsylvania | 176 |
| 3 | Outside U.S./Canada | 150 | New York | 145 |
| 4 | New York | 150 | North Carolina | 106 |
| 5 | Maryland | 114 | Outside U.S./Canada | 102 |
| 6 | New Jersey | 101 | Florida | 90 |
| 7 | North Carolina | 66 | Washington, D.C. | 67 |
| 8 | Florida | 56 | West Virginia | 48 |
| 9 | Ohio | 37 | Maryland | 45 |
| 10 | California | 35 | Texas | 43 |

Source: Va. Healthcare Workforce Data Center

Among PTs who have been licensed in the past five years, 47% received their high school degree in Virginia, and 48% received their initial professional degree in the state.

Among all licensed PTs, 16% did not participate in Virginia's workforce in 2022. More than nine out of every ten of these professionals worked at some point in the past year, including 89% who currently work as PTs.

At a Glance:

Not in VA Workforce

| | |
|---------------------|-------|
| Total: | 1,639 |
| % of Licensees: | 16% |
| Federal/Military: | 8% |
| VA Border State/DC: | 26% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Highest Professional Degree | | |
|-----------------------------|--------------|-------------|
| Degree | # | % |
| Baccalaureate | 1,039 | 13% |
| Masters | 1,166 | 15% |
| Doctorate | 5,507 | 71% |
| Total | 7,712 | 100% |

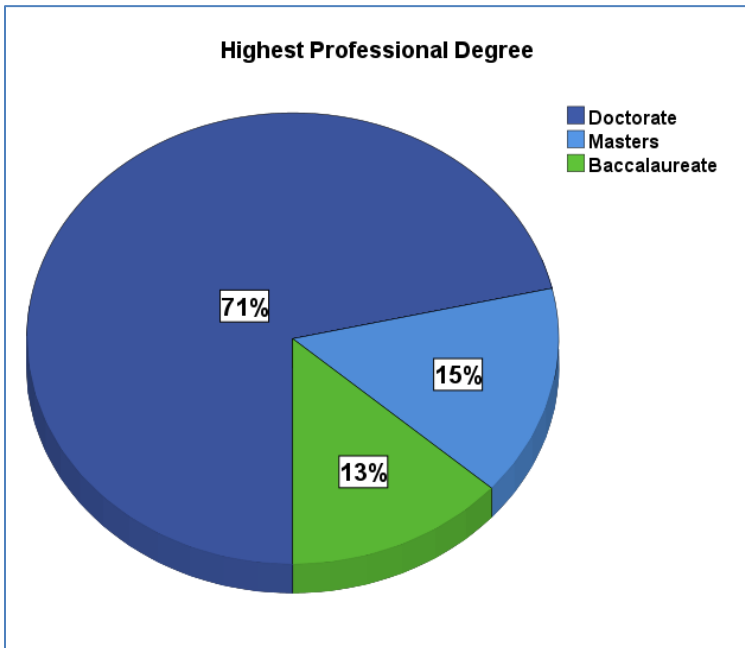
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Doctorate: 71%
 Masters: 15%

Education Debt
 With Debt: 43%
 Under Age 40 w/ Debt: 63%
 Median Debt: \$90k-\$100k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 70% of all PTs hold a doctoral degree as their highest professional degree.

More than two out of every five PTs carry education debt, including 63% of those PTs who are under the age of 40. For those with education debt, the median debt amount is between \$90,000 and \$100,000.

| Education Debt | | | | |
|---------------------|--------------|-------------|--------------|-------------|
| Amount Carried | All PTs | | PTs Under 40 | |
| | # | % | # | % |
| None | 4,014 | 57% | 1,351 | 37% |
| Less than \$20,000 | 363 | 5% | 158 | 4% |
| \$20,000-\$39,999 | 336 | 5% | 187 | 5% |
| \$40,000-\$59,999 | 314 | 4% | 205 | 6% |
| \$60,000-\$79,999 | 294 | 4% | 240 | 7% |
| \$80,000-\$99,999 | 308 | 4% | 275 | 7% |
| \$100,000-\$119,999 | 342 | 5% | 302 | 8% |
| \$120,000 or More | 1,028 | 15% | 950 | 26% |
| Total | 6,999 | 100% | 3,668 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

| | |
|-----------------------------|----|
| Orthopedics: | 7% |
| Clinical Instructor (APTA): | 5% |
| Neurology: | 2% |

Top Credentials:

| | |
|---------------------|-----|
| Dry Needling: | 19% |
| Exercise Therapy: | 5% |
| Lymphedema Therapy: | 3% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| APTA Recognition of Advanced Proficiency | | |
|--|--------------|----------------|
| Proficiency Area | # | % of Workforce |
| Orthopedics | 622 | 7% |
| Clinical Instructor (APTA) | 396 | 5% |
| Neurology | 147 | 2% |
| Geriatrics | 111 | 1% |
| Sports | 92 | 1% |
| Pediatrics | 65 | 1% |
| Women's Health | 32 | 0% |
| Cardiovascular & Pulmonary | 13 | 0% |
| Clinical Electrophysiology | 7 | 0% |
| Other | 242 | 3% |
| At Least One Certification | 1,559 | 19% |

Source: Va. Healthcare Workforce Data Center

| Credentials | | |
|----------------------------------|--------------|----------------|
| Area | # | % of Workforce |
| Dry Needling | 1,581 | 19% |
| Exercise/Physical Therapy | 401 | 5% |
| Lymphedema Therapy | 212 | 3% |
| Early Intervention | 209 | 2% |
| Athletic Training | 203 | 2% |
| Wound Care | 53 | 1% |
| Massage Therapy | 51 | 1% |
| Orthotics | 27 | 0% |
| Assistive Technology | 23 | 0% |
| Art/Dance Therapy | 17 | 0% |
| Nursing | 11 | 0% |
| Prosthetics | 8 | 0% |
| Chiropractry | 4 | 0% |
| Occupational Therapy | 4 | 0% |
| Other | 726 | 9% |
| At Least One Credential | 2,854 | 34% |

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five PTs hold at least one APTA certification, while more than one-third hold at least one credential. Orthopedics (APTA) is the most common certification proficiency area, while Dry Needling is the most common credentialed proficiency area.

At a Glance:

Employment

Employed in Profession: 97%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 65%
 2 or More Positions: 16%

Weekly Hours:

40 to 49: 52%
 60 or More: 2%
 Less than 30: 17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Current Work Status | | |
|--|--------------|-------------|
| Status | # | % |
| Employed, Capacity Unknown | 1 | < 1% |
| Employed in a Physical Therapy-Related Capacity | 7,490 | 97% |
| Employed, NOT in a Physical Therapy-Related Capacity | 89 | 1% |
| Not Working, Reason Unknown | 0 | 0% |
| Involuntarily Unemployed | 11 | < 1% |
| Voluntarily Unemployed | 138 | 2% |
| Retired | 36 | 1% |
| Total | 7,766 | 100% |

Source: Va. Healthcare Workforce Data Center

Among all PTs, 97% are currently employed in the profession, 65% hold one full-time job, and 52% work between 40 and 49 hours per week.

| Current Positions | | |
|---|--------------|-------------|
| Positions | # | % |
| No Positions | 185 | 2% |
| One Part-Time Position | 1,326 | 17% |
| Two Part-Time Positions | 351 | 5% |
| One Full-Time Position | 4,971 | 65% |
| One Full-Time Position & One Part-Time Position | 644 | 8% |
| Two Full-Time Positions | 11 | 0% |
| More than Two Positions | 195 | 3% |
| Total | 7,683 | 100% |

Source: Va. Healthcare Workforce Data Center

| Current Weekly Hours | | |
|----------------------|--------------|-------------|
| Hours | # | % |
| 0 Hours | 185 | 2% |
| 1 to 9 Hours | 189 | 2% |
| 10 to 19 Hours | 409 | 5% |
| 20 to 29 Hours | 676 | 9% |
| 30 to 39 Hours | 1,425 | 19% |
| 40 to 49 Hours | 4,006 | 52% |
| 50 to 59 Hours | 566 | 7% |
| 60 to 69 Hours | 121 | 2% |
| 70 to 79 Hours | 31 | 0% |
| 80 or More Hours | 23 | 0% |
| Total | 7,631 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Annual Income | | |
|---------------------|--------------|-------------|
| Income Level | # | % |
| Volunteer Work Only | 27 | 0% |
| Less than \$30,000 | 368 | 6% |
| \$30,000-\$39,999 | 204 | 3% |
| \$40,000-\$49,999 | 287 | 4% |
| \$50,000-\$59,999 | 378 | 6% |
| \$60,000-\$69,999 | 625 | 10% |
| \$70,000-\$79,999 | 1,158 | 18% |
| \$80,000-\$89,999 | 1,265 | 19% |
| \$90,000-\$99,999 | 843 | 13% |
| \$100,000-\$109,999 | 671 | 10% |
| \$110,000-\$119,999 | 321 | 5% |
| \$120,000 or More | 371 | 6% |
| Total | 6,518 | 100% |

Source: Va. Healthcare Workforce Data Center

| Job Satisfaction | | |
|-----------------------|--------------|-------------|
| Level | # | % |
| Very Satisfied | 4,458 | 59% |
| Somewhat Satisfied | 2,706 | 36% |
| Somewhat Dissatisfied | 355 | 5% |
| Very Dissatisfied | 76 | 1% |
| Total | 7,596 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$80k-\$90k

Benefits

Health Insurance: 61%

Retirement: 68%

Satisfaction

Satisfied: 94%

Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

The median annual income of Virginia's PTs is between \$80,000 and \$90,000. In addition, more than three-quarters of all PTs receive at least one employer-sponsored benefit, including 61% of PTs who have access to health insurance.

| Employer-Sponsored Benefits | | | |
|-----------------------------|--------------|------------|----------------------------|
| Benefit | # | % | % of Wage/Salary Employees |
| Paid Vacation | 5,189 | 69% | 77% |
| Retirement | 5,070 | 68% | 74% |
| Health Insurance | 4,580 | 61% | 67% |
| Dental Insurance | 4,271 | 57% | 63% |
| Paid Sick Leave | 3,413 | 46% | 50% |
| Group Life Insurance | 2,981 | 40% | 44% |
| Signing/Retention Bonus | 982 | 13% | 15% |
| At Least One Benefit | 5,848 | 78% | 84% |

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Employment Instability in the Past Year | | |
|---|--------------|------------|
| In the Past Year, Did You . . . ? | # | % |
| Experience Involuntary Unemployment? | 116 | 1% |
| Experience Voluntary Unemployment? | 418 | 5% |
| Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position? | 203 | 2% |
| Work Two or More Positions at the Same Time? | 1,375 | 16% |
| Switch Employers or Practices? | 803 | 10% |
| Experience At Least One? | 2,378 | 28% |

Source: Va. Healthcare Workforce Data Center

Only 1% of PTs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.¹

| Location Tenure | | | | |
|--|--------------|-------------|--------------|-------------|
| Tenure | Primary | | Secondary | |
| | # | % | # | % |
| Not Currently Working at This Location | 142 | 2% | 142 | 8% |
| Less than 6 Months | 567 | 8% | 310 | 18% |
| 6 Months to 1 Year | 700 | 9% | 229 | 13% |
| 1 to 2 Years | 1,628 | 22% | 345 | 20% |
| 3 to 5 Years | 1,644 | 22% | 329 | 19% |
| 6 to 10 Years | 1,164 | 16% | 188 | 11% |
| More than 10 Years | 1,663 | 22% | 203 | 12% |
| Subtotal | 7,508 | 100% | 1,745 | 100% |
| Did Not Have Location | 121 | | 6,628 | |
| Item Missing | 771 | | 26 | |
| Total | 8,400 | | 8,400 | |

Source: Va. Healthcare Workforce Data Center

More than half of all PTs receive a salary at their primary work location, while 35% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 10%
New Location: 24%
Over 2 Years: 60%
Over 2 Yrs., 2nd Location: 41%

Employment Type

Salary/Commission: 53%
Hourly Wage: 35%

Source: Va. Healthcare Workforce Data Center

Among all PTs, 60% have worked at their primary work location for more than two years.

| Employment Type | | |
|--------------------------|--------------|-------------|
| Primary Work Site | # | % |
| Salary/Commission | 3,170 | 53% |
| Hourly Wage | 2,058 | 35% |
| By Contract | 408 | 7% |
| Business/Practice Income | 277 | 5% |
| Unpaid | 30 | 1% |
| Subtotal | 5,944 | 100% |

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate for December 2022 was still preliminary.

At a Glance:

Concentration

| | |
|----------------|-----|
| Top Region: | 33% |
| Top 3 Regions: | 77% |
| Lowest Region: | 1% |

Locations

| | |
|-------------------|-----|
| 2 or More (2022): | 23% |
| 2 or More (Now*): | 21% |

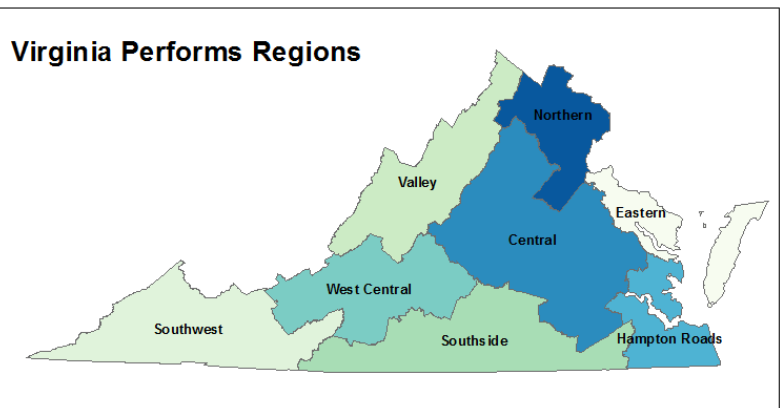
Source: Va. Healthcare Workforce Data Center

More than three-quarters of all PTs work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

| Regional Distribution of Work Locations | | | | |
|---|------------------|-------------|--------------------|-------------|
| Virginia Performs Region | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Central | 1,815 | 24% | 366 | 21% |
| Eastern | 92 | 1% | 26 | 1% |
| Hampton Roads | 1,447 | 19% | 274 | 16% |
| Northern | 2,478 | 33% | 527 | 30% |
| Southside | 169 | 2% | 60 | 3% |
| Southwest | 241 | 3% | 75 | 4% |
| Valley | 468 | 6% | 83 | 5% |
| West Central | 670 | 9% | 168 | 10% |
| Virginia Border State/D.C. | 37 | 0% | 54 | 3% |
| Other U.S. State | 64 | 1% | 119 | 7% |
| Outside of the U.S. | 5 | 0% | 2 | 0% |
| Total | 7,486 | 100% | 1,754 | 100% |
| Item Missing | 793 | | 19 | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

While 21% of PTs currently have multiple work locations, 23% have had multiple work locations over the past year.

| Number of Work Locations | | | | |
|--------------------------|------------------------|-------------|---------------------|-------------|
| Locations | Work Locations in 2022 | | Work Locations Now* | |
| | # | % | # | % |
| 0 | 94 | 1% | 178 | 2% |
| 1 | 5,716 | 76% | 5,790 | 77% |
| 2 | 1,148 | 15% | 1,111 | 15% |
| 3 | 452 | 6% | 415 | 6% |
| 4 | 70 | 1% | 23 | 0% |
| 5 | 26 | 0% | 10 | 0% |
| 6 or More | 66 | 1% | 45 | 1% |
| Total | 7,573 | 100% | 7,573 | 100% |

*At the time of survey completion, December 2022.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Sector | Location Sector | | | |
|--------------------------------|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| For-Profit | 4,386 | 60% | 1,203 | 72% |
| Non-Profit | 2,394 | 33% | 371 | 22% |
| State/Local Government | 311 | 4% | 86 | 5% |
| Veterans Administration | 64 | 1% | 3 | 0% |
| U.S. Military | 82 | 1% | 8 | 0% |
| Other Federal Gov't | 22 | 0% | 11 | 1% |
| Total | 7,259 | 100% | 1,682 | 100% |
| Did Not Have Location | 121 | | 6,628 | |
| Item Missing | 1,021 | | 89 | |

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

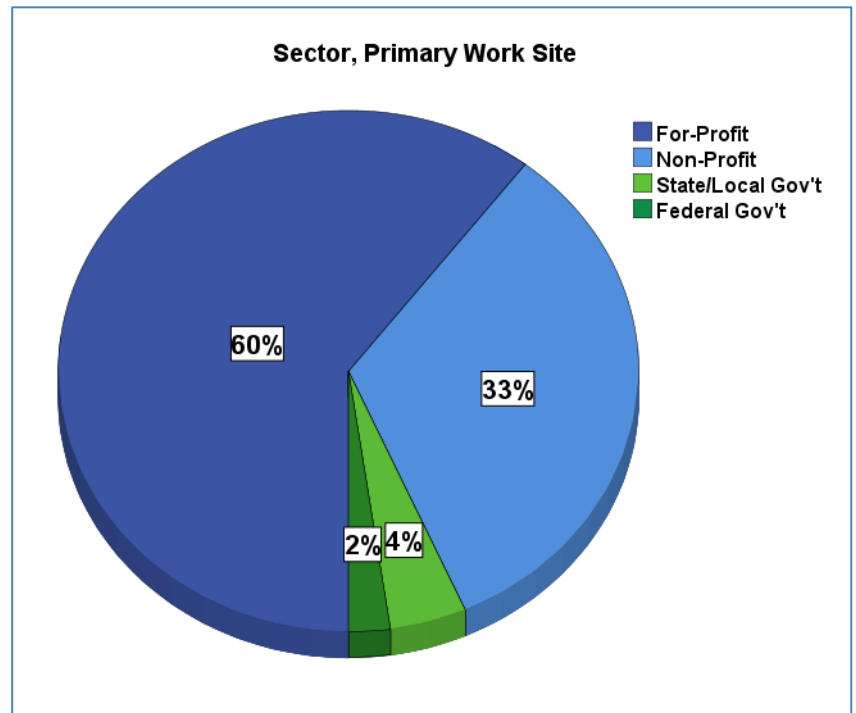
| | |
|-------------|-----|
| For-Profit: | 60% |
| Federal: | 2% |

Top Establishments

| | |
|-----------------------------|-----|
| Outpatient Rehab. Facility: | 17% |
| Group Private Practice: | 17% |
| Home Health Care: | 12% |

Source: Va. Healthcare Workforce Data Center

Three out of every five PTs work in the for-profit sector, while another 33% work in the non-profit sector.



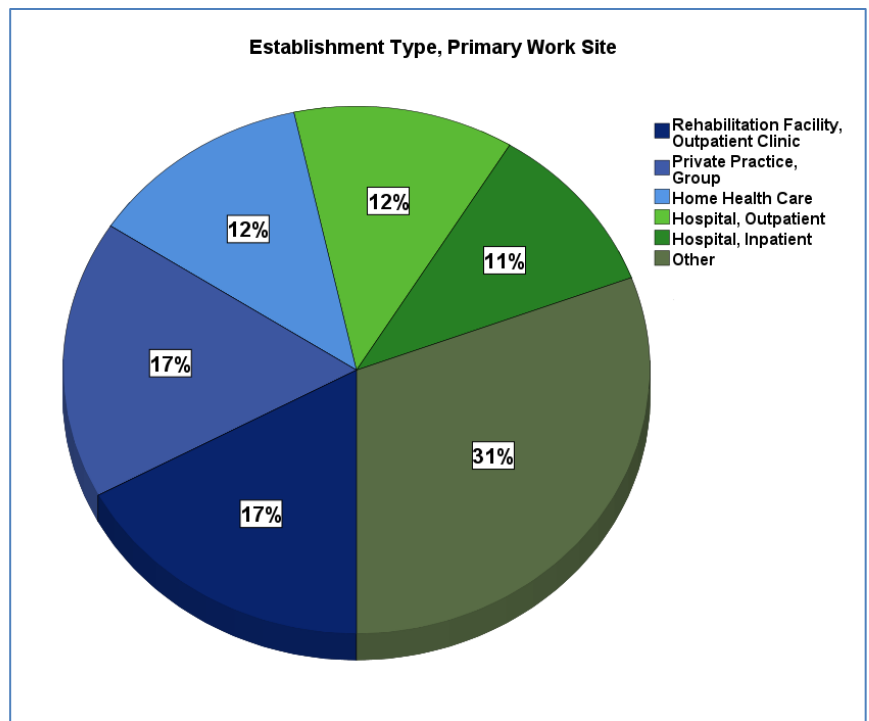
Source: Va. Healthcare Workforce Data Center

| Location Type | | | | |
|--|------------------|-------------|--------------------|-------------|
| Establishment Type | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Rehabilitation Facility, Outpatient Clinic | 1,227 | 17% | 165 | 10% |
| Private Practice, Group | 1,222 | 17% | 203 | 12% |
| Home Health Care | 887 | 12% | 264 | 16% |
| General Hospital, Outpatient Department | 871 | 12% | 94 | 6% |
| General Hospital, Inpatient Department | 756 | 11% | 197 | 12% |
| Private Practice, Solo | 554 | 8% | 126 | 8% |
| Skilled Nursing Facility | 359 | 5% | 179 | 11% |
| Rehabilitation Facility, Residential/Inpatient | 272 | 4% | 89 | 5% |
| Academic Institution | 197 | 3% | 85 | 5% |
| Assisted Living or Continuing Care Facility | 173 | 2% | 43 | 3% |
| K-12 School System | 161 | 2% | 20 | 1% |
| Physician Office | 129 | 2% | 23 | 1% |
| Other | 353 | 5% | 155 | 9% |
| Total | 7,161 | 100% | 1,643 | 100% |

Source: Va. Healthcare Workforce Data Center

More than one-third of all PTs work in either the outpatient clinic of a rehabilitation facility or a group private practice as their primary work location.

Among those PTs who also have a secondary work location, 16% work in a home health care establishment. Another 24% work in either a group private practice or the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

| | |
|----------|-----|
| Spanish: | 36% |
| French: | 18% |
| Chinese: | 18% |

Means of Communication

| | |
|----------------------|-----|
| Virtual Translation: | 62% |
| Onsite Translation: | 29% |
| Other Staff Members: | 27% |

Source: Va. Healthcare Workforce Data Center

More than one-third of all PTs are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

| Languages Offered | | |
|--|--------------|----------------|
| Language | # | % of Workforce |
| Spanish | 3,031 | 36% |
| French | 1,506 | 18% |
| Chinese | 1,486 | 18% |
| Arabic | 1,473 | 18% |
| Hindi | 1,462 | 17% |
| Korean | 1,461 | 17% |
| Vietnamese | 1,379 | 16% |
| Tagalog/Filipino | 1,361 | 16% |
| Persian | 1,143 | 14% |
| Urdu | 1,137 | 14% |
| Amharic, Somali, or Other Afro-Asiatic Languages | 1,012 | 12% |
| Pashto | 979 | 12% |
| Others | 717 | 9% |
| At Least One Language | 3,644 | 43% |

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

| Provision | # | % of Workforce with Language Services |
|----------------------------------|-------|---------------------------------------|
| Virtual Translation Service | 2,269 | 62% |
| Onsite Translation Service | 1,046 | 29% |
| Other Staff Member is Proficient | 994 | 27% |
| Respondent is Proficient | 663 | 18% |
| Other | 174 | 5% |

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all PTs who are employed at a primary work location that offers language services for patients provide it through a virtual translation service.

At a Glance: (Primary Locations)

A Typical PT's Time

Patient Care: 80%-89%
Administration: 1%-9%
Education: 1%-9%

Roles

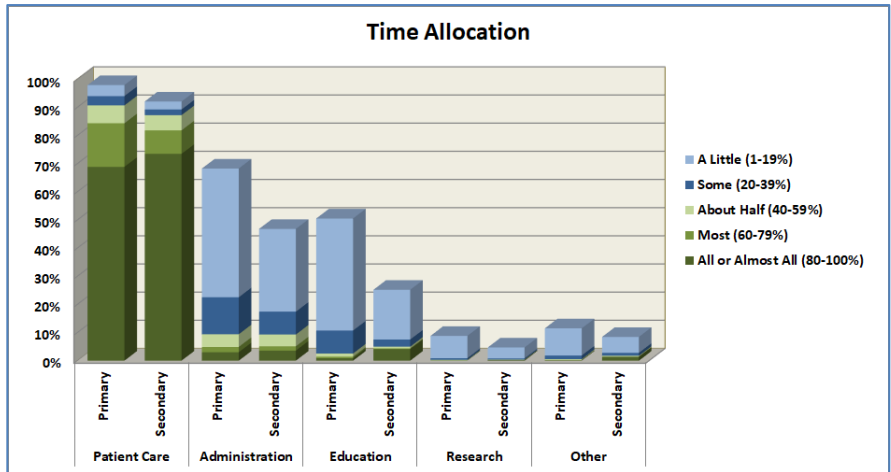
Patient Care: 84%
Administration: 5%
Education: 1%

Patient Care PTs

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

PTs spend most of their time performing patient care activities. In fact, 84% of all PTs fill a patient care role, defined as spending at least 60% of their time in that activity.

| Time Allocation | | | | | | | | | | |
|------------------------------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Time Spent | Patient Care | | Admin. | | Education | | Research | | Other | |
| | Pri. Site | Sec. Site | Pri. Site | Sec. Site | Pri. Site | Sec. Site | Pri. Site | Sec. Site | Pri. Site | Sec. Site |
| All or Almost All (80-100%) | 69% | 73% | 3% | 4% | 1% | 4% | 0% | 0% | 0% | 1% |
| Most (60-79%) | 15% | 8% | 2% | 2% | 1% | 0% | 0% | 0% | 0% | 0% |
| About Half (40-59%) | 6% | 5% | 5% | 4% | 1% | 1% | 0% | 0% | 0% | 0% |
| Some (20-39%) | 3% | 2% | 13% | 8% | 8% | 3% | 1% | 0% | 1% | 1% |
| A Little (1-19%) | 4% | 3% | 46% | 29% | 40% | 18% | 8% | 4% | 10% | 6% |
| None (0%) | 2% | 8% | 32% | 53% | 50% | 75% | 91% | 95% | 89% | 92% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Retirement Expectations | | | | |
|----------------------------------|--------------|-------------|-----------------|-------------|
| Expected Retirement Age | All PTs | | PTs 50 and Over | |
| | # | % | # | % |
| Under Age 50 | 402 | 6% | - | - |
| 50 to 54 | 457 | 7% | 18 | 1% |
| 55 to 59 | 930 | 14% | 132 | 8% |
| 60 to 64 | 2,014 | 29% | 509 | 29% |
| 65 to 69 | 2,116 | 31% | 709 | 40% |
| 70 to 74 | 500 | 7% | 239 | 14% |
| 75 to 79 | 113 | 2% | 55 | 3% |
| 80 or Over | 71 | 1% | 23 | 1% |
| I Do Not Intend to Retire | 244 | 4% | 73 | 4% |
| Total | 6,846 | 100% | 1,758 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All PTs

| | |
|-----------|-----|
| Under 65: | 56% |
| Under 60: | 26% |

PTs 50 and Over

| | |
|-----------|-----|
| Under 65: | 37% |
| Under 60: | 9% |

Time Until Retirement

| | |
|---------------------|---------|
| Within 2 Years: | 4% |
| Within 10 Years: | 17% |
| Half the Workforce: | By 2047 |

Source: Va. Healthcare Workforce Data Center

Among all PTs, 56% expect to retire by the age of 65. Among those PTs who are age 50 and over, 37% still expect to retire by the age of 65.

Within the next two years, 23% of PTs expect to pursue additional educational opportunities. In addition, 9% expect to increase their patient care hours, and 6% expect to obtain direct access certification.

Future Plans

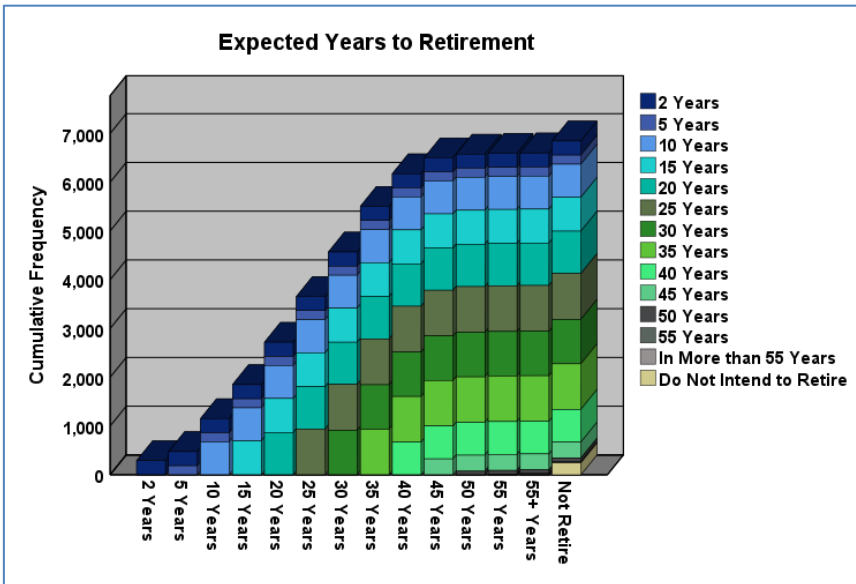
| Two-Year Plans: | # | % |
|------------------------------------|-------|-----|
| Decrease Participation | | |
| Leave Profession | 200 | 2% |
| Leave Virginia | 309 | 4% |
| Decrease Patient Care Hours | 1,249 | 15% |
| Decrease Teaching Hours | 49 | 1% |
| Increase Participation | | |
| Increase Patient Care Hours | 738 | 9% |
| Increase Teaching Hours | 778 | 9% |
| Pursue Additional Education | 1,917 | 23% |
| Return to the Workforce | 60 | 1% |
| Certify for Direct Access | 497 | 6% |

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for PTs. While only 4% of PTs expect to retire in the next two years, 17% expect to retire within the next decade. More than half of the current workforce expect to retire by 2047.

| Time to Retirement | | | |
|--------------------------------|--------------|-------------|--------------|
| Expect to Retire Within . . . | # | % | Cumulative % |
| 2 Years | 289 | 4% | 4% |
| 5 Years | 187 | 3% | 7% |
| 10 Years | 678 | 10% | 17% |
| 15 Years | 696 | 10% | 27% |
| 20 Years | 869 | 13% | 40% |
| 25 Years | 939 | 14% | 53% |
| 30 Years | 912 | 13% | 67% |
| 35 Years | 936 | 14% | 80% |
| 40 Years | 671 | 10% | 90% |
| 45 Years | 328 | 5% | 95% |
| 50 Years | 74 | 1% | 96% |
| 55 Years | 17 | 0% | 96% |
| In More than 55 Years | 7 | 0% | 96% |
| Do Not Intend to Retire | 244 | 4% | 100% |
| Total | 6,846 | 100% | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2032. Retirement will peak at 14% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2067.

At a Glance:

FTEs

Total: 7,070
 FTEs/1,000 Residents²: 0.818
 Average: 0.85

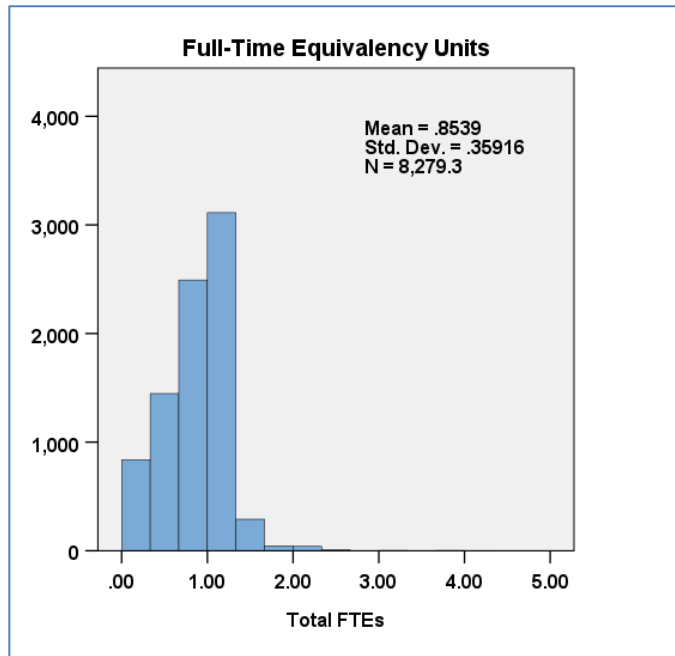
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Medium

*Partial Eta*² Explained:
*Partial Eta*² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

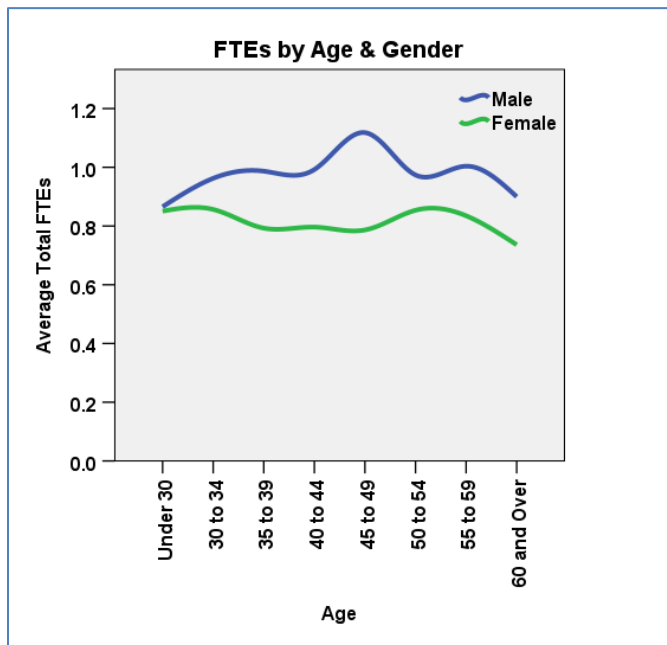


Source: Va. Healthcare Workforce Data Center

The typical PT provided 0.93 FTEs in 2022, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

| Full-Time Equivalency Units | | |
|-----------------------------|---------|--------|
| Age | Average | Median |
| Age | | |
| Under 30 | 0.85 | 0.97 |
| 30 to 34 | 0.89 | 0.97 |
| 35 to 39 | 0.83 | 0.90 |
| 40 to 44 | 0.83 | 0.85 |
| 45 to 49 | 0.88 | 0.87 |
| 50 to 54 | 0.89 | 0.90 |
| 55 to 59 | 0.90 | 1.01 |
| 60 and Over | 0.78 | 0.78 |
| Gender | | |
| Male | 0.97 | 1.05 |
| Female | 0.82 | 0.89 |

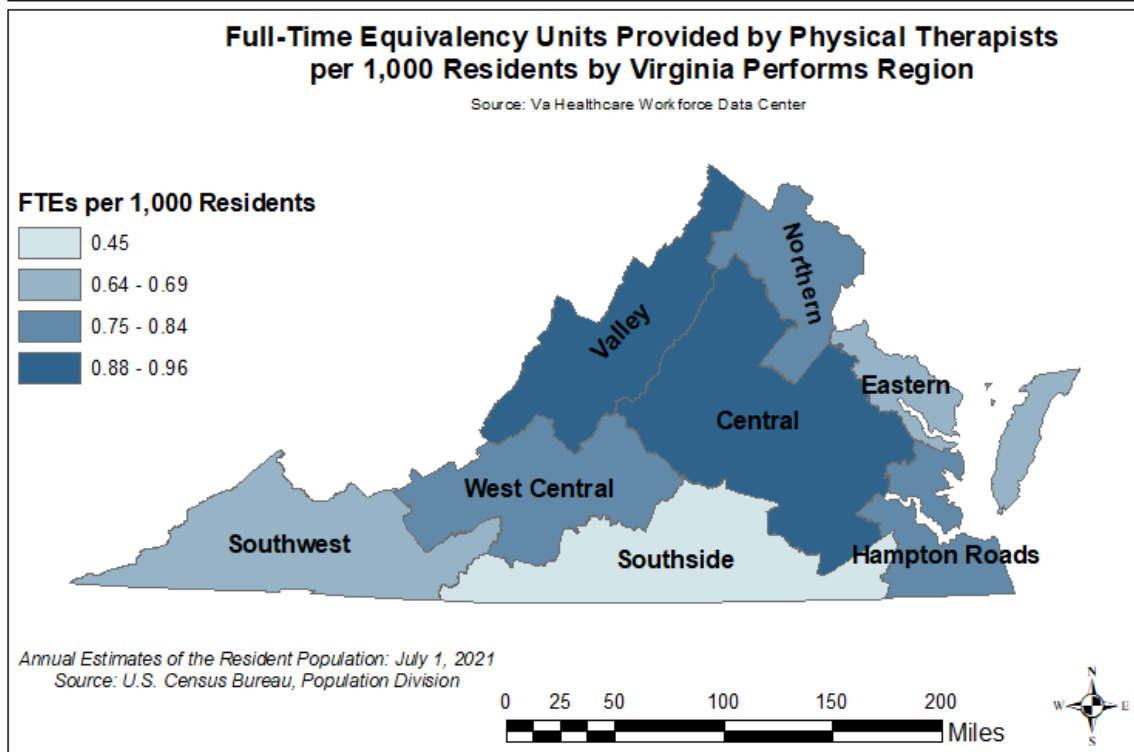
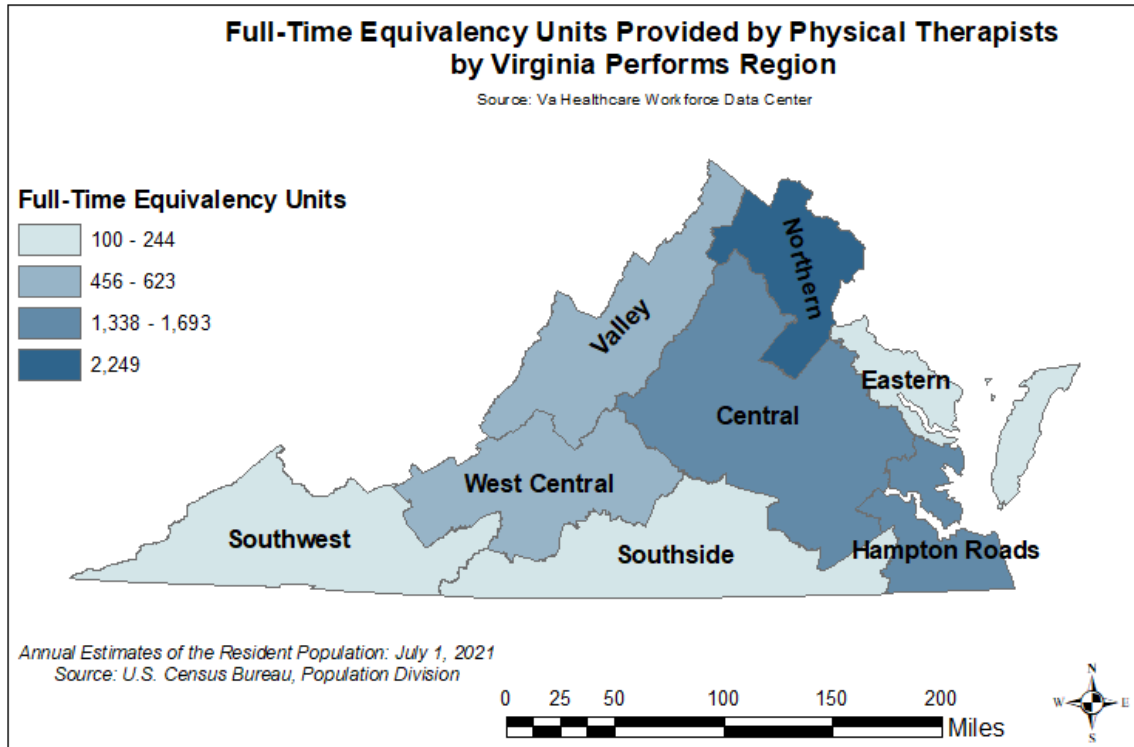
Source: Va. Healthcare Workforce Data Center

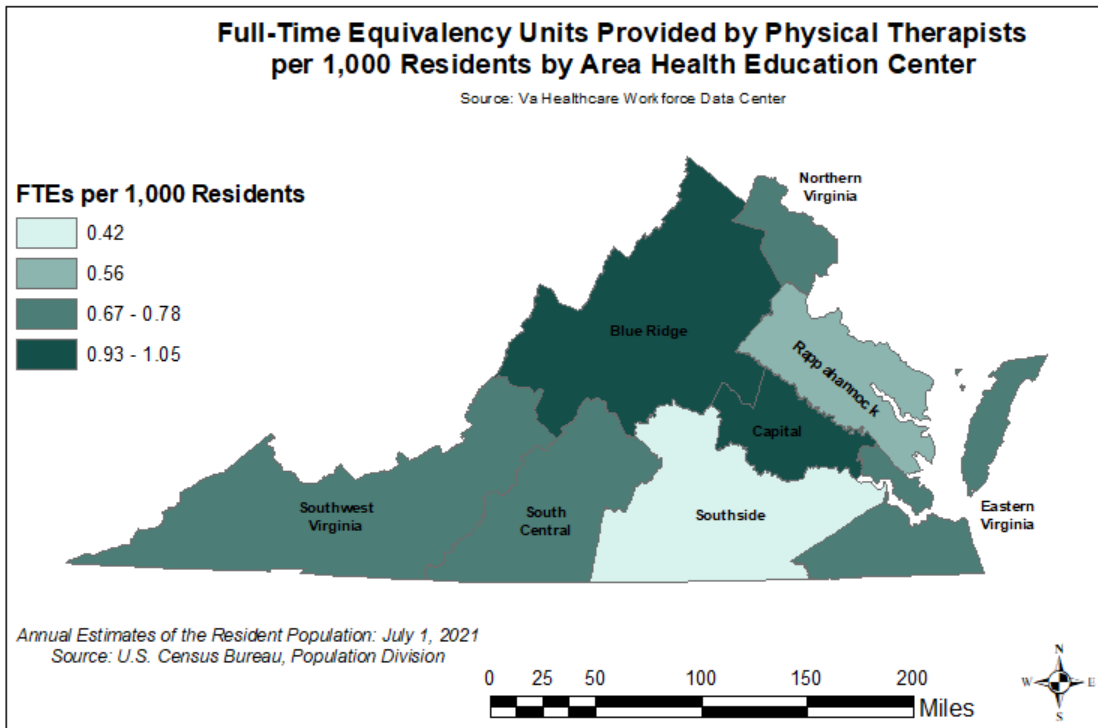
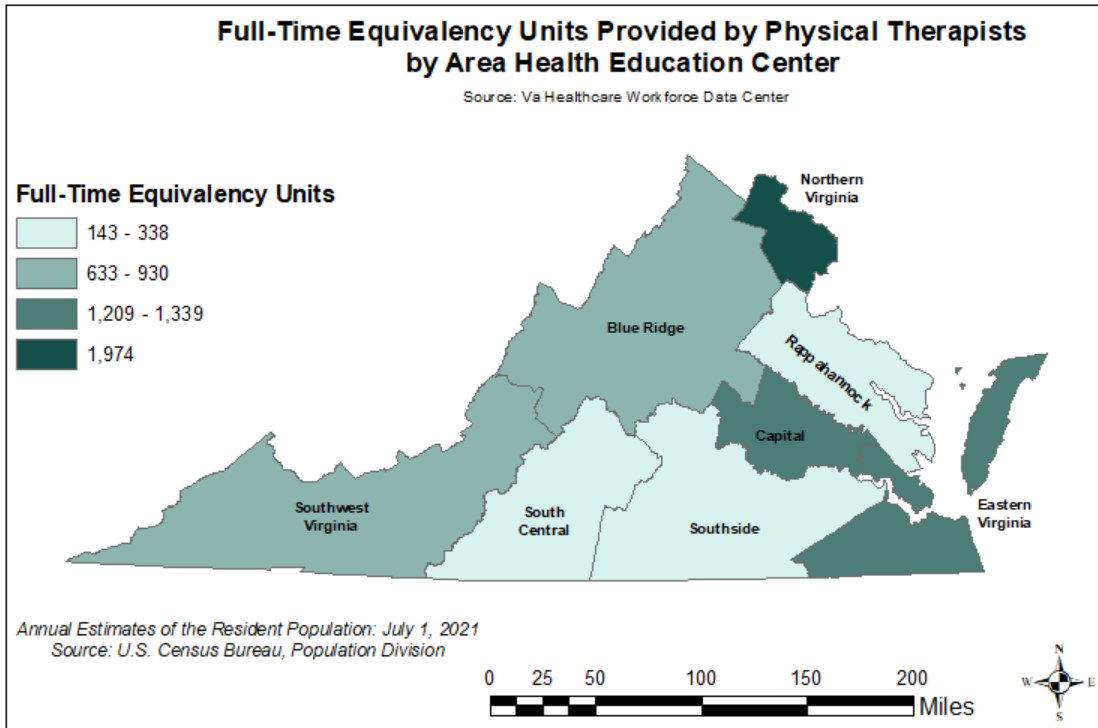


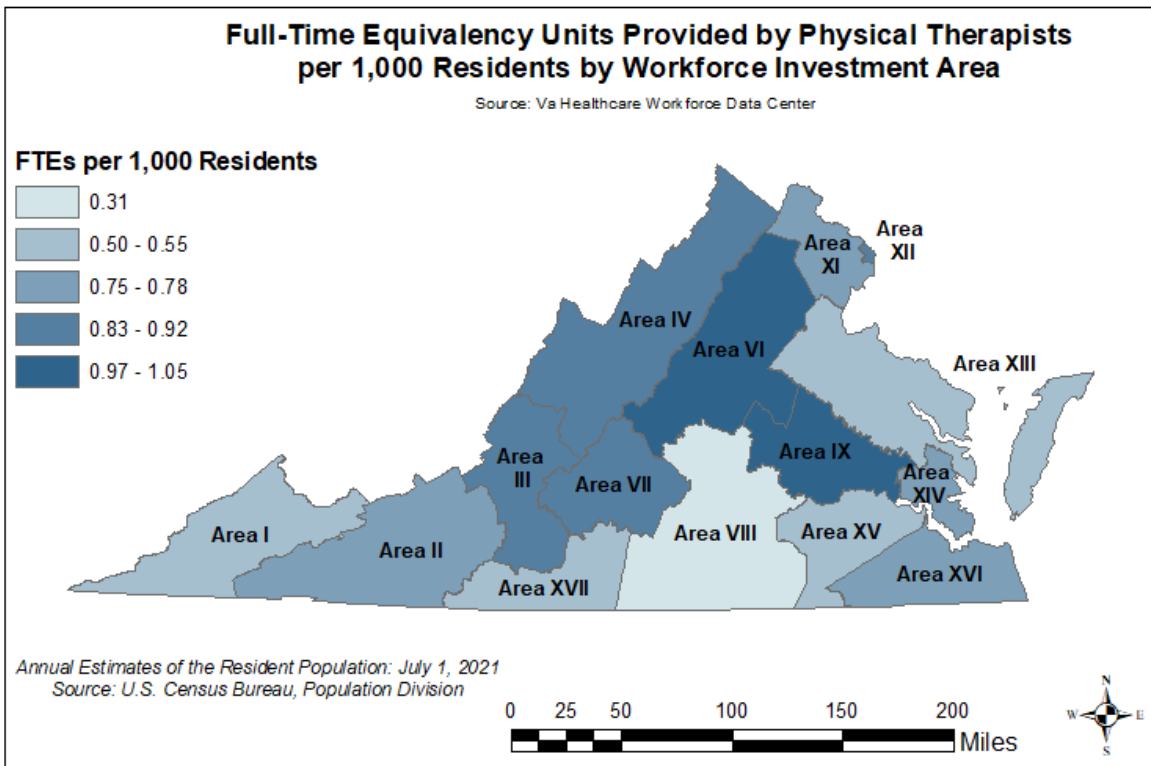
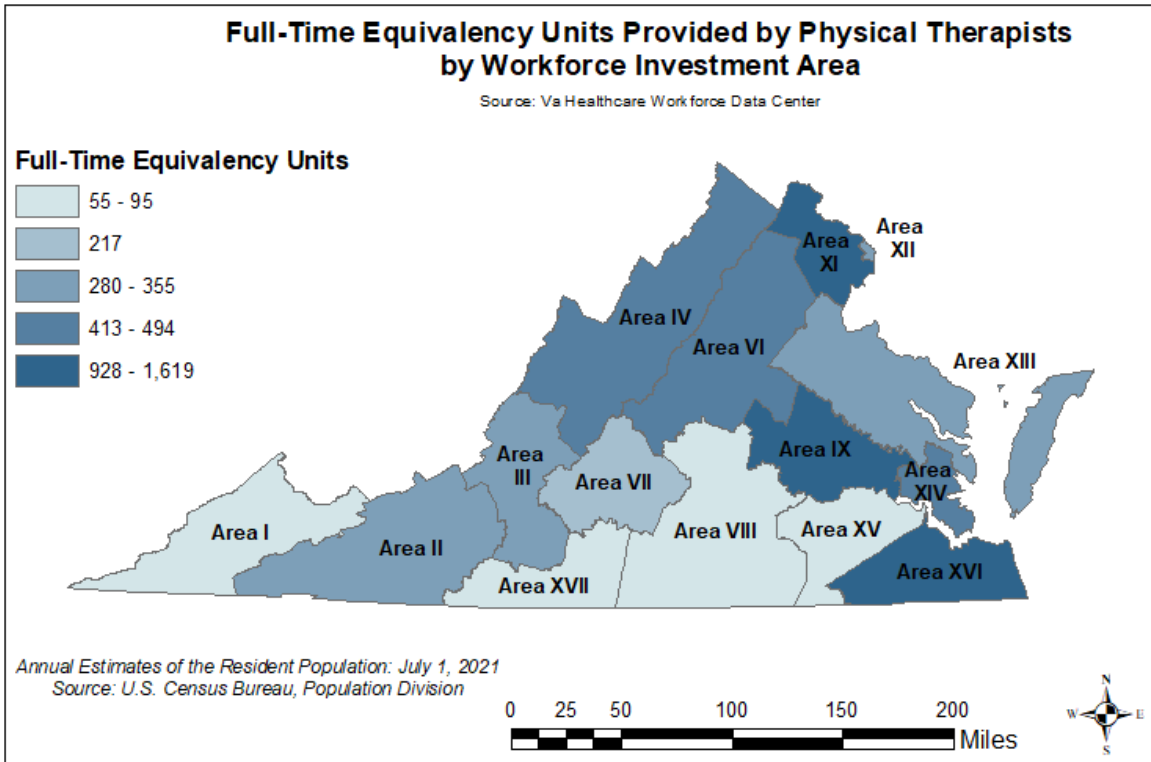
Source: Va. Healthcare Workforce Data

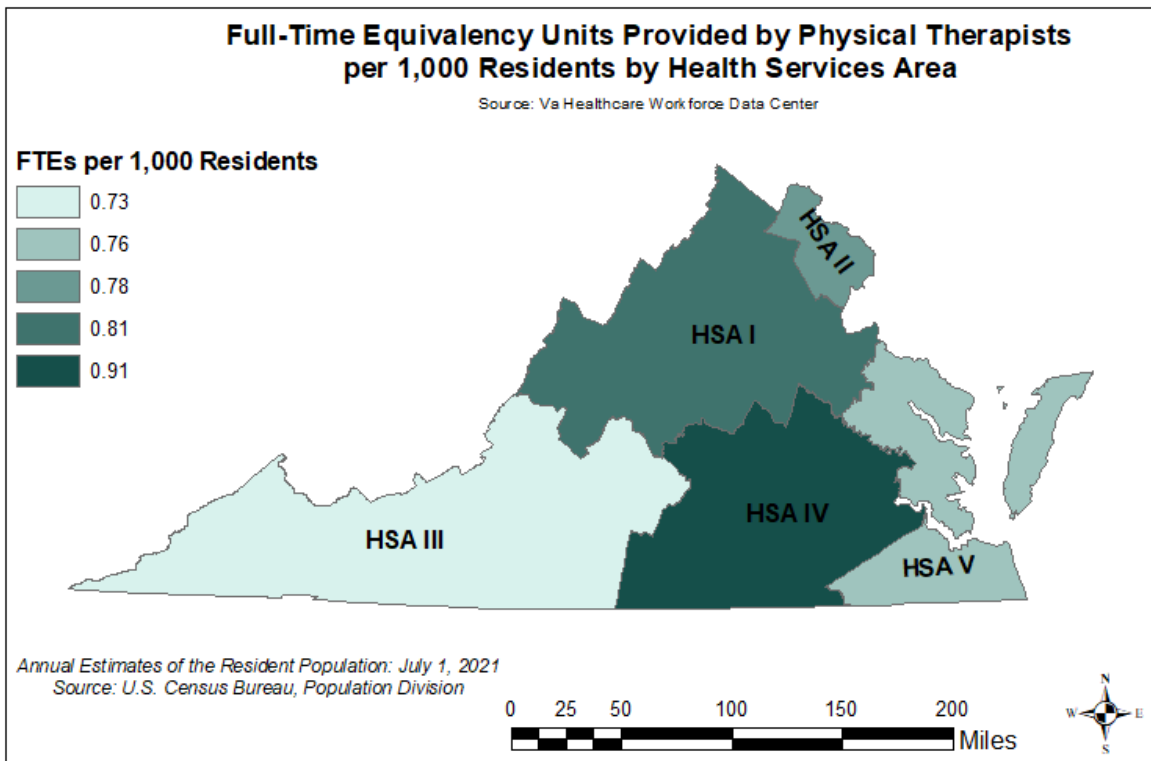
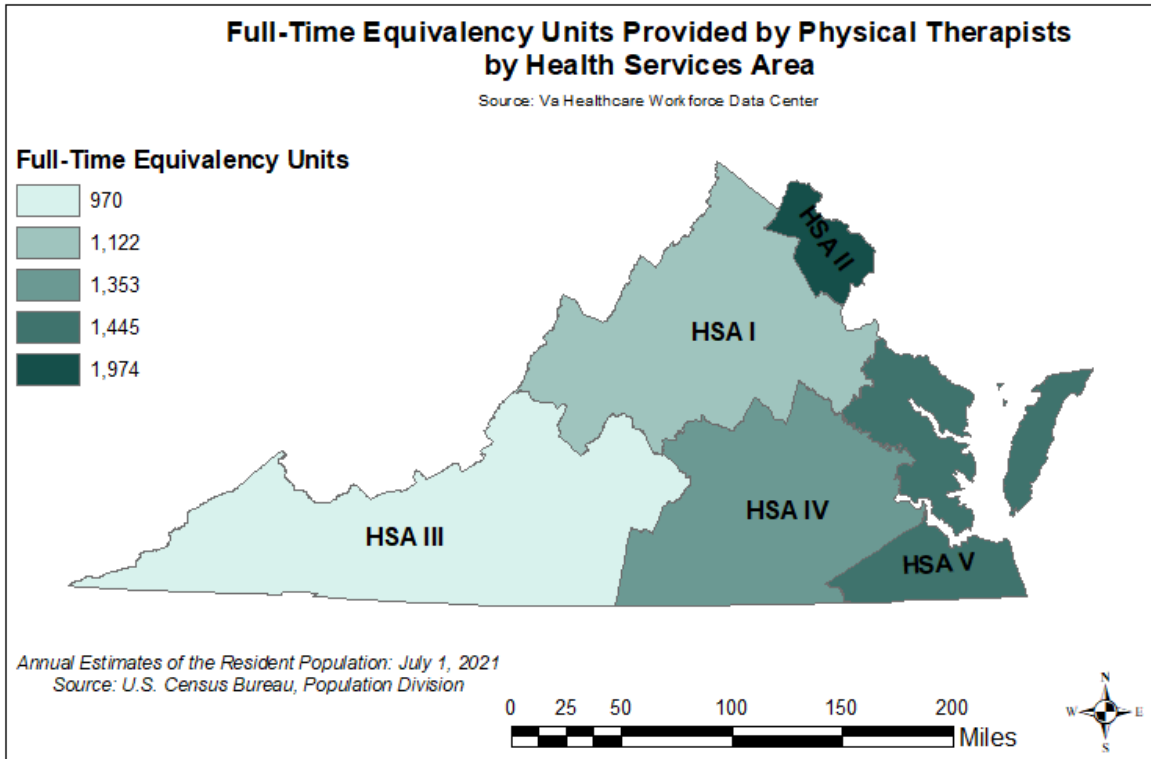
² Number of residents in 2021 was used as the denominator.

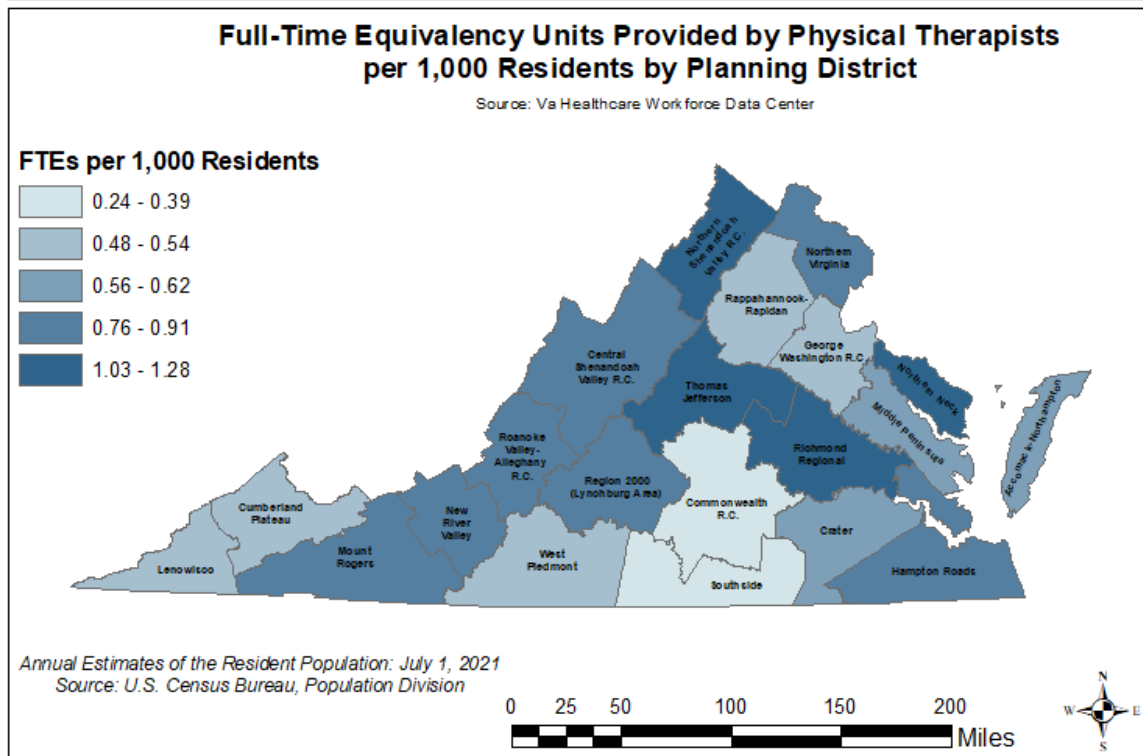
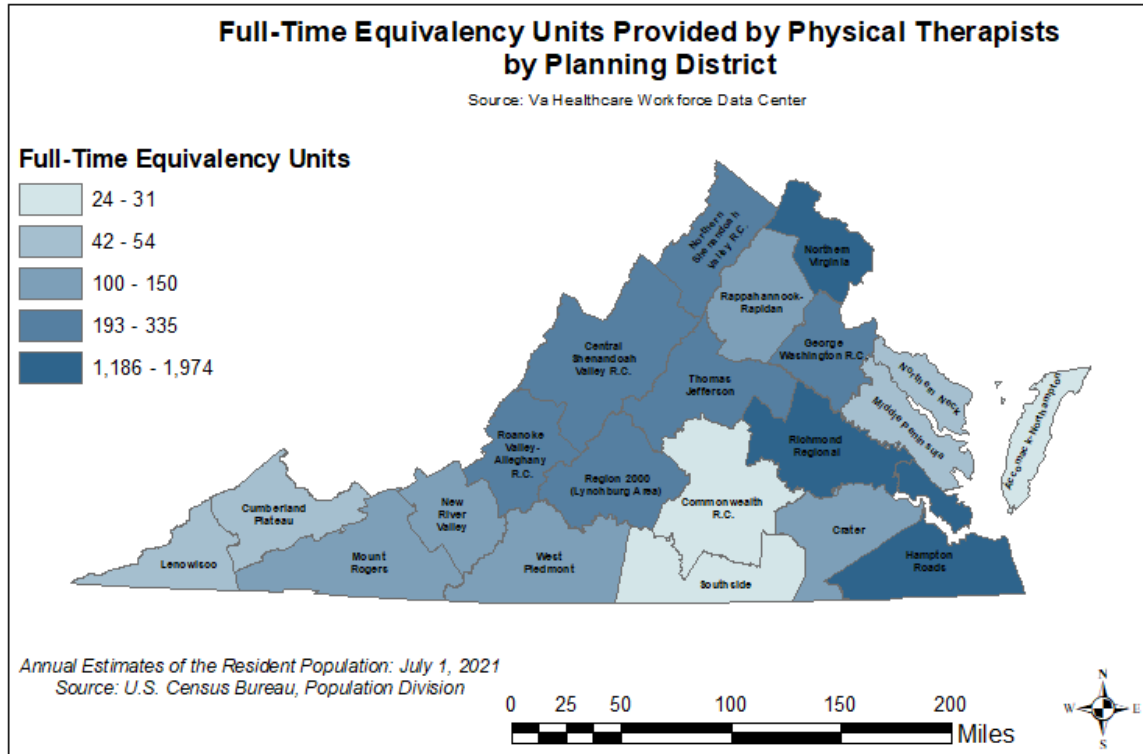
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Weights

| Rural Status | Location Weight | | | Total Weight | |
|---|-----------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Metro, 1 Million+ | 5,237 | 87.17% | 1.147 | 1.028 | 1.499 |
| Metro, 250,000 to 1 Million | 649 | 87.06% | 1.149 | 1.029 | 1.501 |
| Metro, 250,000 or Less | 889 | 87.18% | 1.147 | 1.028 | 1.499 |
| Urban, Pop. 20,000+, Metro Adj. | 95 | 92.63% | 1.080 | 0.967 | 1.410 |
| Urban, Pop. 20,000+, Non-Adj. | 0 | NA | NA | NA | NA |
| Urban, Pop. 2,500-19,999, Metro Adj. | 221 | 88.24% | 1.133 | 1.015 | 1.481 |
| Urban, Pop. 2,500-19,999, Non-Adj. | 113 | 85.84% | 1.165 | 1.044 | 1.522 |
| Rural, Metro Adj. | 123 | 85.37% | 1.171 | 1.049 | 1.531 |
| Rural, Non-Adj. | 66 | 83.33% | 1.200 | 1.075 | 1.568 |
| Virginia Border State/D.C. | 946 | 62.37% | 1.603 | 1.436 | 2.095 |
| Other U.S. State | 1,695 | 70.15% | 1.426 | 1.277 | 1.863 |

Source: Va. Healthcare Workforce Data Center

| Age | Age Weight | | | Total Weight | |
|--------------------|------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Under 30 | 1,618 | 62.73% | 1.594 | 1.410 | 2.095 |
| 30 to 34 | 1,897 | 81.71% | 1.224 | 1.083 | 1.608 |
| 35 to 39 | 1,502 | 85.22% | 1.173 | 1.038 | 1.542 |
| 40 to 44 | 1,158 | 88.86% | 1.125 | 0.996 | 1.479 |
| 45 to 49 | 1,069 | 91.49% | 1.093 | 0.967 | 1.436 |
| 50 to 54 | 940 | 91.28% | 1.096 | 0.969 | 1.440 |
| 55 to 59 | 763 | 90.83% | 1.101 | 0.974 | 1.447 |
| 60 and Over | 1,087 | 75.53% | 1.324 | 1.171 | 1.740 |

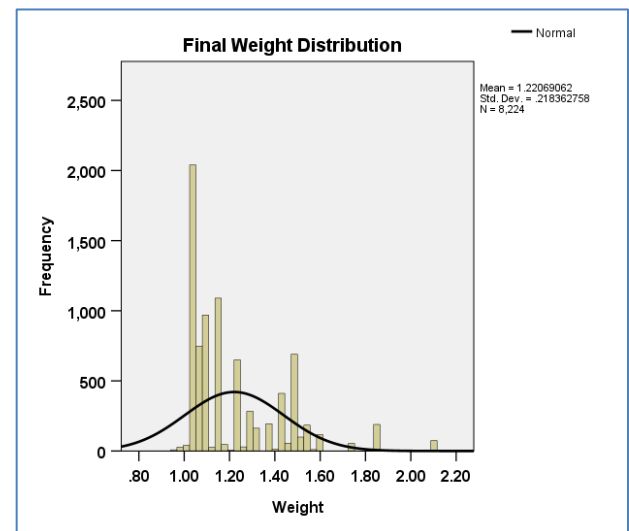
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.819613



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Physical Therapist Assistant Workforce: 2022

Healthcare Workforce Data Center

February 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
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E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 3,300 Physical Therapist Assistants voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Physical Therapy express our sincerest appreciation for their ongoing cooperation.

Thank You!

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The Physical Therapist Assistant Workforce At a Glance:

The Workforce

| | |
|-----------------------|-------|
| Licenses: | 4,095 |
| Virginia's Workforce: | 3,754 |
| FTEs: | 3,049 |

Background

| | |
|---------------------|-----|
| Rural Childhood: | 43% |
| HS Degree in VA: | 66% |
| Prof. Degree in VA: | 79% |

Current Employment

| | |
|-----------------------|-----|
| Employed in Prof.: | 94% |
| Hold 1 Full-Time Job: | 66% |
| Satisfied?: | 94% |

Survey Response Rate

| | |
|-------------------------|-----|
| All Licenses: | 83% |
| Renewing Practitioners: | 99% |

Education

| | |
|----------------|-----|
| Associate: | 97% |
| Baccalaureate: | 2% |

Job Turnover

| | |
|-----------------------|-----|
| Switched Jobs: | 10% |
| Employed Over 2 Yrs.: | 58% |

Demographics

| | |
|------------------|-----|
| % Female: | 74% |
| Diversity Index: | 36% |
| Median Age: | 40 |

Finances

| | |
|-----------------------|-------------|
| Median Income: | \$50k-\$60k |
| Health Insurance: | 58% |
| Under 40 w/ Ed. Debt: | 57% |

Primary Roles

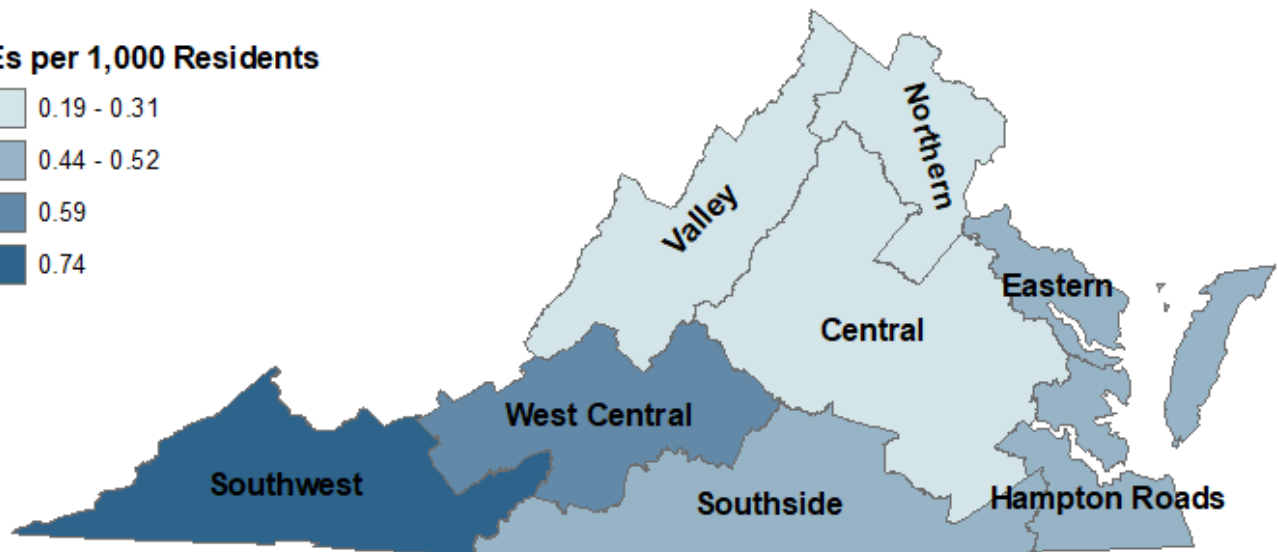
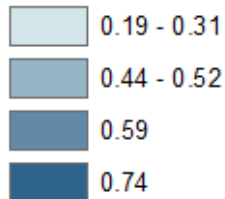
| | |
|-----------------|-----|
| Patient Care: | 86% |
| Administration: | 3% |
| Education: | 1% |

Source: Va. Healthcare Workforce Data Center

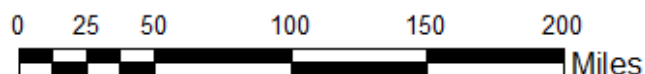
Full-Time Equivalency Units Provided by Physical Therapist Assistants per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



In total, 3,380 physical therapist assistants (PTAs) took part in the 2022 Physical Therapist Assistant Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place in December of even-numbered years for PTAs. These respondents represent 83% of the 4,095 PTAs licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 3,754 PTAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's PTA workforce provided 3,049 "full-time equivalency units" during the survey time period, which the HWDC defines simply as working 2,000 hours per year.

While 74% of all PTAs are female, this percentage falls to 71% for those PTAs who are under the age of 40. The median age of the PTA workforce is 40. In a random encounter between two PTAs, there is a 36% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 38% for those PTAs who are under the age of 40. This makes Virginia's PTA workforce less diverse than the state's population as a whole, which has a comparable diversity index of 58%. Among all PTAs, 43% grew up in a rural area, and 34% of PTAs who grew up in a rural area currently work in a non-metro area of the state. In total, 18% of all PTAs work in a non-metro area of Virginia.

Among all PTAs, 94% are currently employed in the profession, 66% hold one full-time job, and 43% work between 40 and 49 hours per week. More than seven out of every ten PTAs work in the for-profit sector, while another 23% work in the non-profit sector. The median annual income for Virginia's PTA workforce is between \$50,000 and \$60,000. In addition, 79% of PTAs receive at least one employer-sponsored benefit, including 58% who have access to health insurance. More than nine out of every ten PTAs indicated that they are satisfied with their current work situation, including 60% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2012 Physical Therapist Assistant workforce. The number of licensed PTAs has increased by 54% (4,095 vs. 2,653). In addition, the size of Virginia's PTA workforce has increased by 58% (3,754 vs. 2,377), and the number of FTEs provided by this workforce has grown by 49% (3,049 vs. 2,046). Virginia renewing PTAs are more likely to respond to this survey (99% vs. 87%).

The percentage of PTAs who are female has declined (74% vs. 79%), and this decline is even greater among those PTAs who are under the age of 40 (71% vs. 80%). The diversity index of this workforce has increased (36% vs. 28%) during a time in which the state's overall population has also become more diverse (58% vs. 54%). Virginia's PTAs are less likely to have grown up in a rural area (43% vs. 46%), and PTAs who grew up in a rural area are less likely to work in a non-metro area of the state (34% vs. 37%). In total, the percentage of all PTAs who work in a non-metro area of Virginia has fallen (18% vs. 22%).

Virginia's PTAs are more likely to pursue an Associate of Applied Science as their highest professional degree (81% vs. 78%) instead of an Associate of Science (16% vs. 19%). At the same time, PTAs are more likely to carry education debt (40% vs. 32%), a trend that is also occurring among PTAs who are under the age of 40 (57% vs. 49%). The median debt amount among those PTAs with education debt has increased significantly (\$22k-\$24k vs. \$10k-\$12k).

PTAs are less likely to be currently employed in the profession (94% vs. 95%), hold one full-time job (66% vs. 68%), or work between 40 and 49 hours per week (43% vs. 52%). PTAs are also slightly more likely to have experienced underemployment (5% vs. 4%). PTAs are relatively more likely to work in the non-profit sector (23% vs. 21%) as opposed to the for-profit sector (71% vs. 72%). The percentage of PTAs who indicated that they are satisfied with their current work situation has fallen (94% vs. 97%), and this decline is even larger among those who indicated that they are "very satisfied" (60% vs. 72%).

A Closer Look:

| Licensees | | |
|------------------------|--------------|-------------|
| License Status | # | % |
| Renewing Practitioners | 3,329 | 81% |
| New Licensees | 228 | 6% |
| Non-Renewals | 538 | 13% |
| All Licensees | 4,095 | 100% |

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing PTAs, 99% submitted a survey. These represent 83% of the 4,095 PTAs who held a license at some point in 2022.

Definitions

- The Survey Period:** The survey was conducted in December 2022.
- Target Population:** All PTAs who held a Virginia license at some point in 2022.
- Survey Population:** The survey was available to PTAs who renewed their licenses online. It was not available to those who did not renew, including some PTAs newly licensed in 2022.

| Response Rates | | | |
|----------------------|-----------------|--------------|---------------|
| Statistic | Non Respondents | Respondents | Response Rate |
| By Age | | | |
| Under 30 | 176 | 505 | 74% |
| 30 to 34 | 136 | 577 | 81% |
| 35 to 39 | 93 | 503 | 84% |
| 40 to 44 | 52 | 420 | 89% |
| 45 to 49 | 48 | 380 | 89% |
| 50 to 54 | 44 | 413 | 90% |
| 55 to 59 | 44 | 273 | 86% |
| 60 and Over | 122 | 309 | 72% |
| Total | 715 | 3,380 | 83% |
| New Licensees | | | |
| Issued in 2022 | 137 | 91 | 40% |
| Metro Status | | | |
| Non-Metro | 86 | 539 | 86% |
| Metro | 435 | 2,454 | 85% |
| Not in Virginia | 194 | 387 | 67% |

Source: Va. Healthcare Workforce Data Center

| Response Rates | |
|------------------------------|--------------|
| Completed Surveys | 3,380 |
| Response Rate, All Licensees | 83% |
| Response Rate, Renewals | 99% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed PTAs

Number: 4,095
 New: 6%
 Not Renewed: 13%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2022 PTA Workforce: 3,754
 FTEs: 3,049

Utilization Ratios

Licensees in VA Workforce: 92%
 Licensees per FTE: 1.34
 Workers per FTE: 1.23

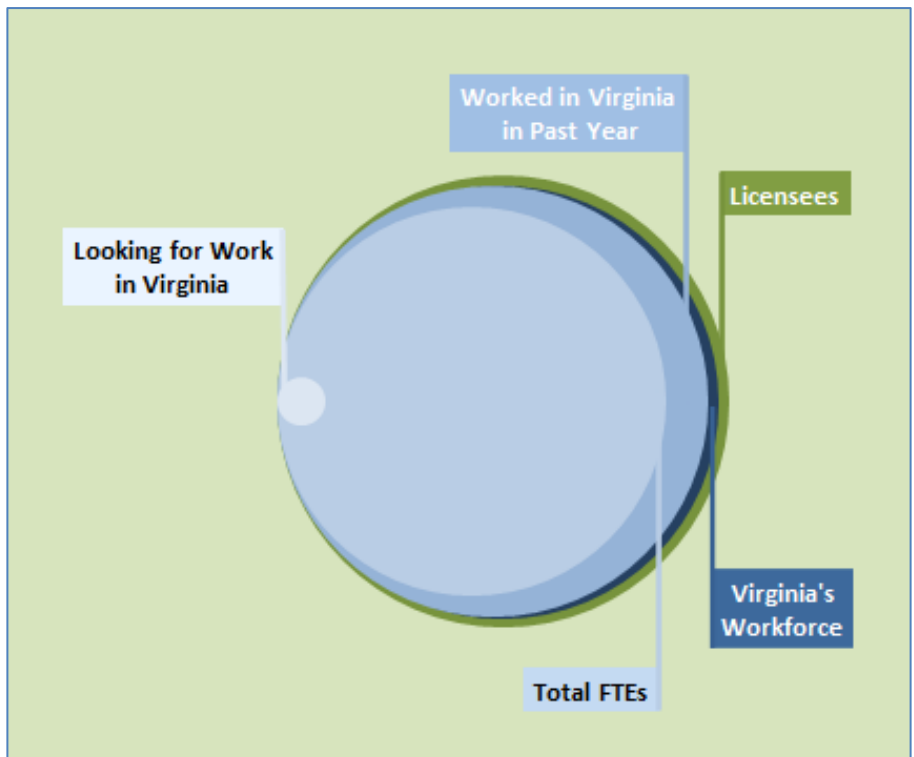
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

| Virginia's PTA Workforce | | |
|---------------------------------|--------------|-------------|
| Status | # | % |
| Worked in Virginia in Past Year | 3,705 | 99% |
| Looking for Work in Virginia | 49 | 1% |
| Virginia's Workforce | 3,754 | 100% |
| Total FTEs | 3,049 | |
| Licensees | 4,095 | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

A Closer Look:

| Age & Gender | | | | | | |
|--------------|------------|------------|--------------|------------|--------------|----------------|
| Age | Male | | Female | | Total | |
| | # | % Male | # | % Female | # | % in Age Group |
| Under 30 | 168 | 27% | 461 | 73% | 629 | 18% |
| 30 to 34 | 199 | 32% | 424 | 68% | 623 | 18% |
| 35 to 39 | 139 | 27% | 383 | 73% | 522 | 15% |
| 40 to 44 | 103 | 26% | 290 | 74% | 394 | 11% |
| 45 to 49 | 79 | 22% | 278 | 78% | 357 | 10% |
| 50 to 54 | 82 | 22% | 290 | 78% | 372 | 11% |
| 55 to 59 | 55 | 21% | 203 | 79% | 258 | 7% |
| 60 and Over | 69 | 22% | 241 | 78% | 310 | 9% |
| Total | 895 | 26% | 2,570 | 74% | 3,466 | 100% |

Source: Va. Healthcare Workforce Data Center

| Race & Ethnicity | | | | | |
|-------------------|-------------|--------------|-------------|---------------|-------------|
| Race/Ethnicity | Virginia* | PTAs | | PTAs Under 40 | |
| | % | # | % | # | % |
| White | 60% | 2,764 | 80% | 1,390 | 78% |
| Black | 19% | 278 | 8% | 139 | 8% |
| Asian | 7% | 115 | 3% | 59 | 3% |
| Other Race | 0% | 41 | 1% | 17 | 1% |
| Two or More Races | 3% | 104 | 3% | 66 | 4% |
| Hispanic | 10% | 173 | 5% | 108 | 6% |
| Total | 100% | 3,476 | 100% | 1,778 | 100% |

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 74%
% Under 40 Female: 71%

Age

Median Age: 40
% Under 40: 51%
% 55 and Over: 16%

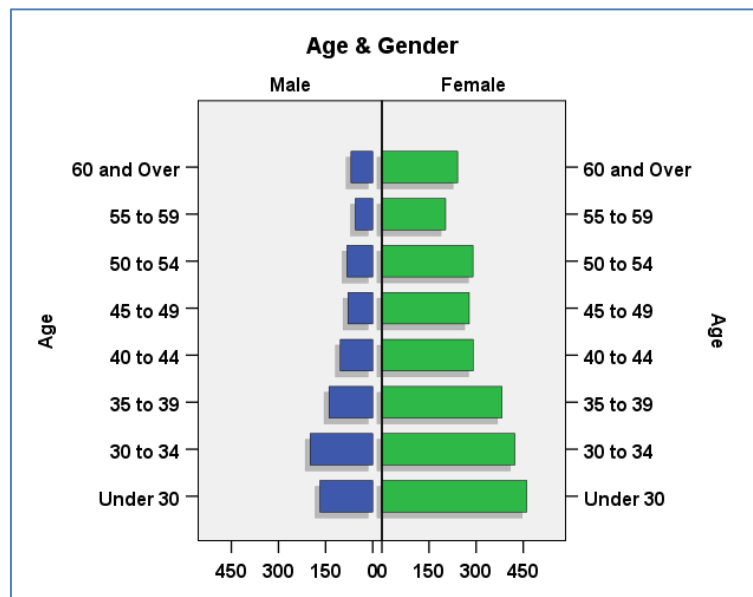
Diversity

Diversity Index: 36%
Under 40 Div. Index: 38%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two PTAs, there is a 36% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 58%.

Among all PTAs, 51% are under the age of 40, and 71% of PTAs who are under the age of 40 are female. In addition, the diversity index among PTAs who are under the age of 40 is 38%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 11%
 Rural Childhood: 43%

Virginia Background

HS in Virginia: 66%
 Professional Edu. in VA: 79%
 HS/Prof. Edu. in VA: 82%

Location Choice

% Rural to Non-Metro: 34%
 % Urban/Suburban to Non-Metro: 6%

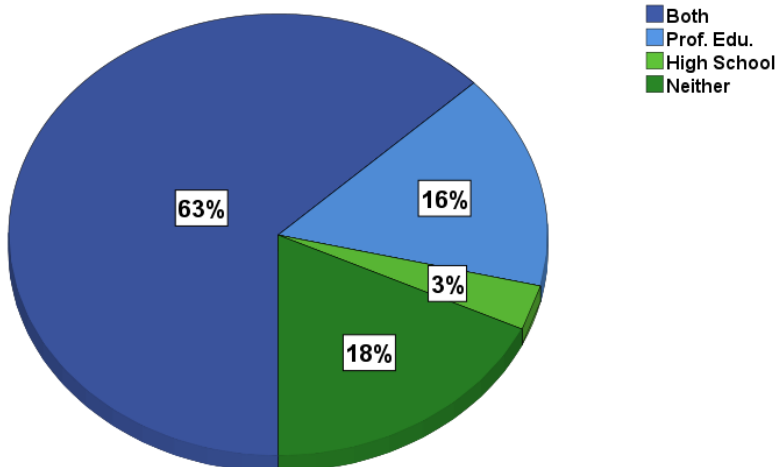
Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Primary Location: USDA Rural Urban Continuum | | Rural Status of Childhood Location | | |
|---|--|------------------------------------|------------|------------|
| Code | Description | Rural | Suburban | Urban |
| Metro Counties | | | | |
| 1 | Metro, 1 Million+ | 25% | 61% | 14% |
| 2 | Metro, 250,000 to 1 Million | 59% | 33% | 8% |
| 3 | Metro, 250,000 or Less | 60% | 33% | 7% |
| Non-Metro Counties | | | | |
| 4 | Urban, Pop. 20,000+, Metro Adjacent | 80% | 16% | 4% |
| 6 | Urban, Pop. 2,500-19,999, Metro Adjacent | 81% | 15% | 4% |
| 7 | Urban, Pop. 2,500-19,999, Non-Adjacent | 92% | 5% | 3% |
| 8 | Rural, Metro Adjacent | 67% | 25% | 8% |
| 9 | Rural, Non-Adjacent | 73% | 25% | 2% |
| Overall | | 43% | 46% | 11% |

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among all PTAs, 43% grew up in a self-described rural area, and 34% of PTAs who grew up in a rural area currently work in a non-metro county of Virginia. In total, 18% of all PTAs work in a non-metro county of the state.

Top Ten States for Physical Therapist Assistant Recruitment

| Rank | All Physical Therapist Assistants | | | |
|------|-----------------------------------|-------|---------------------|-------|
| | High School | # | Professional School | # |
| 1 | Virginia | 2,294 | Virginia | 2,659 |
| 2 | Pennsylvania | 128 | West Virginia | 82 |
| 3 | Outside U.S./Canada | 122 | Pennsylvania | 78 |
| 4 | New York | 103 | North Carolina | 68 |
| 5 | North Carolina | 86 | New York | 57 |
| 6 | Maryland | 82 | Florida | 50 |
| 7 | West Virginia | 64 | Maryland | 49 |
| 8 | Ohio | 58 | Ohio | 46 |
| 9 | Florida | 57 | Massachusetts | 24 |
| 10 | New Jersey | 40 | Texas | 21 |

Source: Va. Healthcare Workforce Data Center

Among all PTAs, 66% received their high school degree in Virginia, while 79% received their initial professional degree in the state.

| Rank | Licensed in the Past Five Years | | | |
|------|---------------------------------|-----|---------------------|-----|
| | High School | # | Professional School | # |
| 1 | Virginia | 657 | Virginia | 762 |
| 2 | Pennsylvania | 38 | West Virginia | 29 |
| 3 | Maryland | 36 | North Carolina | 25 |
| 4 | North Carolina | 33 | Florida | 23 |
| 5 | Florida | 26 | Pennsylvania | 22 |
| 6 | Outside U.S./Canada | 22 | Ohio | 18 |
| 7 | Ohio | 22 | Maryland | 17 |
| 8 | New York | 18 | California | 12 |
| 9 | California | 17 | Texas | 9 |
| 10 | West Virginia | 16 | Michigan | 8 |

Source: Va. Healthcare Workforce Data Center

Among PTAs who have been licensed in the past five years, 64% received their high school degree in Virginia, while 75% received their initial professional degree in the state.

Nearly one out of every ten licensed PTAs did not participate in Virginia's workforce in 2022. Nearly nine out of every ten of these PTAs worked at some point in the past year, including 75% who currently work as PTAs.

At a Glance:

Not in VA Workforce

| | |
|---------------------|-----|
| Total: | 340 |
| % of Licensees: | 8% |
| Federal/Military: | 8% |
| VA Border State/DC: | 14% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate of Applied Science: 81%
 Associate of Science: 16%

Education Debt

Carry Debt: 40%
 Under Age 40 with Debt: 57%
 Median Debt: \$22k-\$24k

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Highest Professional Degree | | |
|------------------------------|--------------|-------------|
| Degree | # | % |
| Certificate | 20 | 1% |
| Associate of Applied Science | 2,806 | 81% |
| Associate of Science | 554 | 16% |
| Baccalaureate | 62 | 2% |
| Other | 22 | 1% |
| Total | 3,464 | 100% |

Source: Va. Healthcare Workforce Data Center

More than four out of every five PTAs hold an Associate of Applied Science as their highest professional degree, while another 16% hold an Associate of Science degree.

| Highest Non-Professional Degree | | |
|---------------------------------|--------------|-------------|
| Degree | # | % |
| Certificate | 227 | 7% |
| Associate of Applied Science | 725 | 24% |
| Associate of Science | 272 | 9% |
| Baccalaureate | 1,382 | 45% |
| Masters | 129 | 4% |
| Doctorate/Professional | 16 | 1% |
| Other | 316 | 10% |
| Total | 3,067 | 100% |

Source: Va. Healthcare Workforce Data Center

Two out of every five PTAs currently have education debt, including 57% of those under the age of 40. For those PTAs with education debt, the median debt amount is between \$22,000 and \$24,000.

| Education Debt | | | | |
|-------------------|--------------|-------------|---------------|-------------|
| Amount Carried | All PTAs | | PTAs Under 40 | |
| | # | % | # | % |
| None | 1,869 | 60% | 683 | 43% |
| Less than \$4,000 | 87 | 3% | 59 | 4% |
| \$4,000-\$7,999 | 94 | 3% | 64 | 4% |
| \$8,000-\$11,999 | 144 | 5% | 88 | 6% |
| \$12,000-\$15,999 | 93 | 3% | 75 | 5% |
| \$16,000-\$19,999 | 85 | 3% | 68 | 4% |
| \$20,000-\$23,999 | 137 | 4% | 105 | 7% |
| \$24,000-\$27,999 | 99 | 3% | 72 | 5% |
| \$28,000 or More | 483 | 16% | 373 | 24% |
| Total | 3,091 | 100% | 1,587 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

| | |
|-----------------|----|
| Geriatrics: | 3% |
| Women’s Health: | 3% |
| Neuromuscular: | 2% |

Top Credentials

| | |
|----------------------|----|
| Exercise Physiology: | 3% |
| Massage Therapy: | 3% |
| Athletic Training: | 1% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| APTA Recognition of Advanced Proficiency Certificates | | |
|---|------------|----------------|
| Proficiency Area | # | % of Workforce |
| Geriatrics | 126 | 3% |
| Women's Health | 96 | 3% |
| Neuromuscular | 57 | 2% |
| Aquatic | 30 | 1% |
| Acute Care | 29 | 1% |
| Education | 28 | 1% |
| Cardiovascular & Pulmonary | 21 | 1% |
| Oncology | 12 | 0% |
| Sports | 8 | 0% |
| Pediatric | 6 | 0% |
| At Least One Certification | 232 | 6% |

Source: Va. Healthcare Workforce Data Center

| Credentials | | |
|---------------------------------------|------------|----------------|
| Proficiency Area | # | % of Workforce |
| Exercise Physiology | 112 | 3% |
| Massage Therapy | 105 | 3% |
| Athletic Training | 54 | 1% |
| Kinesiotherapy | 46 | 1% |
| Nursing | 20 | 1% |
| Medical Assistant | 8 | 0% |
| Art/Dance Therapy | 6 | 0% |
| Orthopedic Technician | 2 | 0% |
| Orthotic/Prosthetic Fitter | 2 | 0% |
| Orthotic/Prosthetic Technician | 1 | 0% |
| Other | 289 | 8% |
| At Least One Credential | 597 | 16% |

Source: Va. Healthcare Workforce Data Center

Among all PTAs, 6% currently hold at least one APTA certificate, and 16% hold at least one credential. Geriatrics is the most common APTA certification, and exercise physiology is the most common credential.

At a Glance:

Employment

Employed in Profession: 94%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 66%
 2 or More Positions: 15%

Weekly Hours

40 to 49: 43%
 60 or More: 2%
 Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Current Work Status | | |
|--|--------------|-------------|
| Status | # | % |
| Employed, Capacity Unknown | 0 | 0% |
| Employed in a Physical Therapy-Related Capacity | 3,260 | 94% |
| Employed, NOT in a Physical Therapy-Related Capacity | 102 | 3% |
| Not Working, Reason Unknown | 0 | 0% |
| Involuntarily Unemployed | 9 | < 1% |
| Voluntarily Unemployed | 91 | 3% |
| Retired | 11 | < 1% |
| Total | 3,472 | 100% |

Source: Va. Healthcare Workforce Data Center

Among all PTAs, 94% are currently employed in the profession, 66% hold one full-time job, and 43% work between 40 and 49 hours per week.

| Current Positions | | |
|---|--------------|-------------|
| Positions | # | % |
| No Positions | 111 | 3% |
| One Part-Time Position | 563 | 16% |
| Two Part-Time Positions | 139 | 4% |
| One Full-Time Position | 2,266 | 66% |
| One Full-Time Position & One Part-Time Position | 284 | 8% |
| Two Full-Time Positions | 3 | 0% |
| More than Two Positions | 77 | 2% |
| Total | 3,443 | 100% |

Source: Va. Healthcare Workforce Data Center

| Current Weekly Hours | | |
|----------------------|--------------|-------------|
| Hours | # | % |
| 0 Hours | 111 | 3% |
| 1 to 9 Hours | 75 | 2% |
| 10 to 19 Hours | 180 | 5% |
| 20 to 29 Hours | 295 | 9% |
| 30 to 39 Hours | 1,122 | 33% |
| 40 to 49 Hours | 1,460 | 43% |
| 50 to 59 Hours | 90 | 3% |
| 60 to 69 Hours | 23 | 1% |
| 70 to 79 Hours | 11 | 0% |
| 80 or More Hours | 20 | 1% |
| Total | 3,387 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Annual Income | | |
|---------------------|--------------|-------------|
| Income Level | # | % |
| Volunteer Work Only | 12 | 0% |
| Less than \$10,000 | 84 | 3% |
| \$10,000-\$19,999 | 61 | 2% |
| \$20,000-\$29,999 | 126 | 4% |
| \$30,000-\$39,999 | 219 | 8% |
| \$40,000-\$49,999 | 528 | 18% |
| \$50,000-\$59,999 | 782 | 27% |
| \$60,000-\$69,999 | 582 | 20% |
| \$70,000-\$79,999 | 320 | 11% |
| \$80,000-\$89,999 | 117 | 4% |
| \$90,000-\$99,999 | 19 | 1% |
| \$100,000 or More | 26 | 1% |
| Total | 2,875 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$50k-\$60k

Benefits
Health Insurance: 58%
Retirement: 60%

Satisfaction
Satisfied: 94%
Very Satisfied: 60%

Source: Va. Healthcare Workforce Data Center

| Job Satisfaction | | |
|-----------------------|--------------|-------------|
| Level | # | % |
| Very Satisfied | 2,035 | 60% |
| Somewhat Satisfied | 1,149 | 34% |
| Somewhat Dissatisfied | 148 | 4% |
| Very Dissatisfied | 45 | 1% |
| Total | 3,378 | 100% |

Source: Va. Healthcare Workforce Data Center

The typical PTA earns between \$50,000 and \$60,000 per year. In addition, 79% of PTAs receive at least one employer-sponsored benefit, including 58% who have access to health insurance.

| Employer-Sponsored Benefits | | | |
|-----------------------------|--------------|------------|----------------------------|
| Benefit | # | % | % of Wage/Salary Employees |
| Paid Vacation | 2,313 | 71% | 72% |
| Retirement | 1,944 | 60% | 60% |
| Health Insurance | 1,878 | 58% | 58% |
| Dental Insurance | 1,800 | 55% | 55% |
| Paid Sick Leave | 1,519 | 47% | 46% |
| Group Life Insurance | 1,121 | 34% | 35% |
| Signing/Retention Bonus | 187 | 6% | 6% |
| At Least One Benefit | 2,570 | 79% | 79% |

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Employment Instability in the Past Year | | |
|---|--------------|------------|
| In The Past Year, Did You . . . ? | # | % |
| Experience Involuntary Unemployment? | 77 | 2% |
| Experience Voluntary Unemployment? | 192 | 5% |
| Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position? | 197 | 5% |
| Work Two or More Positions at the Same Time? | 611 | 16% |
| Switch Employers or Practices? | 386 | 10% |
| Experience at Least One? | 1,114 | 30% |

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia's PTAs experienced involuntary unemployment at some point in 2022. By comparison, Virginia's average monthly unemployment rate was 2.9%.¹

| Location Tenure | | | | |
|--|--------------|-------------|--------------|-------------|
| Tenure | Primary | | Secondary | |
| | # | % | # | % |
| Not Currently Working at This Location | 87 | 3% | 76 | 9% |
| Less than 6 Months | 264 | 8% | 153 | 19% |
| 6 Months to 1 Year | 393 | 12% | 118 | 15% |
| 1 to 2 Years | 678 | 20% | 158 | 20% |
| 3 to 5 Years | 747 | 22% | 155 | 19% |
| 6 to 10 Years | 548 | 16% | 79 | 10% |
| More than 10 Years | 632 | 19% | 71 | 9% |
| Subtotal | 3,349 | 100% | 810 | 100% |
| Did Not Have Location | 72 | | 2,914 | |
| Item Missing | 333 | | 30 | |
| Total | 3,754 | | 3,754 | |

Source: Va. Healthcare Workforce Data Center

Nearly three-quarters of all PTAs receive an hourly wage at their primary work location, while 19% either receive a salary or work on commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 5%

Turnover & Tenure

Switched Jobs: 10%
New Location: 28%
Over 2 Years: 58%
Over 2 Yrs., 2nd Location: 38%

Employment Type

Hourly Wage: 73%
Salary/Commission: 19%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five PTAs have worked at their primary work location for more than two years.

| Employment Type | | |
|--------------------------|--------------|-------------|
| Primary Work Site | # | % |
| Salary/Commission | 465 | 19% |
| Hourly Wage | 1,828 | 73% |
| By Contract | 167 | 7% |
| Business/Practice Income | 28 | 1% |
| Unpaid | 5 | 0% |
| Subtotal | 2,494 | 100% |

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate for December 2022 was still preliminary.

At a Glance:

Concentration

| | |
|----------------|-----|
| Top Region: | 26% |
| Top 3 Regions: | 62% |
| Lowest Region: | 2% |

Locations

| | |
|------------------------|-----|
| 2 or More (Past Year): | 25% |
| 2 or More (Now*): | 22% |

Source: Va. Healthcare Workforce Data Center

More than three out of every five PTAs work in Hampton Roads, Northern Virginia, and Central Virginia.

Number of Work Locations

| Locations | Work Locations in 2022 | | Work Locations Now* | |
|--------------|------------------------|-------------|---------------------|-------------|
| | # | % | # | % |
| 0 | 49 | 1% | 109 | 3% |
| 1 | 2,499 | 74% | 2,531 | 75% |
| 2 | 486 | 14% | 452 | 13% |
| 3 | 270 | 8% | 239 | 7% |
| 4 | 38 | 1% | 26 | 1% |
| 5 | 11 | 0% | 8 | 0% |
| 6 or More | 31 | 1% | 19 | 1% |
| Total | 3,384 | 100% | 3,384 | 100% |

*At the time of survey completion, December 2022.

Source: Va. Healthcare Workforce Data Center

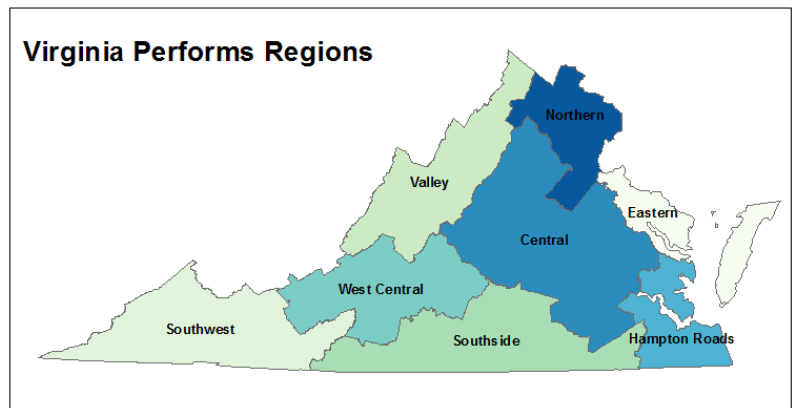
A Closer Look:

Regional Distribution of Work Locations

| Virginia Performs Region | Primary Location | | Secondary Location | |
|----------------------------|------------------|-------------|--------------------|-------------|
| | # | % | # | % |
| Central | 595 | 18% | 139 | 17% |
| Eastern | 81 | 2% | 20 | 2% |
| Hampton Roads | 861 | 26% | 167 | 20% |
| Northern | 629 | 19% | 173 | 21% |
| Southside | 189 | 6% | 51 | 6% |
| Southwest | 286 | 9% | 61 | 7% |
| Valley | 192 | 6% | 48 | 6% |
| West Central | 482 | 14% | 127 | 15% |
| Virginia Border State/D.C. | 8 | 0% | 5 | 1% |
| Other U.S. State | 15 | 0% | 32 | 4% |
| Outside of the U.S. | 3 | 0% | 0 | 0% |
| Total | 3,341 | 100% | 823 | 100% |
| Item Missing | 342 | | 17 | |

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all PTAs, 22% currently have multiple work locations, while 25% have had multiple work locations over the past year.

A Closer Look:

| Sector | Location Sector | | | |
|--------------------------------|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| For-Profit | 2,304 | 71% | 621 | 80% |
| Non-Profit | 738 | 23% | 102 | 13% |
| State/Local Government | 99 | 3% | 37 | 5% |
| Veterans Administration | 18 | 1% | 0 | 0% |
| U.S. Military | 54 | 2% | 11 | 1% |
| Other Federal Gov't | 12 | 0% | 1 | 0% |
| Total | 3,225 | 100% | 772 | 100% |
| Did Not Have Location | 72 | | 2,914 | |
| Item Missing | 458 | | 67 | |

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

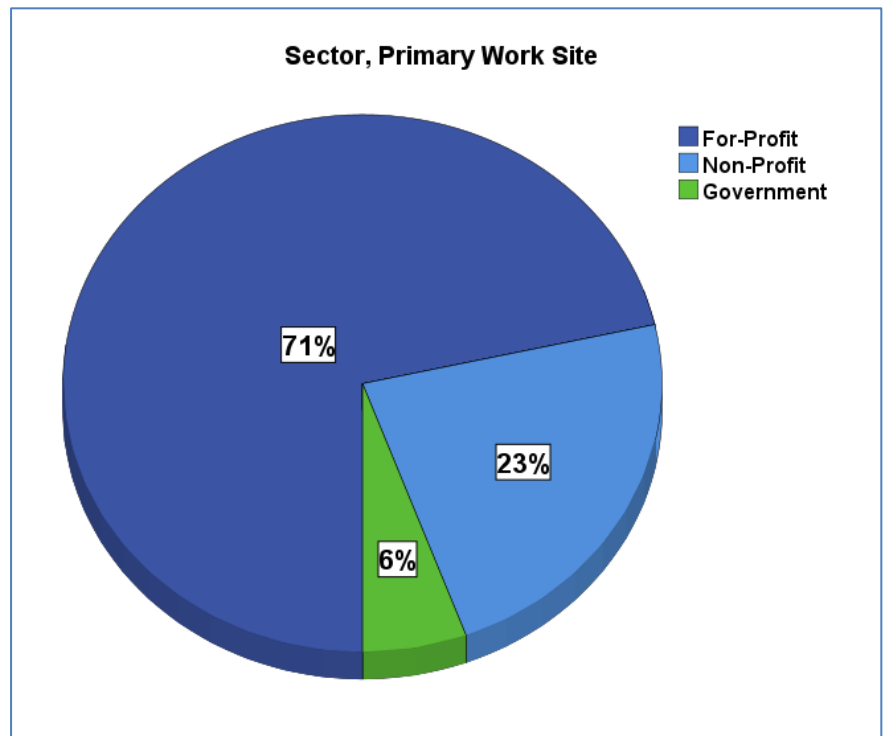
| | |
|-------------|-----|
| For-Profit: | 71% |
| Federal: | 3% |

Top Establishments

| | |
|---------------------------|-----|
| Home Health Care: | 23% |
| Outpatient Rehab.: | 20% |
| Skilled Nursing Facility: | 17% |

Source: Va. Healthcare Workforce Data Center

Among all PTAs, 71% work in the for-profit sector, while another 23% work in the non-profit sector.



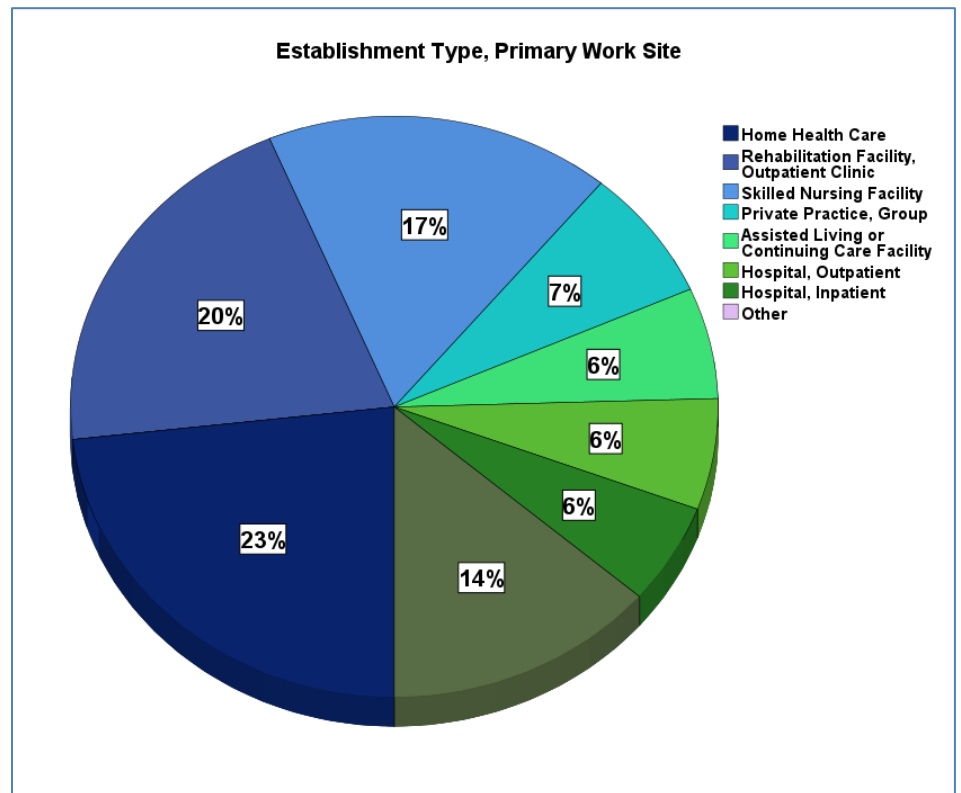
Source: Va. Healthcare Workforce Data Center

| Establishment Type | Location Type | | | |
|--|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Home Health Care | 740 | 23% | 195 | 25% |
| Rehabilitation Facility, Outpatient Clinic | 653 | 20% | 105 | 14% |
| Skilled Nursing Facility | 552 | 17% | 177 | 23% |
| Private Practice, Group | 234 | 7% | 40 | 5% |
| Assisted Living or Continuing Care Facility | 197 | 6% | 58 | 8% |
| General Hospital, Outpatient Department | 197 | 6% | 22 | 3% |
| General Hospital, Inpatient Department | 179 | 6% | 48 | 6% |
| Rehabilitation Facility, Residential/Inpatient | 135 | 4% | 47 | 6% |
| Private Practice, Solo | 106 | 3% | 16 | 2% |
| K-12 School System | 34 | 1% | 3 | 0% |
| Academic Institution | 20 | 1% | 14 | 2% |
| Physician Office | 16 | 1% | 0 | 0% |
| Other | 125 | 4% | 43 | 6% |
| Total | 3,188 | 100% | 768 | 100% |
| Did Not Have a Location | 72 | | 2,914 | |

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all PTAs work in a home health care establishment. Another 20% work in the outpatient clinic of a rehabilitation facility.

Among PTAs who also have a secondary work location, 25% work in a home health care establishment, while 23% work in a skilled nursing facility.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

| | |
|----------|-----|
| Spanish: | 25% |
| Chinese: | 8% |
| French: | 8% |

Means of Communication

| | |
|----------------------|-----|
| Virtual Translation: | 50% |
| Other Staff Members: | 35% |
| Onsite Translation: | 24% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Languages Offered | | |
|--|--------------|----------------|
| Language | # | % of Workforce |
| Spanish | 941 | 25% |
| Chinese | 312 | 8% |
| French | 309 | 8% |
| Korean | 301 | 8% |
| Tagalog/Filipino | 300 | 8% |
| Arabic | 285 | 8% |
| Vietnamese | 276 | 7% |
| Hindi | 272 | 7% |
| Persian | 216 | 6% |
| Urdu | 201 | 5% |
| Amharic, Somali, or Other Afro-Asiatic Languages | 170 | 5% |
| Pashto | 170 | 5% |
| Others | 193 | 5% |
| At Least One Language | 1,120 | 30% |

Source: Va. Healthcare Workforce Data Center

One-quarter of all PTAs are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

| Provision | # | % of Workforce with Language Services |
|----------------------------------|-----|---------------------------------------|
| Virtual Translation Services | 559 | 50% |
| Other Staff Member is Proficient | 388 | 35% |
| Onsite Translation Service | 269 | 24% |
| Respondent is Proficient | 203 | 18% |
| Other | 54 | 5% |

Source: Va. Healthcare Workforce Data Center

One-half of all PTAs who are employed at a primary work location that offers language services for patients provide it through a virtual translation service.

At a Glance: (Primary Locations)

A Typical PTA's Time

Patient Care: 90%-99%
Administration: 1%-9%

Roles

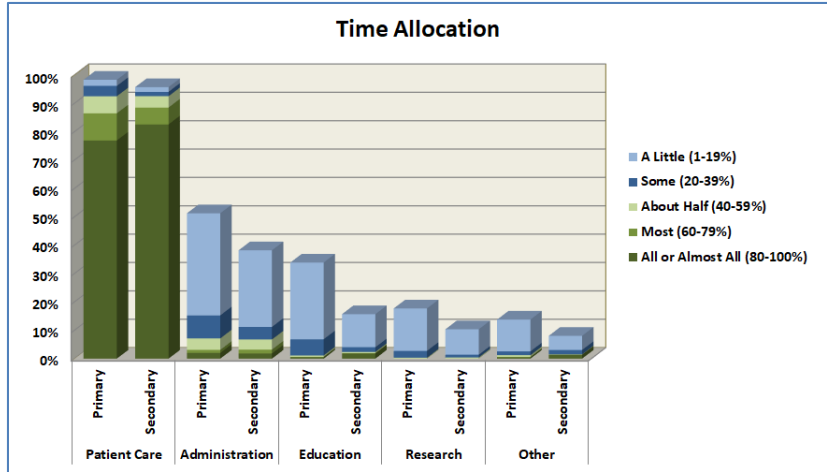
Patient Care: 86%
Administration: 3%
Education: 1%

Patient Care PTAs

Median Admin. Time: 0%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

PTAs typically spend most of their time in patient care activities. In fact, 86% of all PTAs fill a patient care role, defined as spending at least 60% of their time in that activity.

| Time Allocation | | | | | | | | | | |
|------------------------------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Time Spent | Patient Care | | Admin. | | Education | | Research | | Other | |
| | Pri. Site | Sec. Site | Pri. Site | Sec. Site | Pri. Site | Sec. Site | Pri. Site | Sec. Site | Pri. Site | Sec. Site |
| All or Almost All (80-100%) | 77% | 83% | 2% | 2% | 1% | 2% | 0% | 0% | 0% | 1% |
| Most (60-79%) | 10% | 6% | 1% | 1% | 0% | 0% | 0% | 0% | 0% | 0% |
| About Half (40-59%) | 6% | 4% | 4% | 4% | 1% | 0% | 0% | 0% | 1% | 0% |
| Some (20-39%) | 4% | 2% | 8% | 4% | 6% | 2% | 2% | 1% | 1% | 2% |
| A Little (1-19%) | 2% | 2% | 36% | 27% | 27% | 12% | 15% | 9% | 11% | 5% |
| None (0%) | 2% | 4% | 49% | 62% | 66% | 84% | 82% | 90% | 86% | 92% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Retirement Expectations | | | | |
|----------------------------------|--------------|-------------|--------------|-------------|
| Expected Retirement Age | All PTAs | | PTAs Over 50 | |
| | # | % | # | % |
| Under Age 50 | 226 | 8% | - | - |
| 50 to 54 | 165 | 6% | 5 | 1% |
| 55 to 59 | 370 | 12% | 72 | 9% |
| 60 to 64 | 798 | 27% | 215 | 27% |
| 65 to 69 | 961 | 32% | 350 | 43% |
| 70 to 74 | 227 | 8% | 111 | 14% |
| 75 to 79 | 40 | 1% | 12 | 1% |
| 80 or Over | 24 | 1% | 10 | 1% |
| I Do Not Intend to Retire | 152 | 5% | 33 | 4% |
| Total | 2,965 | 100% | 808 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All PTAs

Under 65: 53%
Under 60: 26%

PTAs 50 and Over

Under 65: 36%
Under 60: 10%

Time Until Retirement

Within 2 Years: 3%
Within 10 Years: 15%
Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

More than half of all PTAs expect to retire before the age of 65. Among PTAs who are age 50 and over, 36% still expect to retire by the age of 65.

Within the next two years, 22% of all PTAs expect to pursue additional educational opportunities, and 11% expect to increase their patient care hours.

Future Plans

| Two-Year Plans: | # | % |
|------------------------------------|-----|-----|
| Decrease Participation | | |
| Leave Profession | 109 | 3% |
| Leave Virginia | 125 | 3% |
| Decrease Patient Care Hours | 330 | 9% |
| Decrease Teaching Hours | 6 | 0% |
| Increase Participation | | |
| Increase Patient Care Hours | 402 | 11% |
| Increase Teaching Hours | 317 | 8% |
| Pursue Additional Education | 821 | 22% |
| Return to the Workforce | 35 | 1% |

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for PTAs. Only 3% of PTAs expect to retire within the next two years, while 15% expect to retire in the next ten years. Half of the current PTA workforce expect to retire by 2047.

Time to Retirement

| Expect to Retire Within . . . | # | % | Cumulative % |
|-------------------------------|--------------|-------------|--------------|
| 2 Years | 92 | 3% | 3% |
| 5 Years | 89 | 3% | 6% |
| 10 Years | 275 | 9% | 15% |
| 15 Years | 340 | 11% | 27% |
| 20 Years | 384 | 13% | 40% |
| 25 Years | 439 | 15% | 55% |
| 30 Years | 353 | 12% | 67% |
| 35 Years | 366 | 12% | 79% |
| 40 Years | 292 | 10% | 89% |
| 45 Years | 147 | 5% | 94% |
| 50 Years | 31 | 1% | 95% |
| 55 Years | 1 | 0% | 95% |
| In More than 55 Years | 5 | 0% | 95% |
| Do Not Intend to Retire | 152 | 5% | 100% |
| Total | 2,965 | 100% | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2037. Retirement will peak at 15% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2067.

At a Glance:

FTEs

Total: 3,049
 FTEs/1,000 Residents²: 0.35
 Average: 0.83

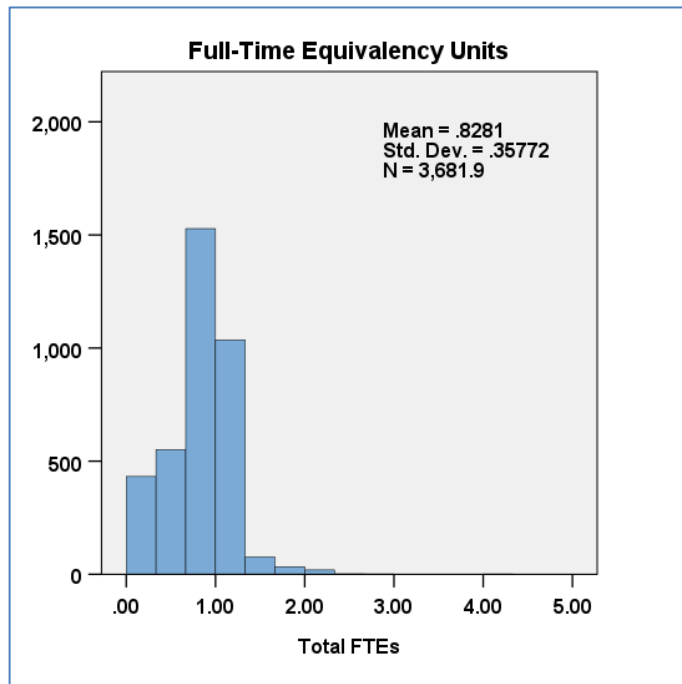
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

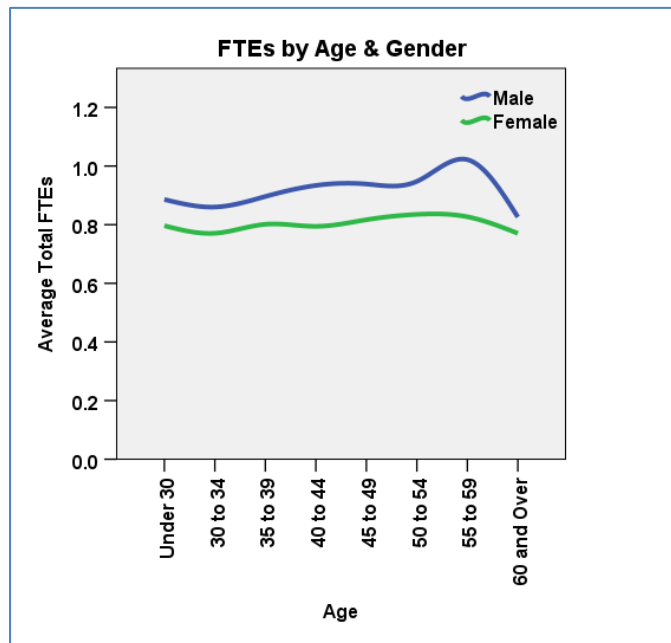


Source: Va. Healthcare Workforce Data Center

The typical PTA provided 0.93 FTEs in 2022, or approximately 37 hours per week for 50 weeks. Statistical tests verified that FTEs vary by both age and gender.

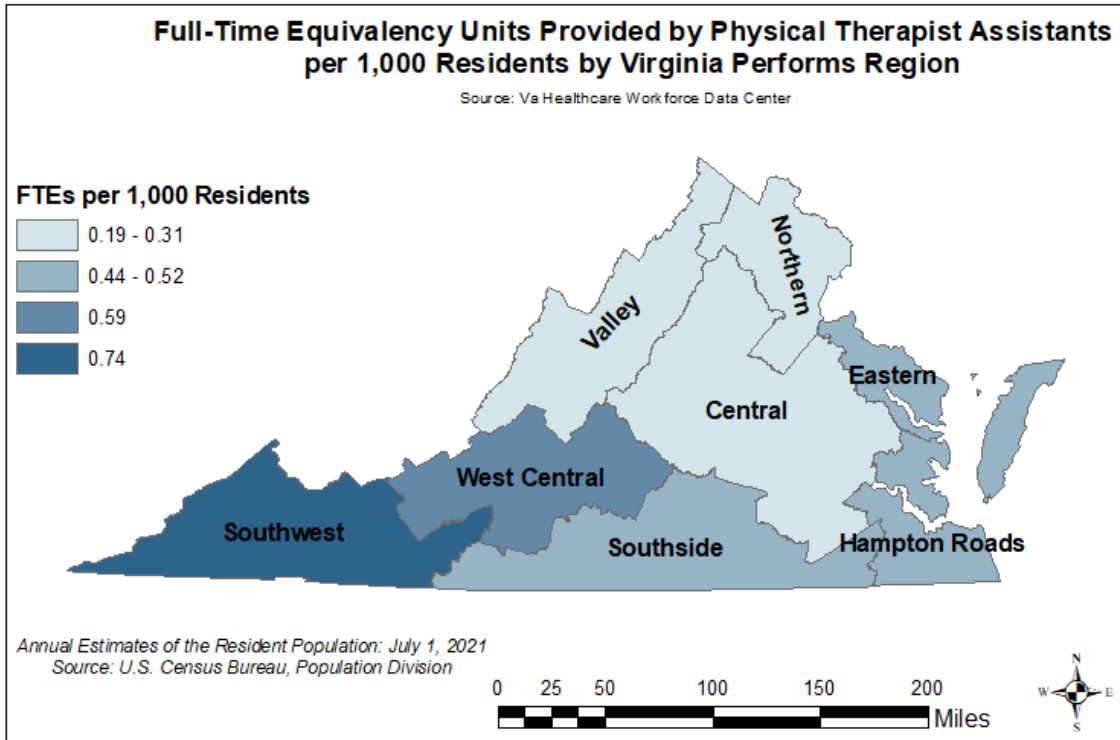
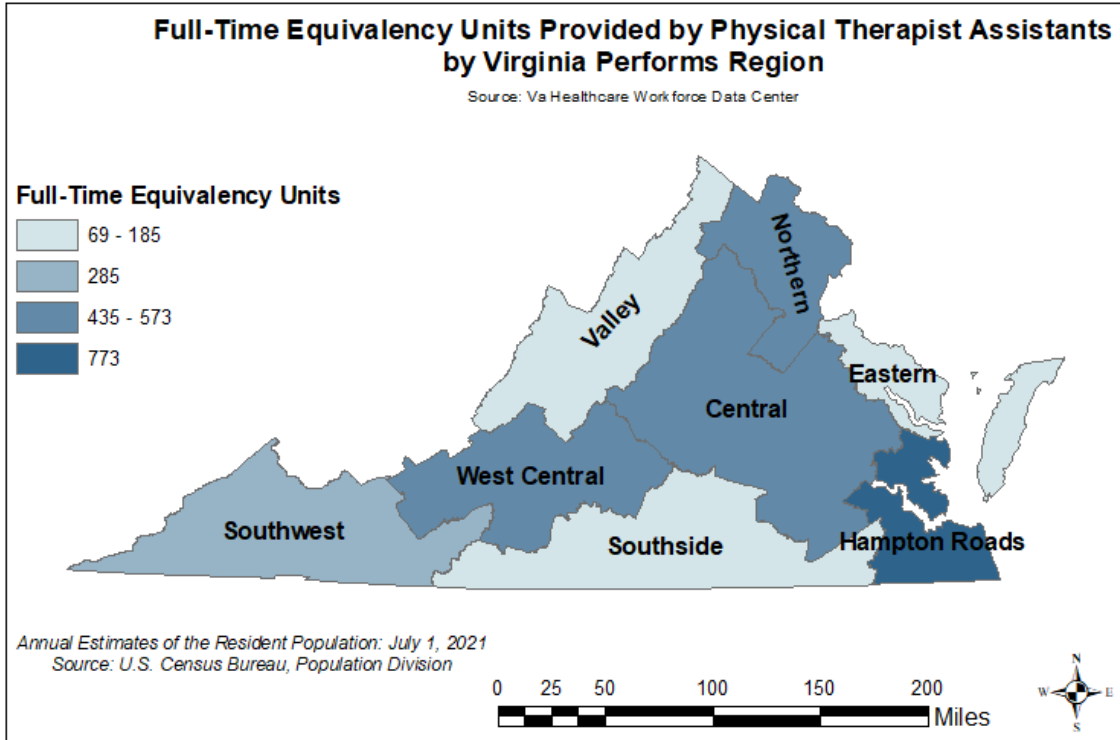
| Full-Time Equivalency Units | | |
|-----------------------------|---------|--------|
| Age | Average | Median |
| Age | | |
| Under 30 | 0.82 | 0.92 |
| 30 to 34 | 0.80 | 0.89 |
| 35 to 39 | 0.83 | 0.89 |
| 40 to 44 | 0.83 | 0.89 |
| 45 to 49 | 0.85 | 0.96 |
| 50 to 54 | 0.87 | 0.96 |
| 55 to 59 | 0.82 | 0.87 |
| 60 and Over | 0.81 | 0.94 |
| Gender | | |
| Male | 0.90 | 0.96 |
| Female | 0.80 | 0.89 |

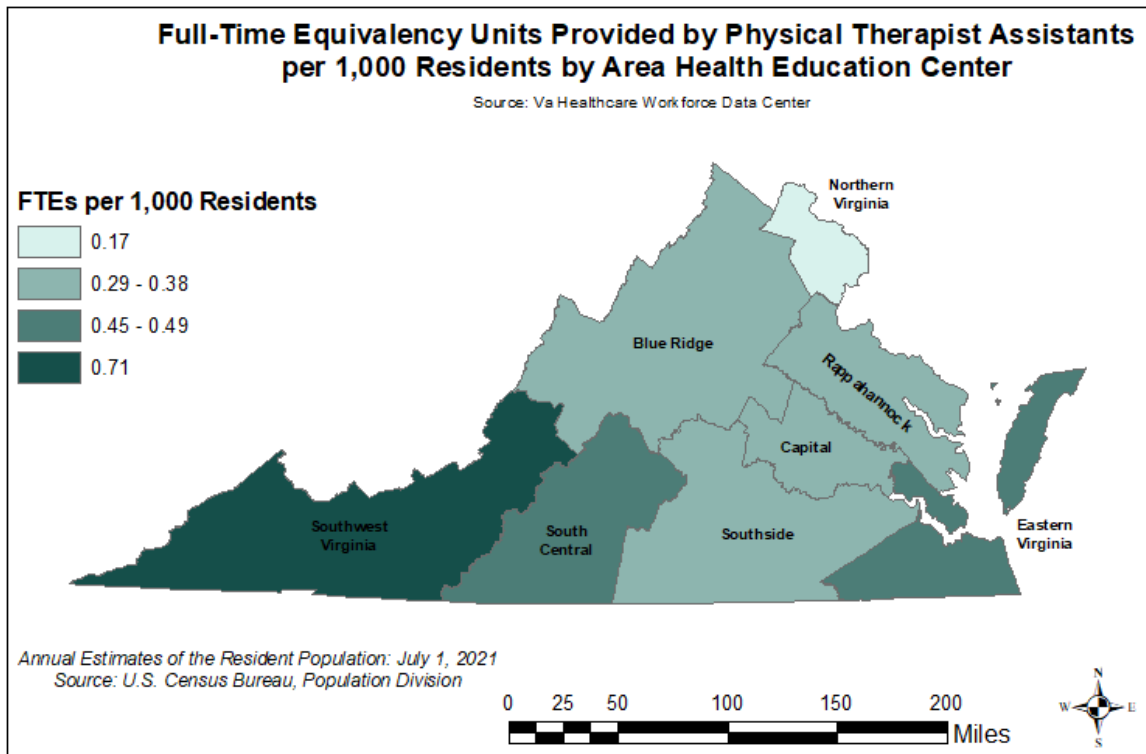
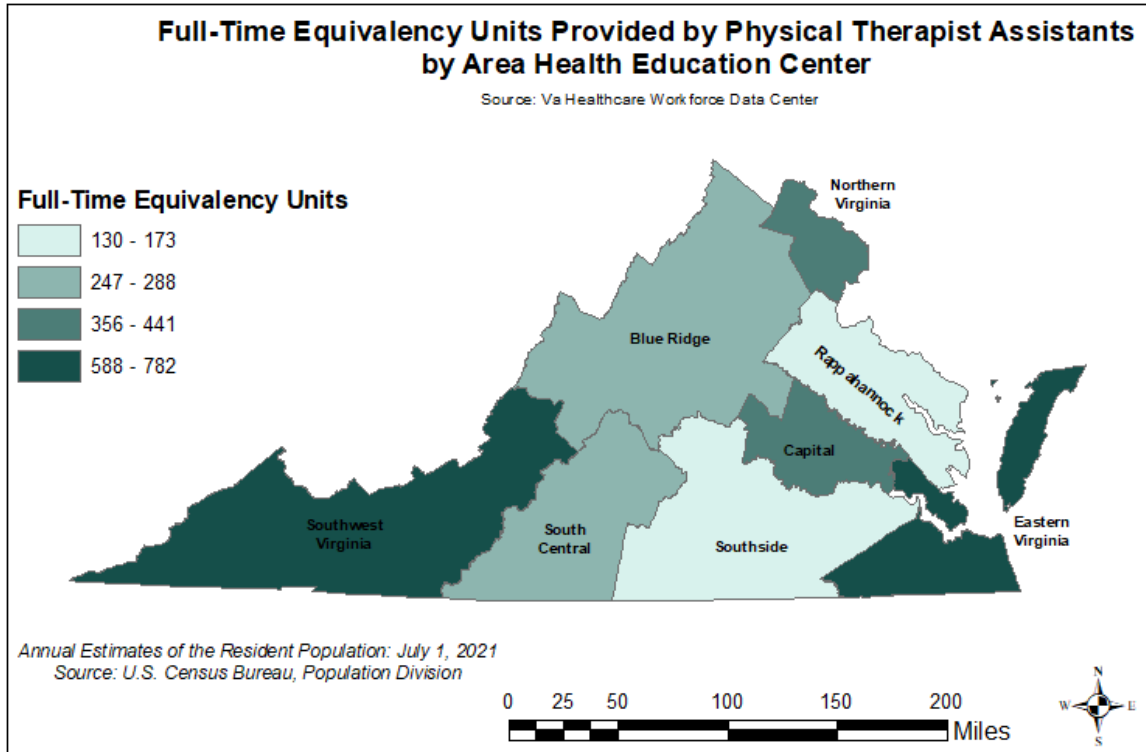
Source: Va. Healthcare Workforce Data Center

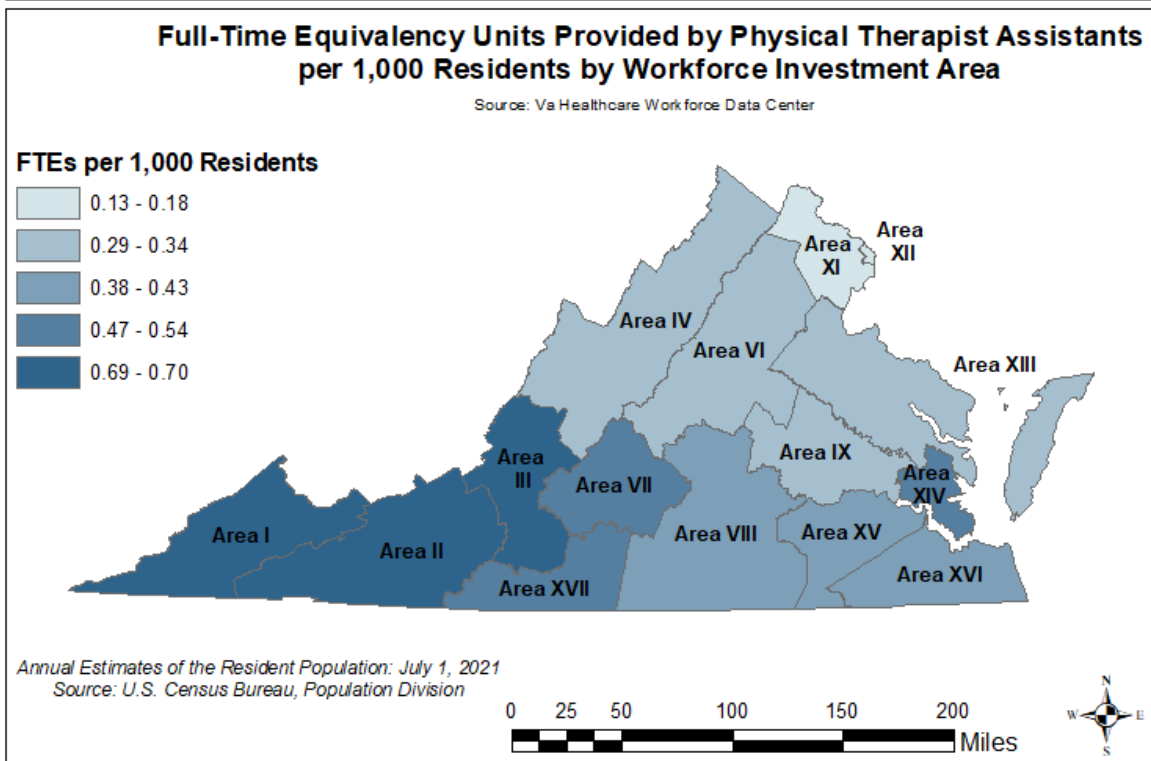
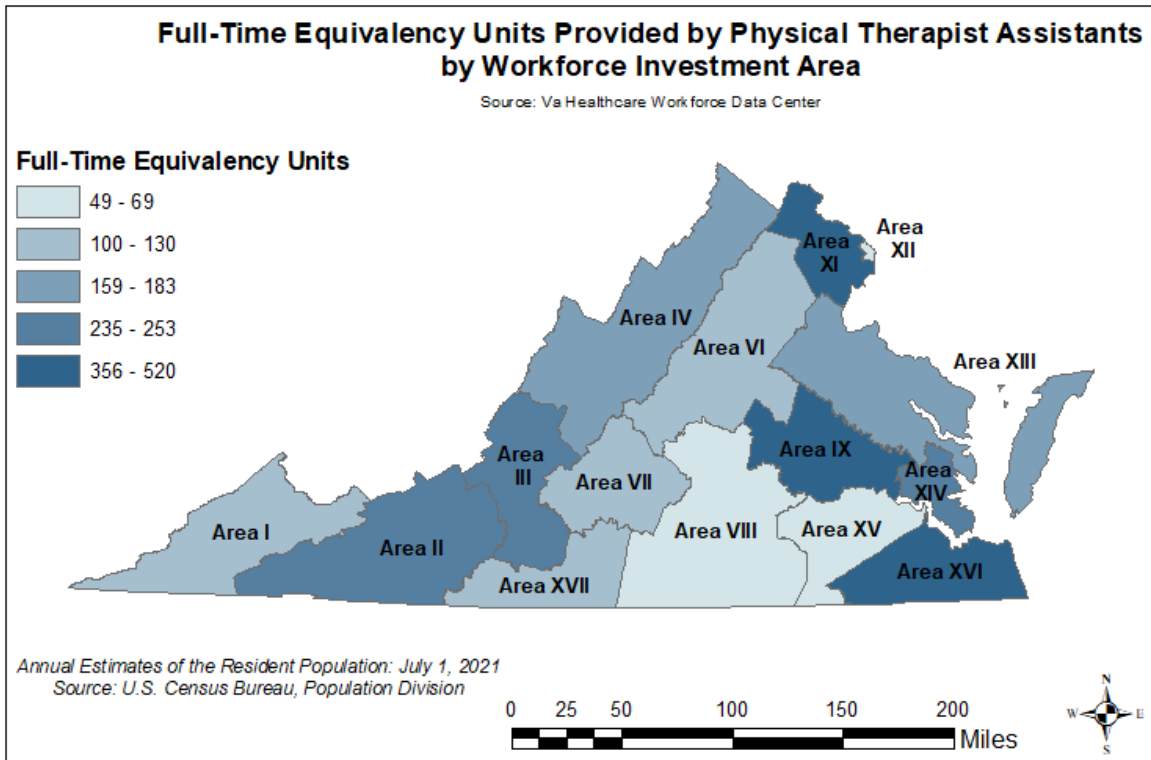


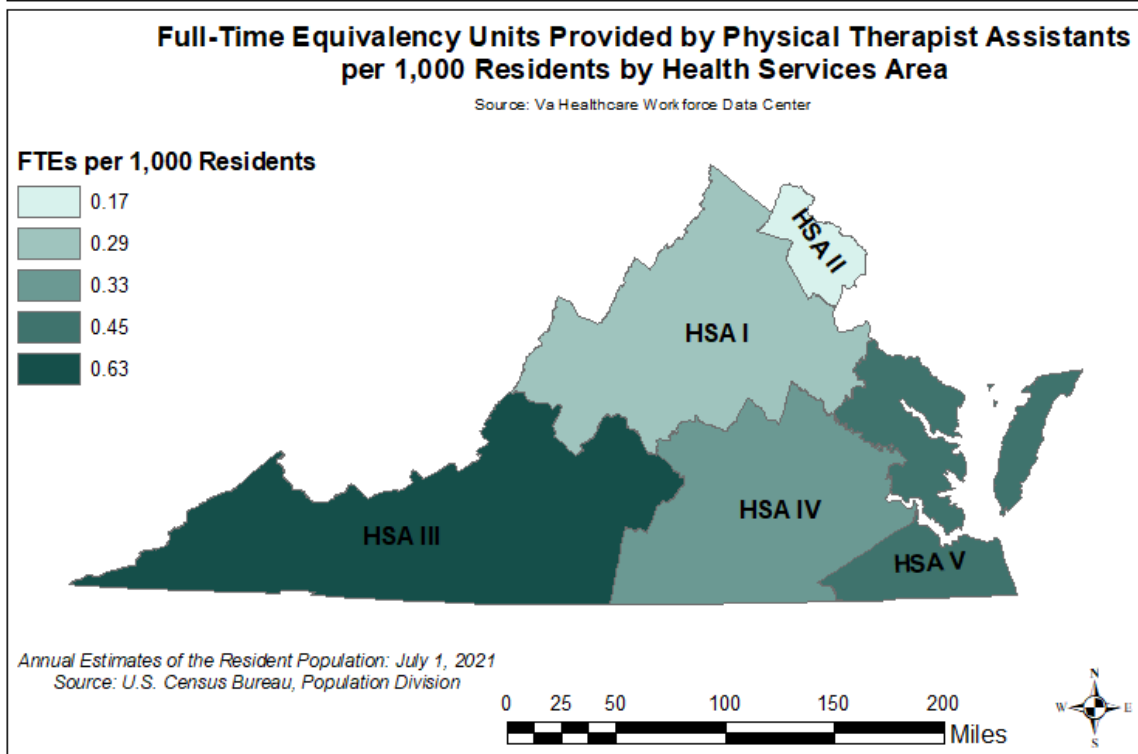
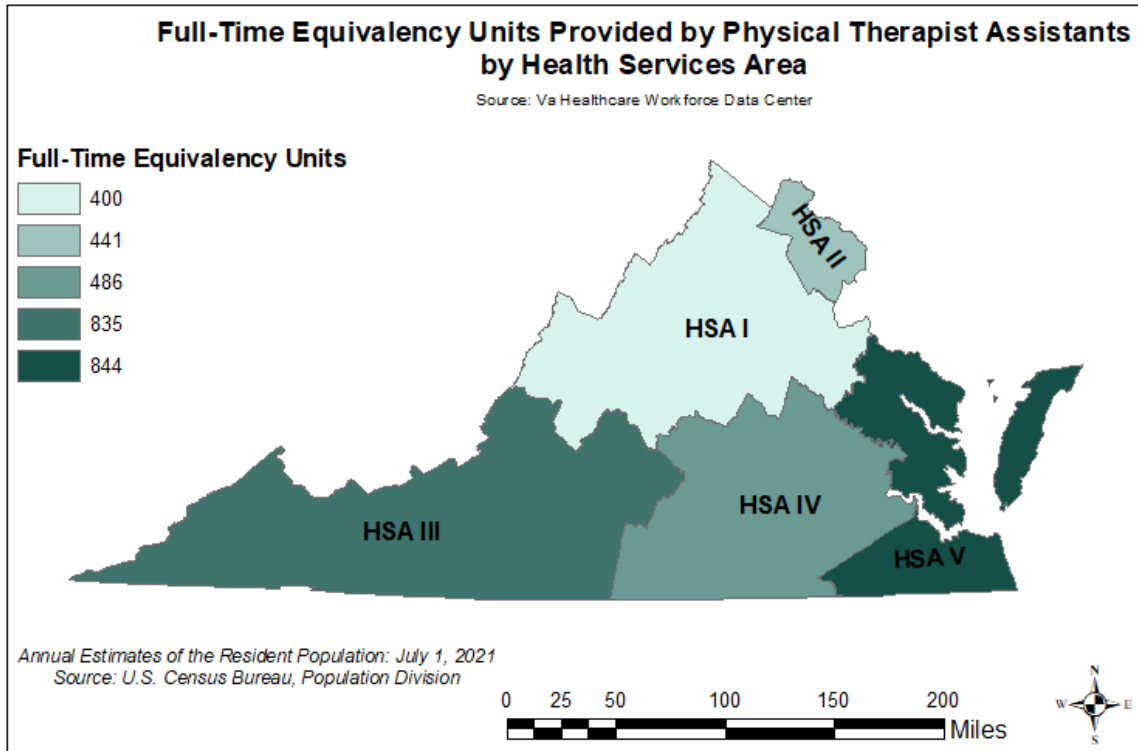
Source: Va. Healthcare Workforce Data Center

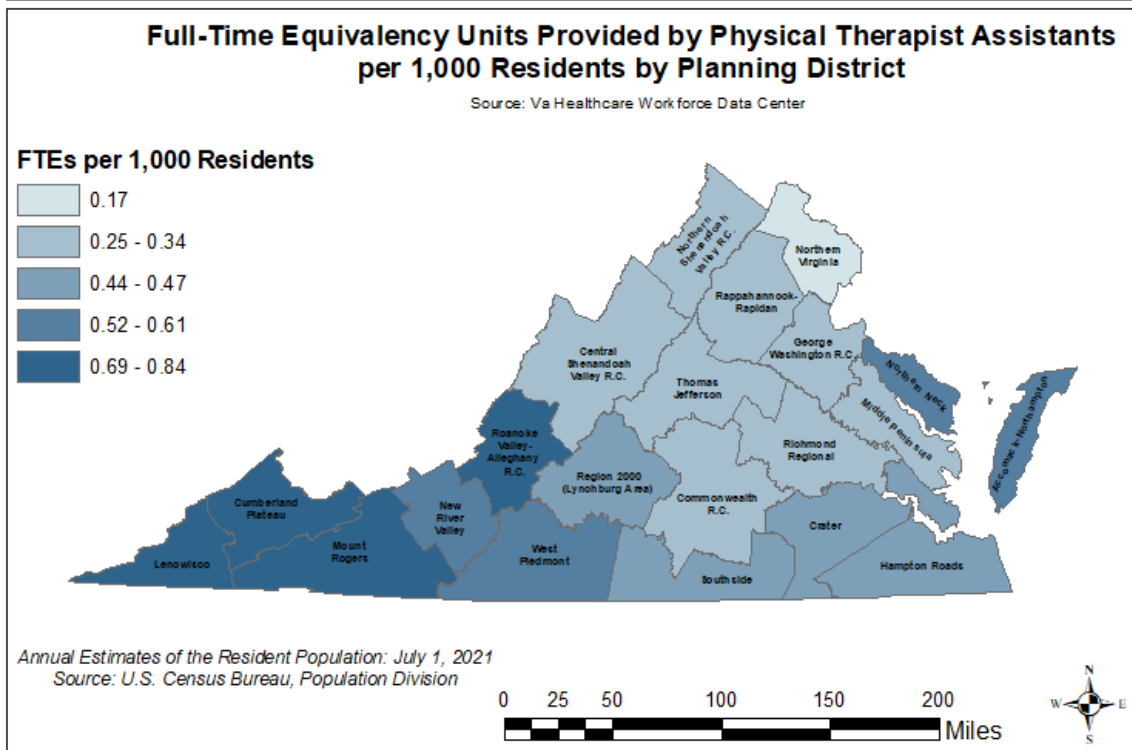
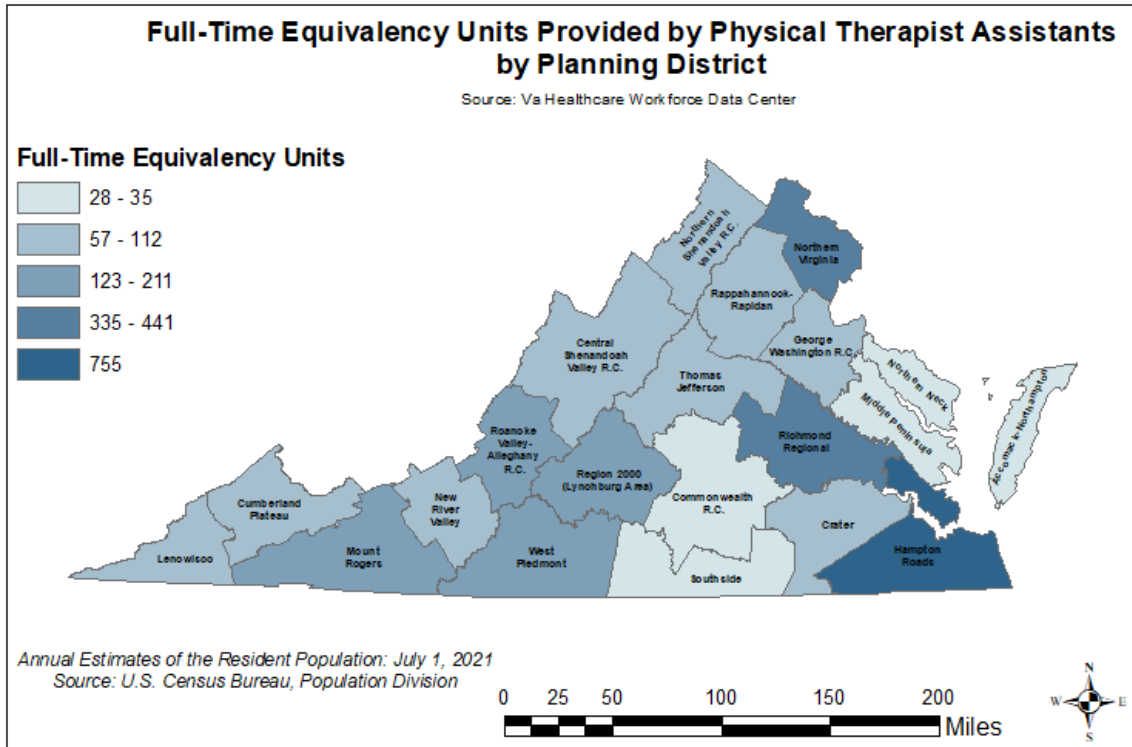
² Number of residents in 2021 was used as the denominator.











Appendices

Appendix A: Weights

| Rural Status | Location Weight | | | Total Weight | |
|---|-----------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Metro, 1 Million+ | 2,121 | 84.16% | 1.188 | 1.085 | 1.368 |
| Metro, 250,000 to 1 Million | 498 | 88.76% | 1.127 | 1.029 | 1.297 |
| Metro, 250,000 or Less | 270 | 84.07% | 1.189 | 1.086 | 1.369 |
| Urban, Pop. 20,000+, Metro Adj. | 94 | 86.17% | 1.160 | 1.060 | 1.336 |
| Urban, Pop. 20,000+, Non-Adj. | 0 | NA | NA | NA | NA |
| Urban, Pop. 2,500-19,999, Metro Adj. | 202 | 85.64% | 1.168 | 1.066 | 1.344 |
| Urban, Pop. 2,500-19,999, Non-Adj. | 168 | 87.50% | 1.143 | 1.044 | 1.316 |
| Rural, Metro Adj. | 107 | 85.98% | 1.163 | 1.062 | 1.339 |
| Rural, Non-Adj. | 54 | 85.19% | 1.174 | 1.072 | 1.352 |
| Virginia Border State/D.C. | 293 | 68.26% | 1.465 | 1.338 | 1.687 |
| Other U.S. State | 288 | 64.93% | 1.540 | 1.407 | 1.773 |

Source: Va. Healthcare Workforce Data Center

| Age | Age Weight | | | Total Weight | |
|--------------------|------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Under 30 | 681 | 74.16% | 1.349 | 1.254 | 1.714 |
| 30 to 34 | 713 | 80.93% | 1.236 | 1.149 | 1.571 |
| 35 to 39 | 596 | 84.40% | 1.185 | 1.102 | 1.506 |
| 40 to 44 | 472 | 88.98% | 1.124 | 1.045 | 1.429 |
| 45 to 49 | 428 | 88.79% | 1.126 | 1.047 | 1.432 |
| 50 to 54 | 457 | 90.37% | 1.107 | 1.029 | 1.407 |
| 55 to 59 | 317 | 86.12% | 1.161 | 1.080 | 1.476 |
| 60 and Over | 431 | 71.69% | 1.395 | 1.297 | 1.773 |

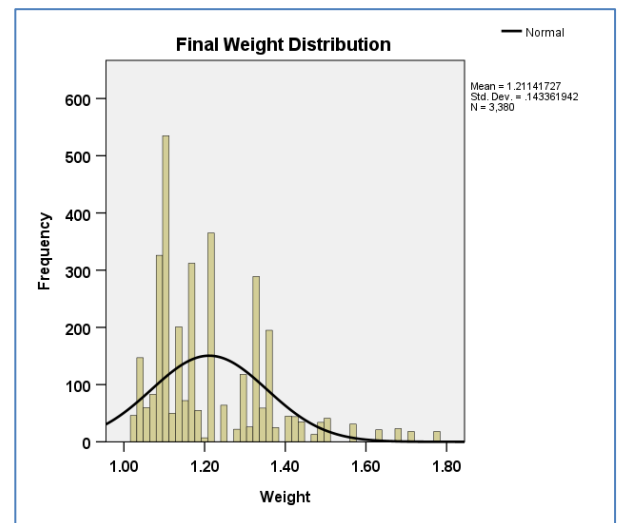
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.825397



Source: Va. Healthcare Workforce Data Center

Legislative and Regulatory Report

Legislative Report of the 2023 General Assembly
Board of Physical Therapy
May 11, 2023

SB 1005 Physical therapy; practice.

Chief patron: Hashmi

Summary as passed:

Practice of physical therapy. Eliminates the requirement that treatment by a licensed physical therapist for more than 60 consecutive days after evaluation of the patient occurs only upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner, or a licensed physician assistant acting under the supervision of a licensed physician. The bill also allows licensed physical therapists to practice dry needling without a referral if they are licensed to practice dry needling. Additionally, the bill clarifies that a licensed physical therapist may provide, without referral or supervision, physical therapy services to infants and toddlers who require physical therapy services to fulfill the provisions of their individualized services plans and students with disabilities who require physical therapy services to fulfill the provisions of their individualized education plans or physical therapy services provided under § 504 of the federal Rehabilitation Act of 1973. The bill directs the Board of Physical Therapy to report, by December 1, 2024, to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions a summary of disciplinary actions taken against physical therapists whose conduct resulted in physical harm to a patient when such patient received dry needling treatment or more than 60 consecutive days of physical therapy treatment without a physician referral. **This bill is identical to HB 2359.**

03/21/23 Governor: Approved by Governor-Chapter 137 (effective 7/1/23)

03/21/23 Governor: Acts of Assembly Chapter text (CHAP0137)

HB 1573 Mental health conditions & impairment; health regulatory board w/in DHP to amend its applications.

Chief patron: Walker

Summary as passed House:

Department of Health Professions; applications for licensure, certification, and registration; mental health conditions and impairment; emergency. Directs each health regulatory board within the Department of Health Professions to amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions: (i) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? The bill contains an emergency clause. **This bill is identical to SB 970.**

EMERGENCY

03/16/23 Governor: Approved by Governor-Chapter 18 (effective 3/16/23)

03/16/23 Governor: Acts of Assembly Chapter text (CHAP0018)

[HB 1622](#) Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

AGENCY BILL

Chief patron: Wright

Summary as introduced:

Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings. Removes the requirement that a health regulatory board receive information that a practitioner may be subject to a disciplinary action in order for the board to delegate to an appropriately qualified agency subordinate the authority to conduct informal fact-finding proceedings.

03/22/23 Governor: Approved by Governor-Chapter 191 (effective 7/1/23)

03/22/23 Governor: Acts of Assembly Chapter text (CHAP0191)

[HB 1638](#) DPOR, et al.; disclosure of certain information.

AGENCY BILL

Chief patron: Walker

Summary as introduced:

Department of Professional and Occupational Regulation, Department of Health Professions, and related regulatory boards; disclosure of information regarding examinations, licensure, certification, registration, or permitting. Allows the Department of Professional and Occupational Regulation, the Department of Health Professions, and professional, occupational, and health regulatory boards to mail or email upon request records regarding applications for admission to examinations or for licensure, certification, registration, or permitting and the related scoring records to the individual to whom such records pertain. Under current law, such records may be made available for copying by the subject individual at the office of the Department or board that possesses the material during normal working hours. **This bill is identical to SB 1060.**

03/22/23 Governor: Approved by Governor-Chapter 249 (effective 7/1/23)

03/22/23 Governor: Acts of Assembly Chapter text (CHAP0249)

[SB 1054](#) Interjurisdictional compacts; criminal history record checks.

AGENCY BILL

Chief patron: Peake

Summary as introduced:

Interjurisdictional compacts; criminal history record checks. Provides that when an interjurisdictional compact requires criminal history record checks as a condition of participation, the applicable health regulatory board shall require each applicant to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information. **This bill is identical to HB 2157.**

03/21/23 Governor: Approved by Governor-Chapter 119 (effective 7/1/23)

03/21/23 Governor: Acts of Assembly Chapter text (CHAP0119)

Board of Physical Therapy
Current Regulatory Actions
As of April 21, 2023

In the Governor’s Office

None.

In the Secretary’s Office

| VAC | Stage | Subject Matter | Date submitted* | Office; time in office** | Notes |
|-------------|------------|--------------------------------------|-----------------|--------------------------|--|
| 18VAC112-20 | NOIRA | Regulatory Reduction | 11/2/2022 | Secretary 157 days | Regulatory reduction action |
| 18VAC110-20 | Fast-Track | Changes to comply with Compact rules | 5/6/2022 | Secretary 235 days | Changes to licensure for Canadian applicants to comply with Compact requirements |

At DPB/OAG

None.

* Date submitted for executive branch review

** As of April 21, 2023

Recently effective or awaiting publication

None.

Board Discussion and Actions

Agenda Item: Revision of Guidance Document 112-4

Included in your agenda package:

- Redline of revised Guidance Document 112-4, which includes information previously in Guidance Document 112-11; and
- Clean version of revised Guidance Document 112-4

Action needed:

- Motion to adopt the revisions to Guidance Document 112-4.

Board of Physical Therapy

Requirement for License for Instructors in Physical Therapy Program; Guidance on Use of Professional Degree in Conjunction with Licensure Designation: **Functional Capacity Evaluations by PTAs**

Requirement for License for Instructors in a Physical Therapy Program.

The Board advises that an academic institution may use an instructor who does not hold a license as a physical therapist provided that the nature of the course instruction does not involve the practice of physical therapy as defined in Virginia Code § 54.1-3473.

Use of Professional Degree in Conjunction with Licensure Designation.

If initials designating an educational degree, such as MPT or DPT, are used in connection with a licensee's name, they should be written in addition to and following the licensure designation of PT or PTA.

Professional designations are set forth in Virginia Code § 54.1-3481.

Unlicensed support personnel should not, under any circumstances, use titles or designations that infer or misrepresent licensure or other certification status, including the use of any designations listed in Virginia Code § 54.1-3481.

Functional capacity evaluations.

Pursuant to the definition of "evaluation" contained in 18VAC112-20-10, evaluations, including functional capacity evaluations, may only be performed by physical therapists.

References

Va. Code § 54.1-3473

Va. Code § 54.1-3481

18VAC112-20-10

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Board of Physical Therapy

Requirement for License for Instructors in Physical Therapy Program; Guidance on Use of Professional Degree in Conjunction with Licensure Designation; Functional Capacity Evaluations by PTAs

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Functional capacity evaluations.

Pursuant to the definition of "evaluation" contained in 18VAC112-20-10, evaluations, including functional capacity evaluations, may only be performed by physical therapists.

References

[Va. Code § 54.1-3473](#)

[Va. Code § 54.1-3481](#)

[18VAC112-20-10](#)

Agenda Item: Repeal of Guidance Document 112-11

Included in your agenda package:

- Guidance Document 112-11, now combined into 112-4.

Action needed:

- Motion to repeal Guidance Document 112-11.

Board of Physical Therapy

Functional capacity evaluations by Physical Therapist Assistant's (PTA's):

Evaluation is defined in 18VAC112-20-10, which states:

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

Pursuant to this definition, evaluations, including functional capacity evaluations, are performed only by physical therapists.

Repealed

Agenda Item: Adoption of exempt regulatory action pursuant to SB1005

Included in your agenda package:

- SB1005, which excludes dry needling from the requirement for referral/direction of other invasive procedures; and
- Draft changes to 18VAC112-20-121 to account for the legislative change.

Action needed:

- Motion to adopt the attached recommendation as an exempt action **effective July 1, 2023.**

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 137

An Act to amend and reenact § 54.1-3482 of the Code of Virginia, relating to practice of physical therapy.

[S 1005]

Approved March 21, 2023

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3482 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical therapist assistants.

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient ~~for no more than 60 consecutive days after an initial evaluation~~ without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician from whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (c) the physical therapist notifies the practitioner identified by the patient no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. ~~Treatment for more than 60 consecutive days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the 60-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. After discharging a patient, a physical therapist shall not perform an initial evaluation of a patient under this subsection without a referral if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding 60 days.~~

C. A physical therapist who has not completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.

D. Invasive procedures within the scope of practice of physical therapy, *except for the practice of dry needling*, shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician. *Nothing in this section shall be construed to authorize a physical therapist in the practice of dry needling to fail to comply with the provisions of § 54.1-2956.9.*

E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a

licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957 when such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

F. Any person licensed as a physical therapist assistant shall perform his duties only under the direction and control of a licensed physical therapist.

G. However, a licensed physical therapist may provide, without referral or supervision, physical therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such student is at such activity in a public, private, or religious elementary, middle or high school, or public or private institution of higher education when such services are rendered by a licensed physical therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties; (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics; (iii) ~~special education students who, by virtue of their individualized education plans (IEPs), need physical therapy services to fulfill the provisions of their IEPs~~ *infants and toddlers, from birth to age three, who require physical therapy services to fulfill the provisions of their individualized services plan under Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and students with disabilities who require physical therapy services to fulfill the provisions of their individualized education plan or physical therapy services provided under § 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. § 794 et seq.);* (iv) the public for the purpose of wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and disabilities.

2. That, by December 1, 2024, the Board of Physical Therapy shall report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions a summary of disciplinary actions taken against physical therapists whose conduct resulted in physical harm to a patient when such patient received dry needling treatment or more than 60 consecutive days of physical therapy treatment without a physician referral.

Project 7546 - Exempt Final

Board of Physical Therapy

Exempt action to implement 2023 legislation regarding invasive procedures

18VAC112-20-121. Practice of dry needling.

~~A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.~~

~~B. Dry needling is not an entry level skill but an advanced procedure that requires additional post-graduate training.~~

~~1. The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.~~

~~2. The training shall consist of didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.~~

~~3. The training shall be in a course approved or provided by a sponsor listed in subsection B of 18VAC112-20-131.~~

~~4. The practitioner shall not perform dry needling beyond the scope of the highest level of the practitioner's training.~~

~~C.B. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or the patient's representative. The informed consent shall include the risks and benefits of the technique. The informed consent form shall be maintained in the patient record.~~

~~D.C.~~ Dry needling shall only be performed by a physical therapist trained pursuant to subsection B of this section and shall not be delegated to a physical therapist assistant or other support personnel.