



The State of Rehab Therapy

2023

Foreword

We are at a pivotal juncture in our industry’s history. The convergence of technological advancements, evolving patient demands, payment pressure, and shifting regulations has brought about both promising opportunities and daunting challenges for rehab therapy professionals. These competing priorities have made it difficult for many to stay aligned with our industry’s longer-term goals. Fortunately, our annual industry report serves as a guiding light, unraveling the complexities of the rehab therapy landscape and supplying us with data for purposeful, confident decision-making.

Over the years, our report has expanded in scope and significance. The 2023 edition not only serves to unveil new developments, but also maps the progress of our profession since the report’s inception seven years ago. These trendlines give us a clearer picture of where we’ve witnessed victories, and where we continue to fall short.

To that end, let’s start with the not-so-great news: clinician burnout and turnover have become even more pronounced. Last year’s report was one of the first studies to reveal that our industry was in the midst of a severe staffing shortage. And in this year’s findings, we’re seeing an even greater number of skilled clinicians express their fatigue and indicate that they’re considering career options outside of clinical care or health care altogether.

It’s not hard to understand why our employee satisfaction and retention problems persist when looking at the data. Patient volumes remain higher than in recent years for most providers, and have even risen in some instances. The administrative burden on clinicians is still a persistent headache that adds even more hours to their workdays. And salaries are not commensurate with the greater responsibilities, increased cost of living, and looming burden of student debt. In fact, we’ve actually reported a salary dip in the provider segment.

Many rehab therapy practices are dealing with turbulent times, as well. Economic turmoil and rising costs, paired with the persistent challenge of declining reimbursements, have resulted in decreased revenue for all but the largest organizations. Perhaps most upsettingly, employers remain disconnected from their staff on the causes of dissatisfaction and the potential solutions to the problem, furthering the clinical staffing crisis.

While it’s easy to feel like rehab therapy is at the mercy of currents beyond our control, we do have evidence in this report that efforts to address our industrywide problems are making positive waves:

- There are signs of progress in diversifying our workforce after years of underrepresentation.
- Rehab therapy organizations are expanding their list of services to reach a broader range of patients and provide more comprehensive treatment.
- Practice leaders are actively exploring more technology options to streamline care and operational processes.
- Student loan debt seems to be coming down slightly for students.

While these areas of progress instill confidence that our efforts are paying off, we must recognize that “the way we’ve always done it” is not a viable path for success in the future. As the pace of change in the broader healthcare industry accelerates, the ability to embrace a mindset of innovation, continuous evolution, and proactive advocacy will be essential to not only meeting the needs of modern patients, but also a new generation of clinicians. And both aspects are critical to elevating our value as providers, students, and clinic staff.

It’s my hope that we can collectively leverage the insights from this survey data to gain a deeper understanding of these changing dynamics, **and ignite a new era of progress and innovation.**



Dr. Heidi Jannenga
PT, DPT, ATC

Chief Clinical Officer and
Co-Founder of WebPT

Survey Methods

We conducted this survey electronically using the SurveyGizmo platform. In an effort to secure as many responses as possible, we distributed and promoted the survey via multiple channels—to both the WebPT Member base and the general rehab therapy community—including email, digital ads, internal and external media outlets, and social platforms.

The survey was open for a little more than three weeks. During this window, we collected a total of 5,918 responses. **WebPT Members accounted for 52.6% of those responses, and non-WebPT Members accounted for 47.4%.**

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

Responses

5,918

Non-WebPT Members

47.4%

WebPT Members

52.6%

Key Takeaways

Before we embark on our voyage, let's run through some high-level results and analysis. Here are some of our biggest overall takeaways:

Staff resignations remain at crisis levels, as choppy waters push even more employees toward the exits.

Employee turnover continues to surge, with executives citing that they lost an average of 11.4% of their workforce in 2022. This is a 2.4% jump from the 2022 State of Rehab Therapy report's findings. Executives cited that the top three reasons for employee resignations included:

- wanting additional compensation;
- relocating to a new city and/or state; and
- wanting a job with better career growth opportunities.

What's most worrying is that this turnover rate shows no signs of slowing soon. Of the 66.6% of respondents contemplating a career move, 36.5% are looking to move out of clinical care or health care altogether. Those considering a change are in search of more career growth opportunities, higher salaries, and to work for a company that upholds the same core values as their own—reasons that differ slightly from those proffered above by executives.

Rehab therapy professionals are looking for a life raft amid ever-growing burnout concerns.

The percentage of rehab therapy professionals who are burnt out has risen again this year to a whopping 36.1%. Unsurprisingly, burnout ranks as the second-biggest concern for the future of rehab therapy among nearly the entire rehab therapy industry—except for executives, who ranked both the labor shortage and difficulties with staying in business as an independent practice above burnout.

Telehealth utilization is down, but the wave of remote therapeutic monitoring is starting to swell.

Current telehealth utilization has seen a 17% drop—from 47% to 30%—when compared to the 2022 State of Rehab Therapy report. What's more, a substantial number of providers who work in organizations that offer telehealth stated that they either don't use it at all or limit its use to a few patients per week.

However, remote therapeutic monitoring (RTM)—which was introduced to rehab therapists in the 2022 final rule—seems to be gaining traction. Currently, nearly 16% of all rehab therapy organizations are using RTM in practice. Of those respondents, nearly 25% dedicate seven to 10 hours to RTM per week. Additionally, 30.6% of rehab therapy leaders indicated that they are considering implementing RTM services within the next two years.

The tides may have turned on student loan debt.

In a surprising twist, this year's data indicates that student loan debt may be at an inflection point. In our 2022 report, just over 56% of students cited they would graduate with \$70,000 or more in debt. However, that number has dropped to 34.1% this year—a precipitous 22% decline. Furthermore, the amount of students who will owe more than \$125,000 post-graduation (nearly 14%) has dropped by 13.4% from last year's report.

Overall, the most prevalent range of student loan debt reported falls between \$30,000 and \$40,000, with 12.3% of student respondents indicating their anticipated debt upon graduation. Although these figures remain substantial, they offer a glimpse of optimism, hinting at a potential shift in the tide.

Results

We’ve divided our results into seven categories: Demographics, Business and Operations, Financials and Growth, Technology and Innovation, Staffing and Employment, Challenges and Opportunities, and Salary.

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

The **Business and Operations** category offers insights on therapist productivity, documentation practices, and current data being leveraged at an organizational level.

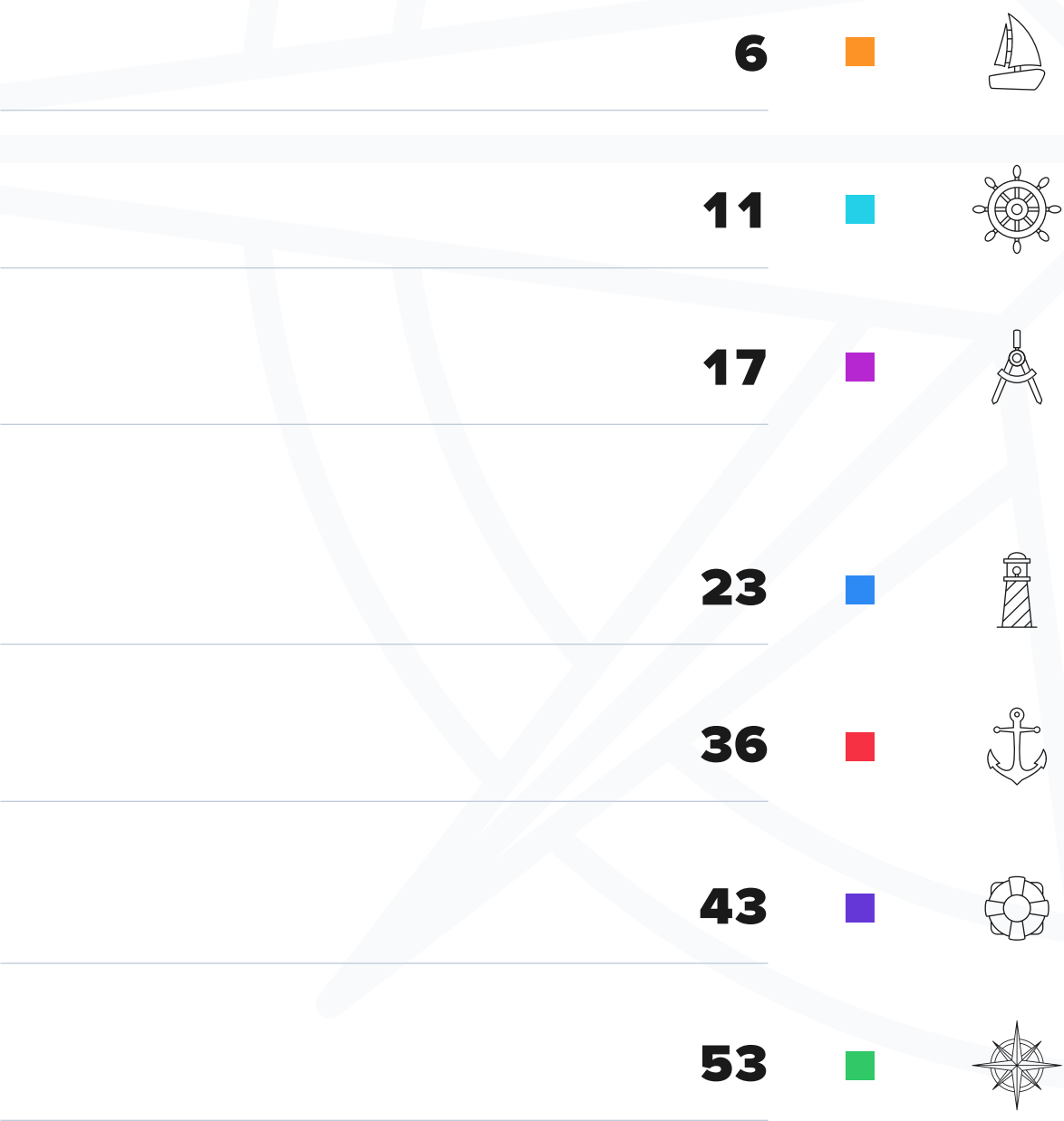
The **Financials and Growth** category touches on organizational revenue as well as growth and consolidation trends.

The **Technology and Innovation** category focuses on the technologies rehab therapy organizations plan to use in the future, implementation strategies, telehealth and RTM utilization rates, and what upcoming technology trends the market is most excited for.

The **Staffing and Employment** category covers reasons for career changes, job expectations, employee turnover, and retention strategies.

The **Challenges and Opportunities** category explores factors influencing career and industry outlook—including burnout, top organizational challenges, and student debt.

The **Salary** category shares compensation information based on job role, employment type, location, age, and gender identity.



Demographics



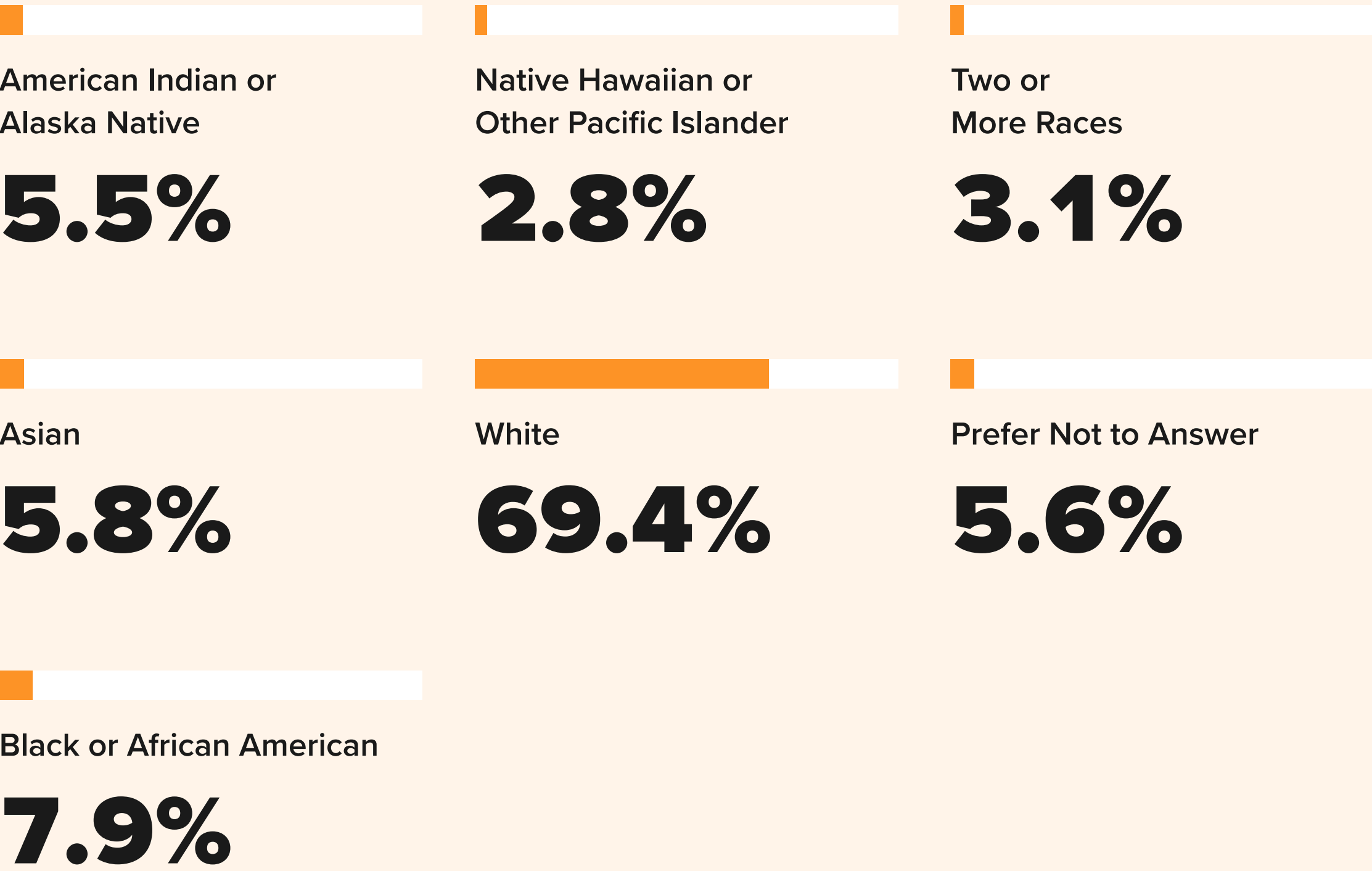
Within the demographics landscape, a promising wave of diversity is reshaping the industry.

For nearly every year that we’ve published a report, we’ve discussed the lack of diversity within the profession. Historically, our industry has been dominated by an all-white workforce. But in this year’s report, we are seeing some greater shifts in the profession’s ethnic distribution. The number of white rehab therapy professionals has decreased by 7% compared to last year’s report. Currently, approximately 70% of professionals identify as white. By comparison, Black and African American representation within the industry has increased by 3%—specifically, from 4.9% to 7.9% in just one year. Similarly, the number of American Indian and Alaskan therapy professionals has leaped by a notable 3.7%, rising from 1.8% to 5.5%—a promising testament to the growing inclusivity and diversity within the industry.

While there’s still much work needed when it comes to representation, the increases seen this year are cause for optimism.

“I am happy to see a 3% year-over-year increase in Black rehab therapy professionals engaged in private practice,” stated Sharon Dunn, PT, PhD, Professor and Dean at LSU Health. “My hope is that this data represents an increase in minorities being able to fully use their talents, skills, and ambitions through ownership and executive level positions within companies, too.”

Overall Ethnicity Distribution



RESPONDENT MAKEUP

In terms of gender representation, women make up just over half of the rehab therapy workforce, marking an 11.7% drop from the previous year. While there are myriad reasons for this, it’s plausible that increased responsibilities outside of work could potentially contribute to the higher attrition rate observed among women in rehab therapy.

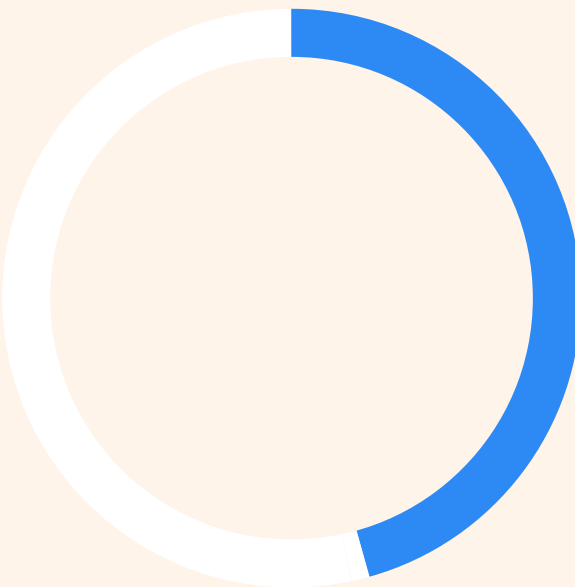
As Michael Rucker, CEO of IVY Rehab Network, noted, “The importance of valuing both the professional capacity in which our teammates serve and that many are also primary caregivers in their personal lives has never been more important. Female clinicians reported higher rates of burnout and career changes during the national health emergency, and as such it continues to be one of the top three exit reasons and a top retention priority for us at Ivy.”

Overall Gender Breakdown



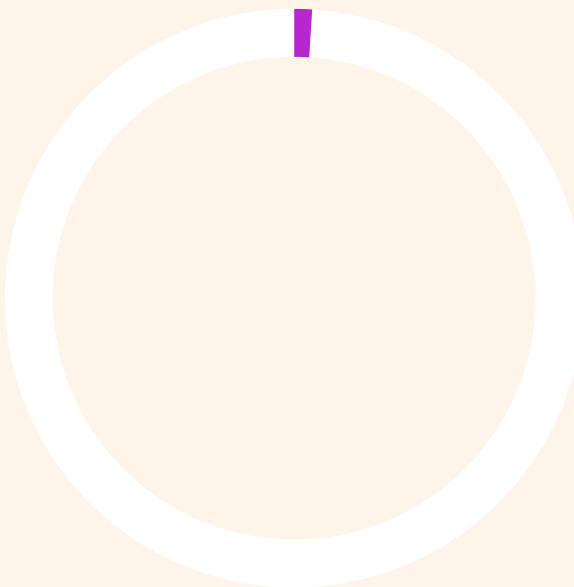
Women

53.3%



Men

45.7%



Nonbinary

1%

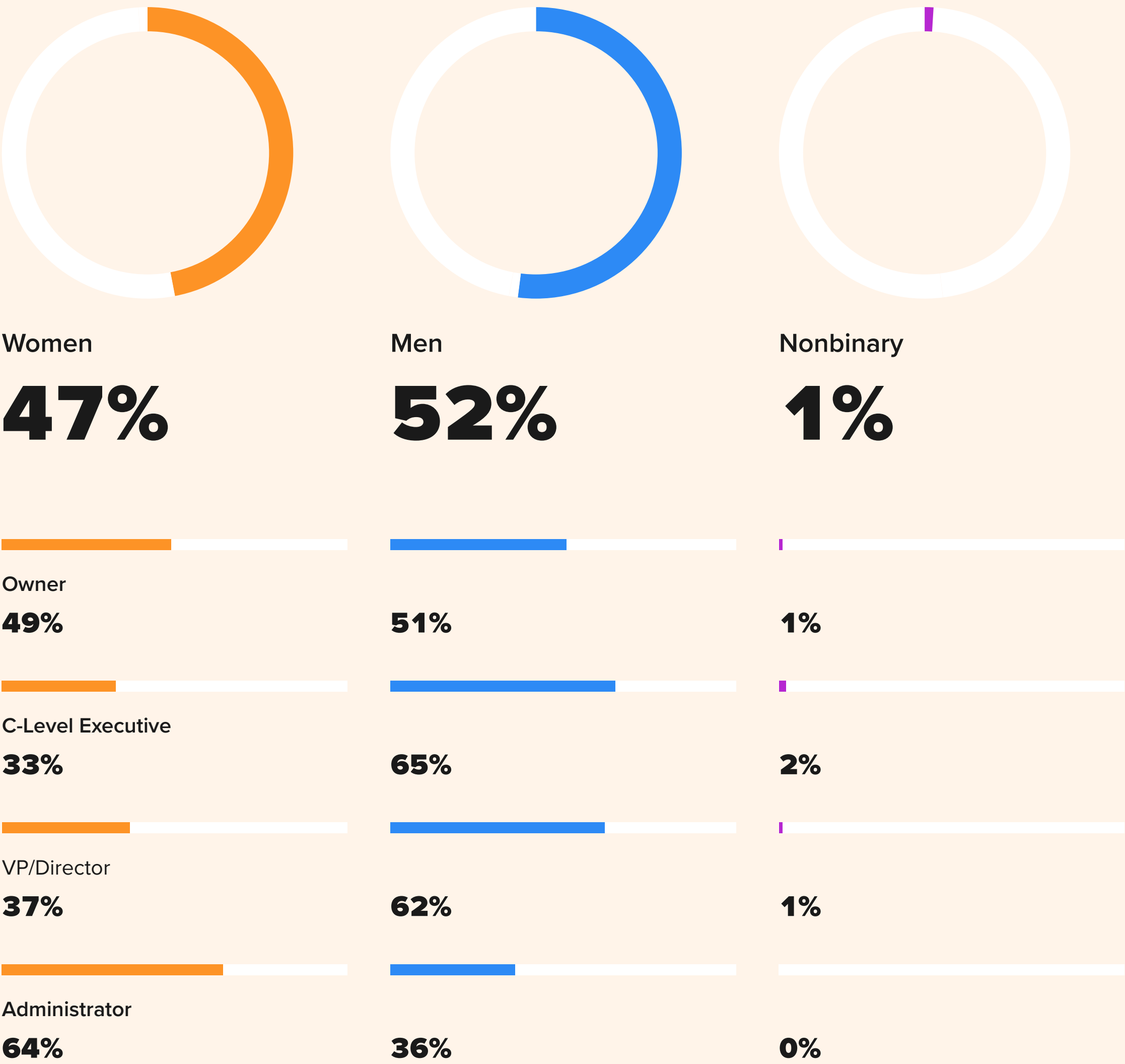
RESPONDENT MAKEUP

Unfortunately, we’re also seeing a drop in representation among women in leadership roles. Whereas last year’s report found that nearly 40% of C-level executives were women, this year’s data showed only 33% of people in those roles were women. Similarly, the percentage of women in ownership roles and VP or director roles also shrunk from 2022—suggesting that the loss of women within rehab therapy was felt across the board.

The lack of diversity isn’t just impacting rehab therapy’s professional ranks; the exclusion of women and BIPOC from executive positions continues to affect access for underserved communities.

“Is there diversity in the C-suite? The short answer is no,” stated Oluremi Wanjiru Onifade, PT, DPT, M. Ed, CCI, CDP, Co-Founder and President of NABPT. “Many of those in coveted C-suite positions have either assimilated to the systemic racism or caved to protecting their peace, so they don’t attempt to drive companies in underserved areas. Of course, there are one-off individuals trying to create change, but as we see, representation numbers have only recently changed—so we have a long road ahead for providing more care for underserved communities. That’s going to require intentional work around how successful clinics recruit, retain, and mentor in areas that are underserved.”

Gender Breakdown at the Executive Level



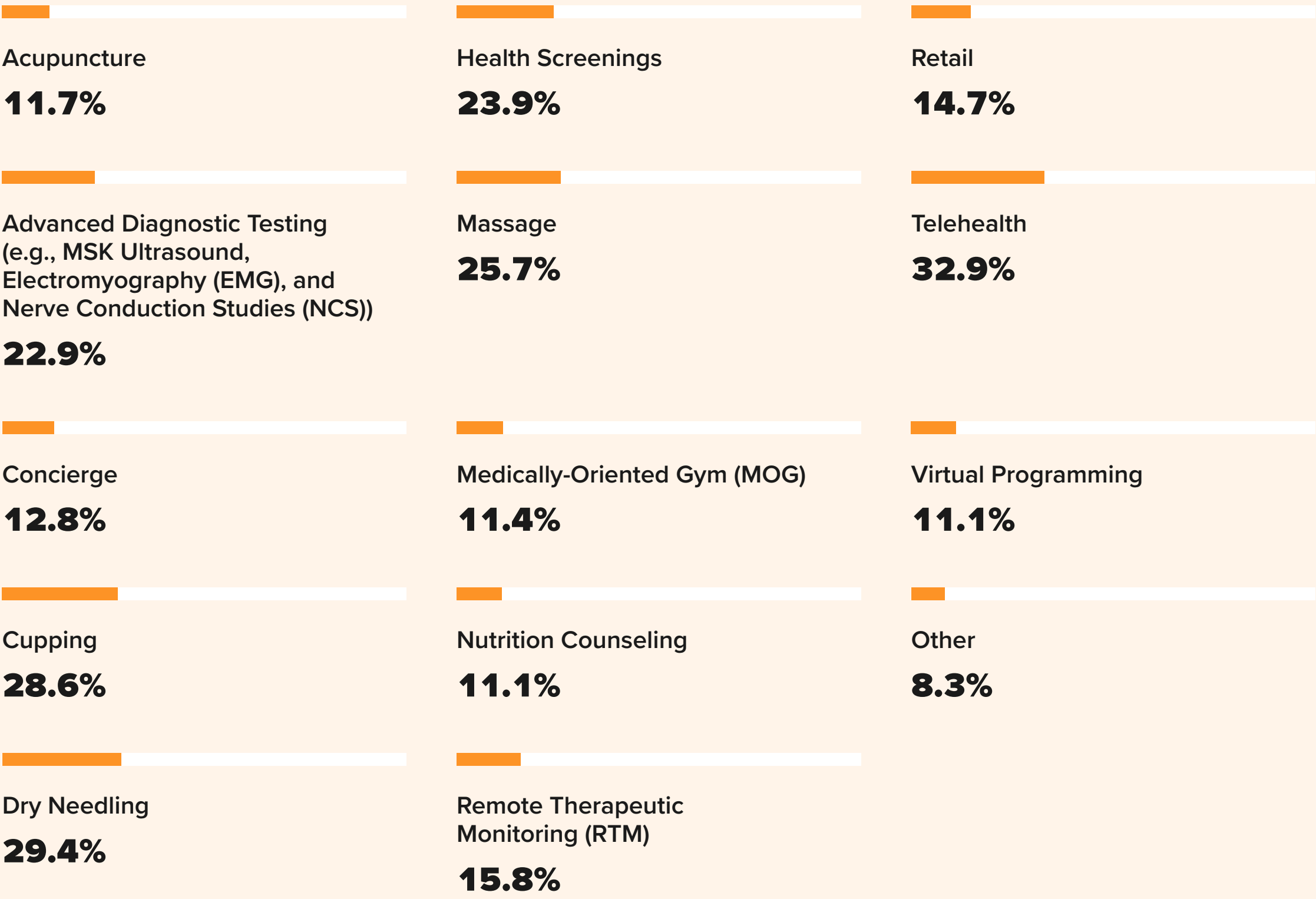
Rehab therapy organizations continue to explore new channels of care, providing a more holistic approach to treatment.

Beyond the typical therapy services, we are seeing participating rehab therapy organizations expand their fleet of offerings. Chief among these is telehealth (32.9%), dry needling (29.4%), cupping (28.6%), massage (25.7%), health screenings (23.9%), and advanced diagnostics testing (22.9%). These offer patients a more accessible, comprehensive approach to care, ultimately helping pave the way for better patient outcomes.

While providing the best care to as many patients as possible is a driver of expanded services, we can’t ignore the need to diversify revenue streams as part of those decisions.

Rick Gawenda, PT, President of Gawenda Seminars and Consulting, stated, “As business and operating costs continue to rise with insurance payments remaining stagnant, practices must diversify their practice with cash-based services (e.g., wellness and prevention programs or post-therapy exercise programs) in order to survive.”

Types of Services Provided Overall



Business and Operations

Productivity levels among rehab therapy organizations continue to ebb and flow.

While the average number of patients seen per therapist per day has dipped to 12—down from 12.9 in the previous year—speech-language pathology assistants (SLPAs) lead the pack with the highest average patient volume, seeing 16 patients, per day on average.

From a provider segment standpoint, large rehab therapy operators with 150-plus providers top the patient volume charts, with therapists seeing an average of 22 patients per day. We see a similar surge among physician-owned practices (POPs), where their providers typically see 21 patients in a given day. Opinions on burnout and turnover are divided when it comes to current patient volume and productivity levels.

According to Rick Lybbert, PT, OCS, CEO and President at Mountain Land Physical Therapy, there is a belief among some clinicians that “Therapists love treating patients. Most of us would treat patients for free if we didn’t have to do paperwork. It’s not the volume of patients, it’s the volume of paperwork that negatively affects our job satisfaction.”

Others believe that current workloads are contributing to the problem.

“Therapists in high-volume, low-profit environments will continue to seek better employment opportunities,” stated Kendell M. Jno-Finn, PT, DPT, Principal and Owner at M3Performance and Physical Therapy. “And patients will increasingly choose practices that offer greater value in terms of outcomes and experience.”

Considering these differing viewpoints, it’s clear that the impact of these factors on burnout and turnover will remain a subject of ongoing discussion within the therapy community.

Average Number of Patients Seen per Therapist, per Day by Role Type

12	Overall
11	Physical Therapist
10	Occupational Therapist
13	Speech-Language Pathologist
12	Physical Therapist Assistant (PTA)
10	Occupational Therapy Assistant (OTA)
16	Speech-Language Pathologist Assistant (SLPA)

Therapists struggle to anchor the time they spend documenting within a typical workday.

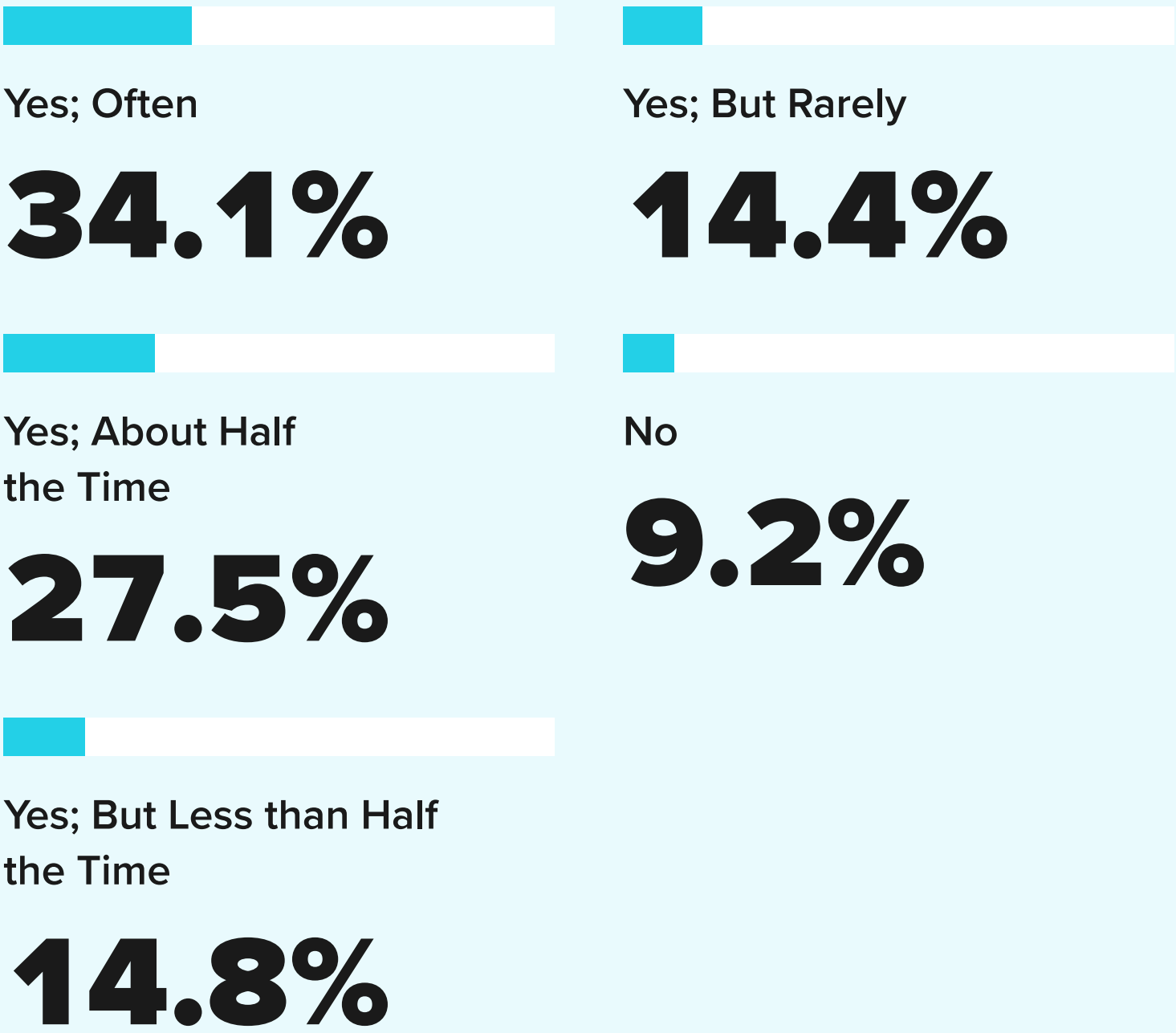
While more than 70% of therapists document at the point of care the majority of the time, 90.8% still document outside of clinic hours in some capacity. Of the respondents who are unable to complete documentation at the point of care:

- 23% stated that they don’t do so because their patients either don’t like it or don’t understand it;
- 16.5% stated that the software they use is either too clunky or slow; and
- 16.3% stated that point-of-care documentation is too distracting for them.

While there are myriad reasons for needing to document outside of clinic hours (e.g., patient complexity, time constraints, quality assurance, regulatory hurdles), the data suggests that having intuitive documentation software could help therapists better navigate these challenges.

“Stephen Huntsman, Chief Compliance Officer at Upstream Rehabilitation, stated, “Too often, rehab therapy documentation simply reflects the activities performed by the patient without supporting the skill required on the part of the clinician. The EMR should streamline the documentation process while also guiding clinicians in relaying the skilled nature of the treatment.”

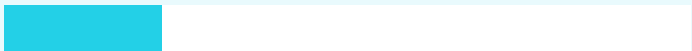
Percentage of Therapists Documenting Outside of Business Hours



As Huntsman hinted at above, software is only part of the solution; in order to get a better handle on documentation, we need a more widely accepted standard for documentation practices.

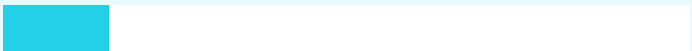
“Modifying technologies is not the full answer; it’s also about instituting basic expectations for clear documentation,” explained Jaime Edelstein, PT, DSCPT, OCS, COMT, Vice President at HSS Rehabilitation. “As a profession, it would benefit clinicians, as well as other team providers with whom notes are shared, to come to a consensus on what expectations are for valuable documentation.”

Biggest Reasons for Not Documenting at the Point of Care



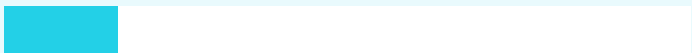
My patients don’t like it/ don’t understand it.

23%



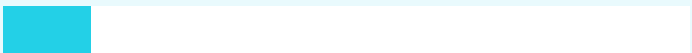
I don’t have to worry about it because my organization provides me time in my work day to complete my documentation.

15.4%



The software I use is too clunky and/or slow.

16.5%



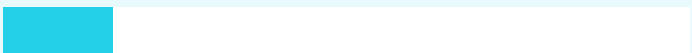
The software I use doesn’t allow for speech-to-text transcription.

12.8%



It’s too distracting for me.

16.3%



Other

16%

Rehab therapy professionals are navigating a sea of data utilization with varying degrees of success.

Financial data are the top metrics collected by smaller organizations—specifically, those with five or fewer providers—whereas mid-sized to enterprise organizations rely more on clinical and outcomes data. Marketing data, on the other hand, is the least utilized across the board. Given that each data type is fairly well represented—and that none of the data types were chosen by more than 52% of respondents overall—the argument for more consistent data collection efforts could be made.

This consistency issue may partly be due to not having the resources in place to collect and use data—at least within smaller organizations.

As Dianne V. Jewell, PT, DPT, PhD, FAPTA, President and CEO of Sheltering Arms Corporation and Hospitals, said, “Small practices often don’t have enough data to be meaningful due to the breadth of diagnoses they manage. And when they do collect it, they may not know what to do with the data—or lack the resources to leverage it.”

Data Being Leveraged in Practice Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician-Owned Practice
Clinical Data	<div><div></div></div> 49%	<div><div></div></div> 39%	<div><div></div></div> 44.1%	<div><div></div></div> 55.3%	<div><div></div></div> 55.2%	<div><div></div></div> 52.8%	<div><div></div></div> 59.6%	<div><div></div></div> 25.6%	<div><div></div></div> 51%	<div><div></div></div> 38.6%
Financial Data	<div><div></div></div> 43.6%	<div><div></div></div> 44.8%	<div><div></div></div> 50.2%	<div><div></div></div> 51.8%	<div><div></div></div> 53.7%	<div><div></div></div> 54.2%	<div><div></div></div> 50.7%	<div><div></div></div> 65.9%	<div><div></div></div> 59.4%	<div><div></div></div> 33.2%
Marketing Data	<div><div></div></div> 35%	<div><div></div></div> 22.1%	<div><div></div></div> 25.5%	<div><div></div></div> 34.3%	<div><div></div></div> 49.3%	<div><div></div></div> 44.4%	<div><div></div></div> 52.9%	<div><div></div></div> 26.8%	<div><div></div></div> 39.1%	<div><div></div></div> 41.1%
Outcomes Data	<div><div></div></div> 51.3%	<div><div></div></div> 29.2%	<div><div></div></div> 43.2%	<div><div></div></div> 49.1%	<div><div></div></div> 58.6%	<div><div></div></div> 57.6%	<div><div></div></div> 72.1%	<div><div></div></div> 41.5%	<div><div></div></div> 57.4%	<div><div></div></div> 44.4%
Patient Satisfaction	<div><div></div></div> 37.9%	<div><div></div></div> 35.1%	<div><div></div></div> 37.8%	<div><div></div></div> 44.1%	<div><div></div></div> 40.9%	<div><div></div></div> 43.1%	<div><div></div></div> 42.6%	<div><div></div></div> 17.1%	<div><div></div></div> 44.6%	<div><div></div></div> 30.3%
Other	<div><div></div></div> 4.9%	<div><div></div></div> 9.1%	<div><div></div></div> 4.5%	<div><div></div></div> 2.4%	<div><div></div></div> 1%	<div><div></div></div> 4.2%	<div><div></div></div> 2.2%	<div><div></div></div> 0%	<div><div></div></div> 1%	<div><div></div></div> 2.1%

This leads us to our next data point: the top two biggest challenges organizations face when it comes to collecting and sharing data are:

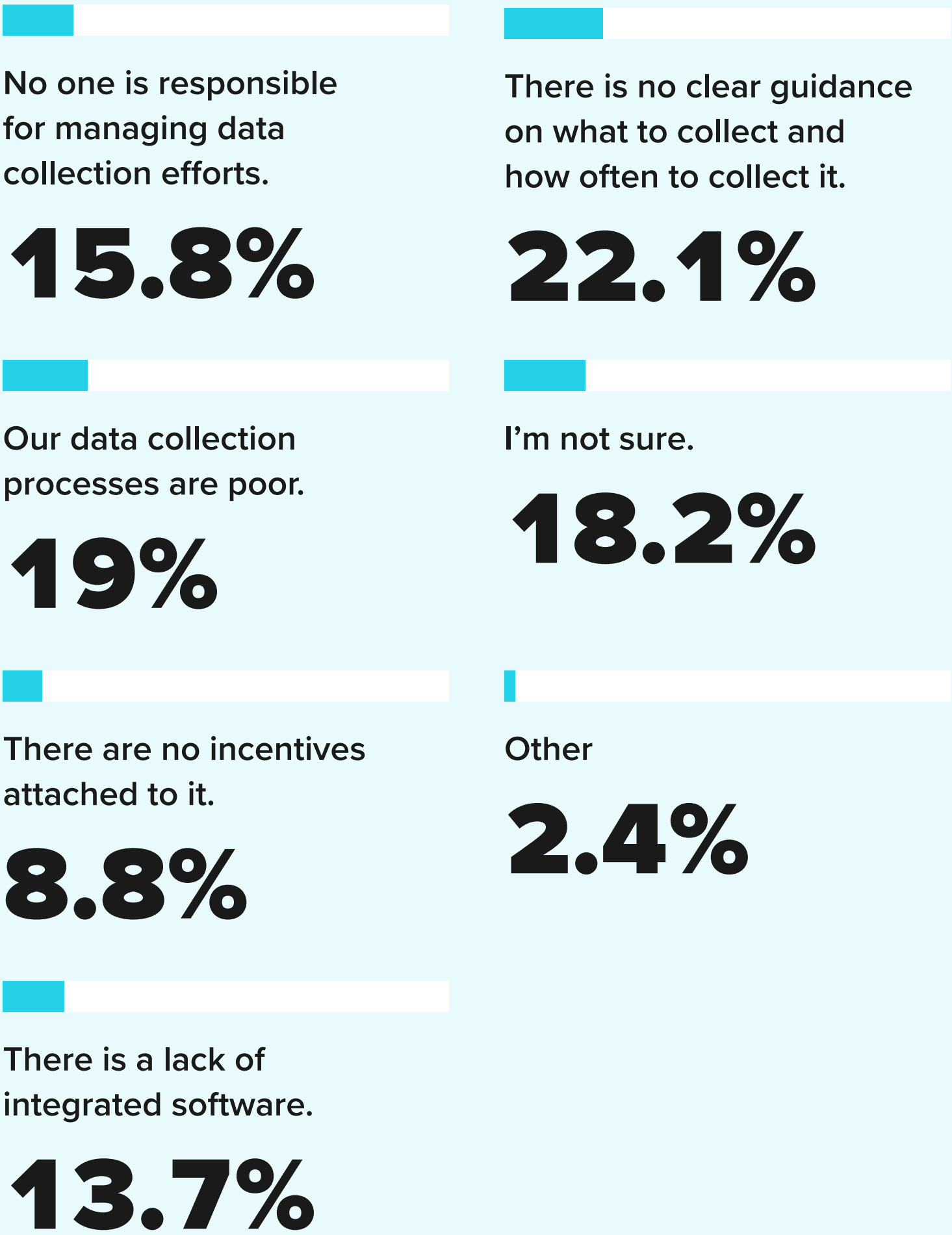
- 1. A lack of guidance around data collection best practices
- 2. Poor data collections processes

“There is currently not a consensus on a single rehab therapy outcome platform, and therapists have multiple assessment tools from which to choose in capturing clinical outcomes,” Stephen Huntsman, Chief Compliance Officer at Upstream Rehabilitation, explained. “This presents a challenge when advocating for change in payer policies and opinions relative to rehab therapy’s value.”

The moral of the story?

“Data is not easy to digest and it’s difficult to make actionable,” John Wallace, PT, MS, Senior Vice President of Member Value at WebPT, concluded. “Therefore, a lack of consistency in reviewing data makes leveraging it all the more challenging. Industry professionals must embrace a structured approach to data analysis and review to uncover opportunities that drive better outcomes—for practices and patients alike—even in the absence of guaranteed rewards.”

Biggest Challenges in Collecting and Sharing Data Overall



Financials and Growth



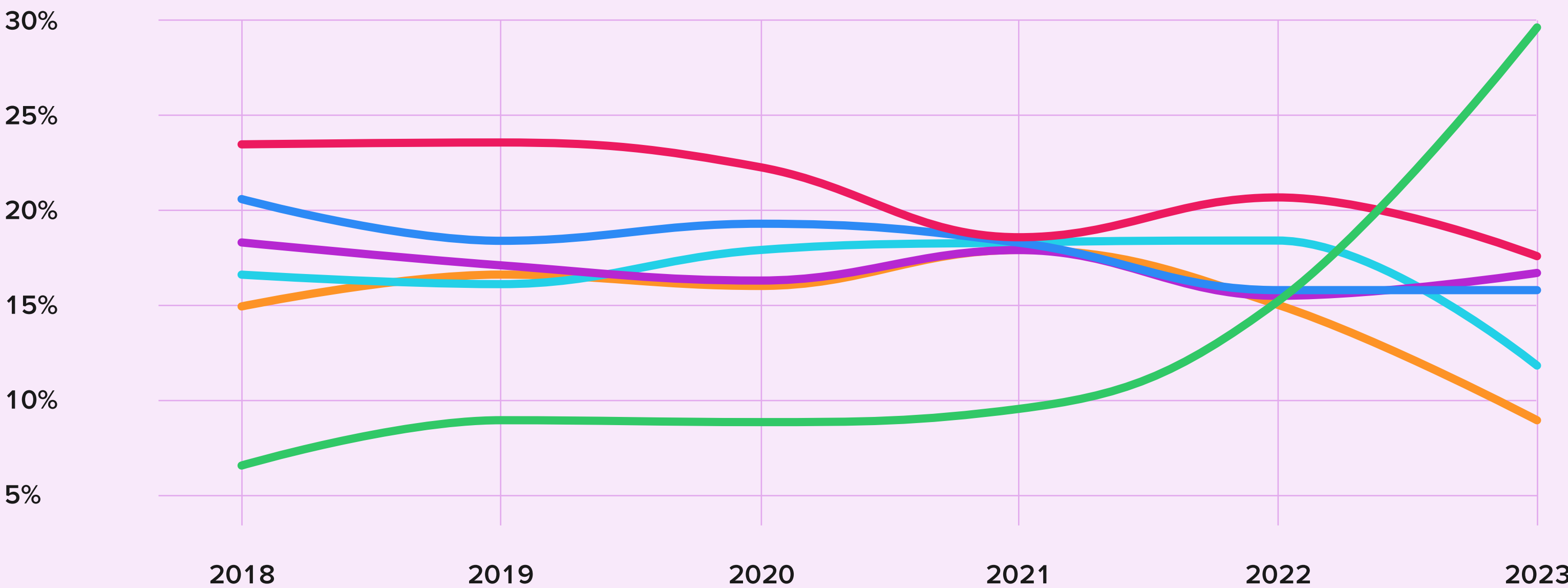
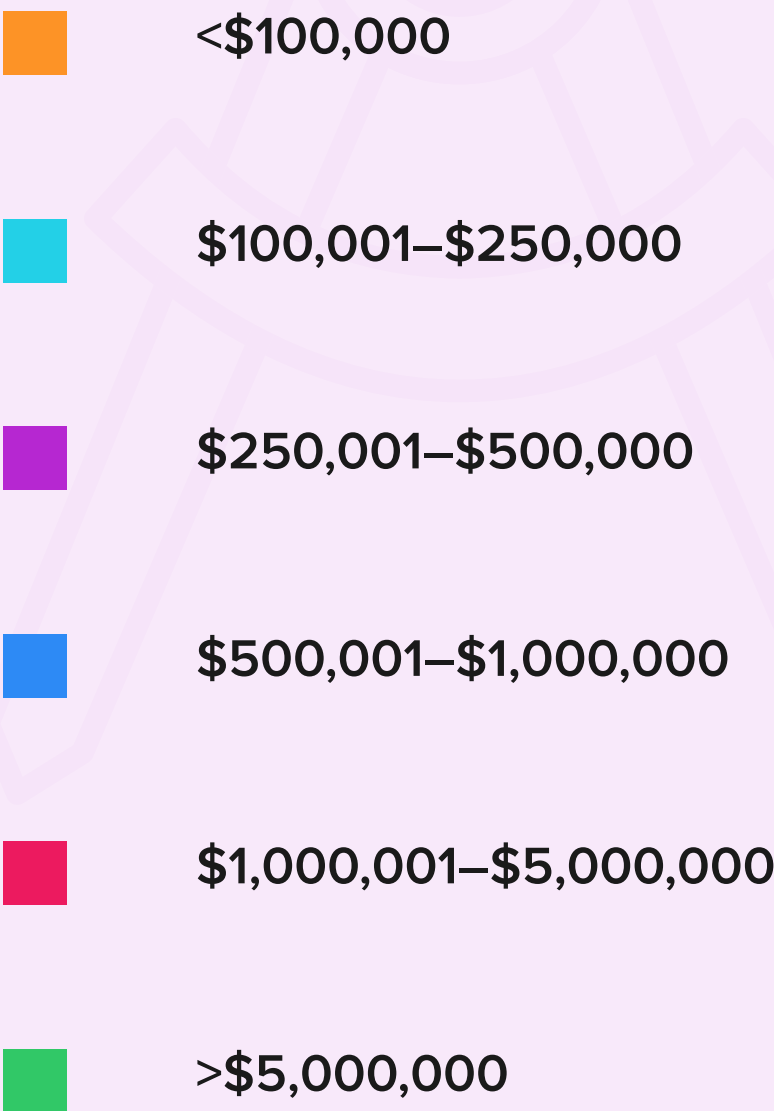
REVENUE

The tides of rehab therapy revenue have seen fluctuations over the past six years, with most revenue segments experiencing a decline.

Overall, most organizations have experienced a decrease in revenue compared to six years ago—with one exception. We’ve seen a greater number of respondents from organizations in the over \$5M range, signaling a rise in their financial standing. Smaller organizations, on the other hand, may consider trimming their financial sails to weather the current storms.

“I believe we can flip this negative economic trend for small businesses by working to build more efficient business models, further developing financial literacy for business owners, optimizing the utilization of growth capital, and investing in emergency disaster planning,” said Keaton Ray, PT, DPT, OCS, ATC, Cert. MDT, CSCS, Co-Founder and COO at MovementX.

Annual Gross Revenue for Rehab Therapy Organization or Department: Last Six Years



REVENUE

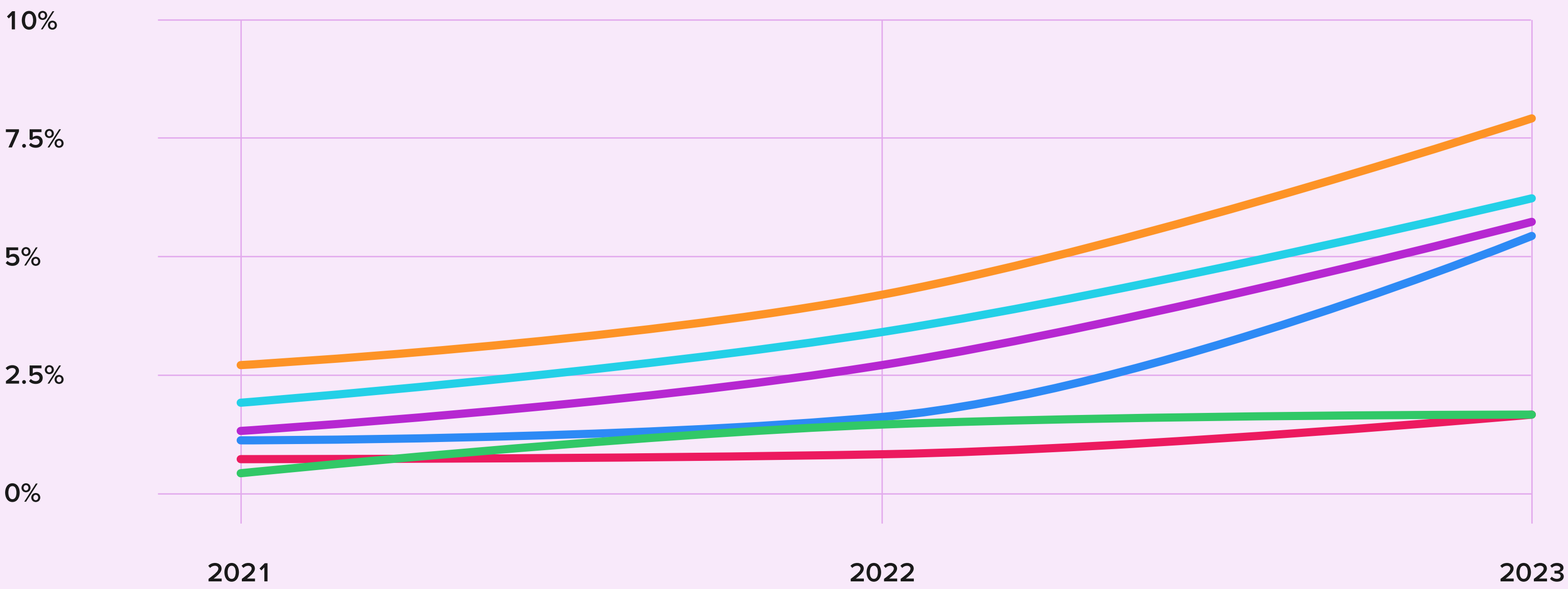
While most practices—small operators, especially—will certainly have to adapt in the short term, there’s a good chance they’ll find themselves back in calmer seas in due time.

As Mike Manzo, MPT, CEO at Atlantic Physical Therapy Center, notes, “Everything is cyclical. We are in a cycle where larger organizations with economies of scale and pricing power with payers can survive. Eventually, the scale will tilt back to the smaller provider who can be nimble and provide more cost-conscious care without sacrificing quality.”

Until then, finding ways to embrace change for the better can help clinic owners safeguard their practice from current and future economic challenges.

Annual Gross Revenue for Rehab Therapy Organization or Department Exceeding \$5M: Last Three Years

- \$5,000,001–\$10,000,000
- \$10,000,000–\$25,000,000
- \$25,000,000–\$50,000,000
- \$50,000,001–\$100,000,000
- \$100,000,001–\$200,000,000
- >\$200,000,000

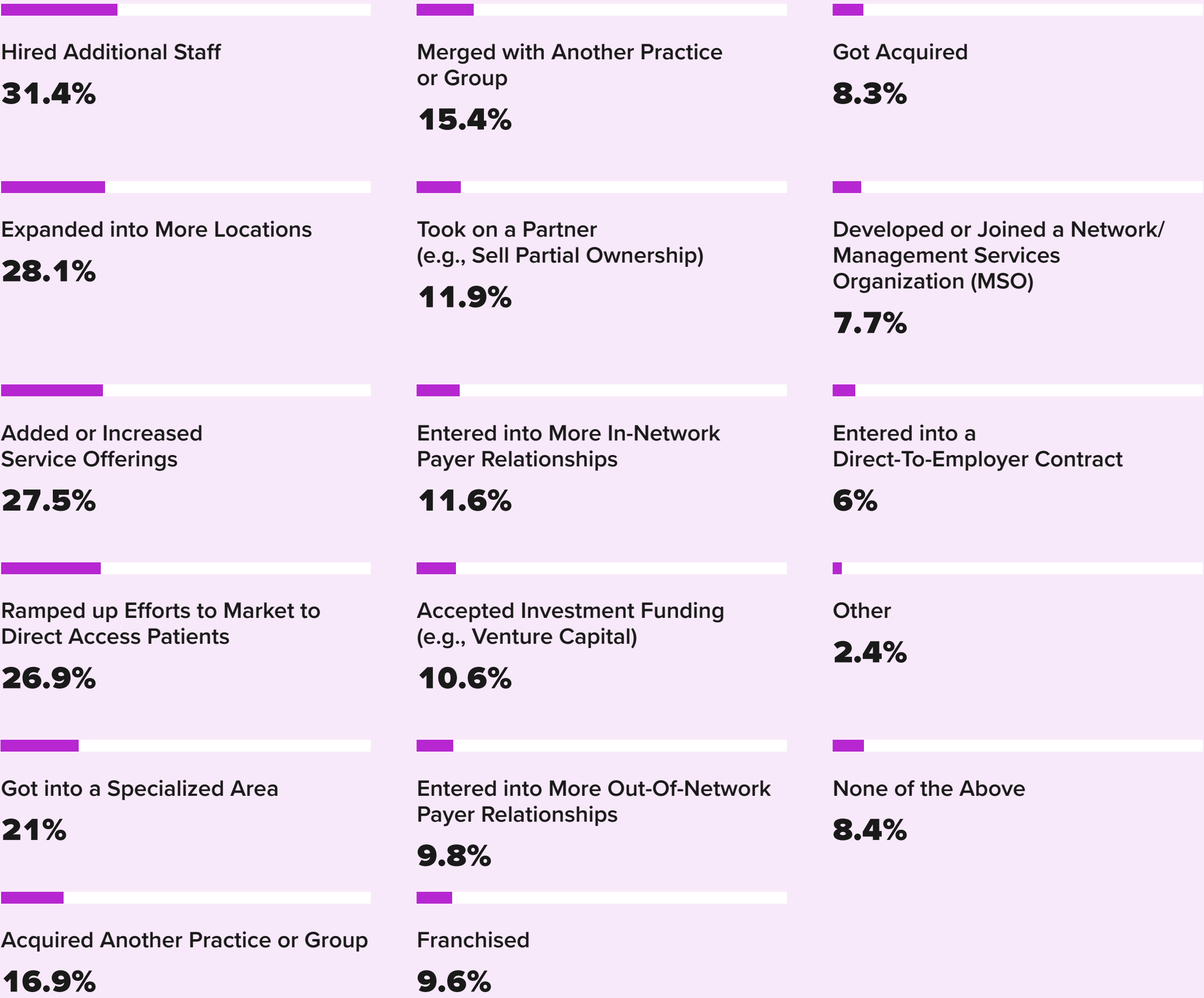


Regardless of the headwinds that continue to shape the industry, growth and adaptation remain essential for business success.

Industry executives have implemented various strategies to fuel growth over the past two years, the most-favored of which include:

- hiring additional staff,
- expanding into more locations, and
- adding or increasing service offerings.

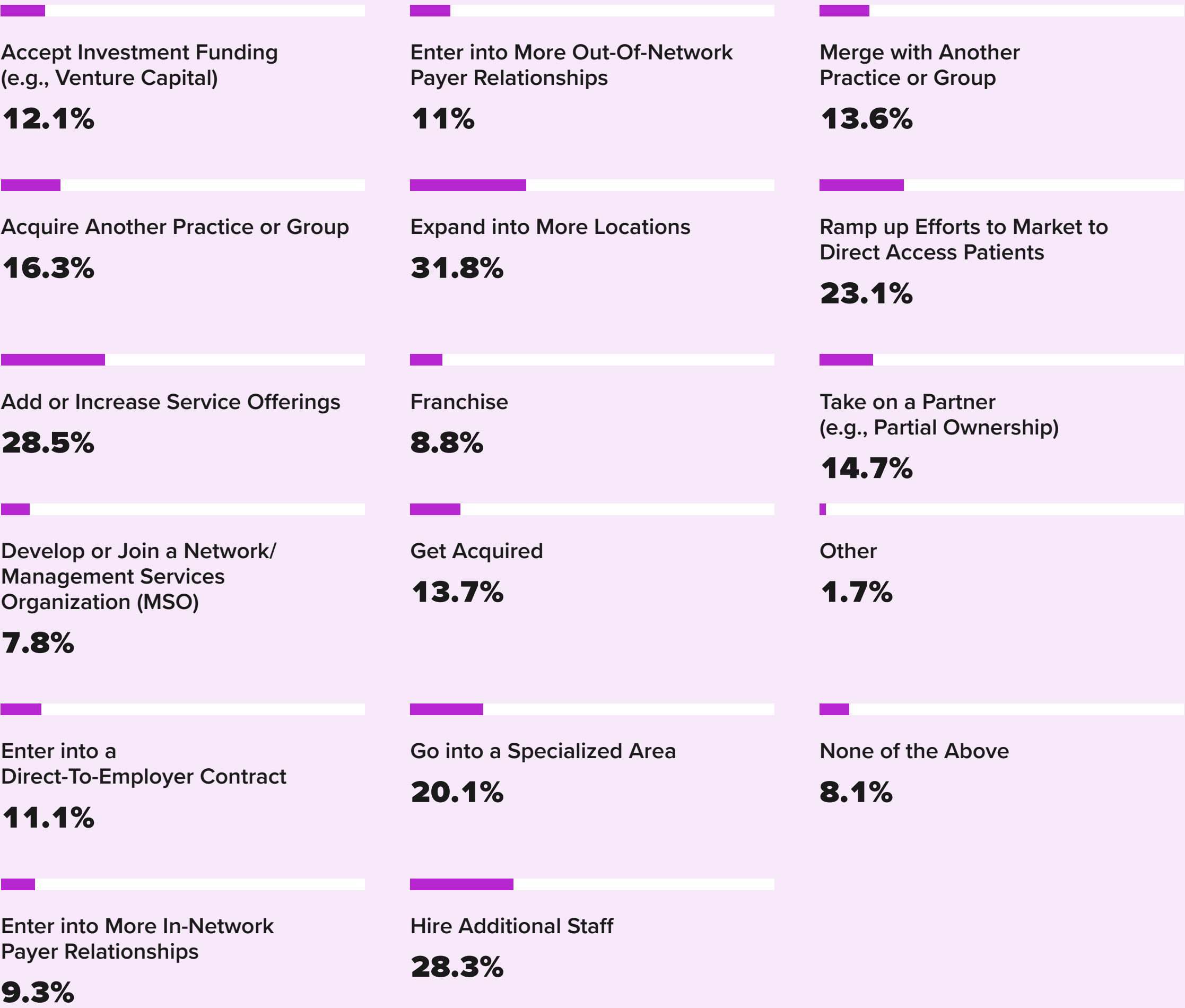
Growth Strategies Implemented over the Last Two Years



GROWTH AND CONSOLIDATION

Looking ahead, opening new locations remains a prevalent growth consideration across practices of all sizes over the next two years. The intention to enhance service offerings and hire additional staff closely follows, indicating a commitment to meet evolving patient needs and bolster organizational capacity.

Growth Strategies Being Considered in the Next Two Years

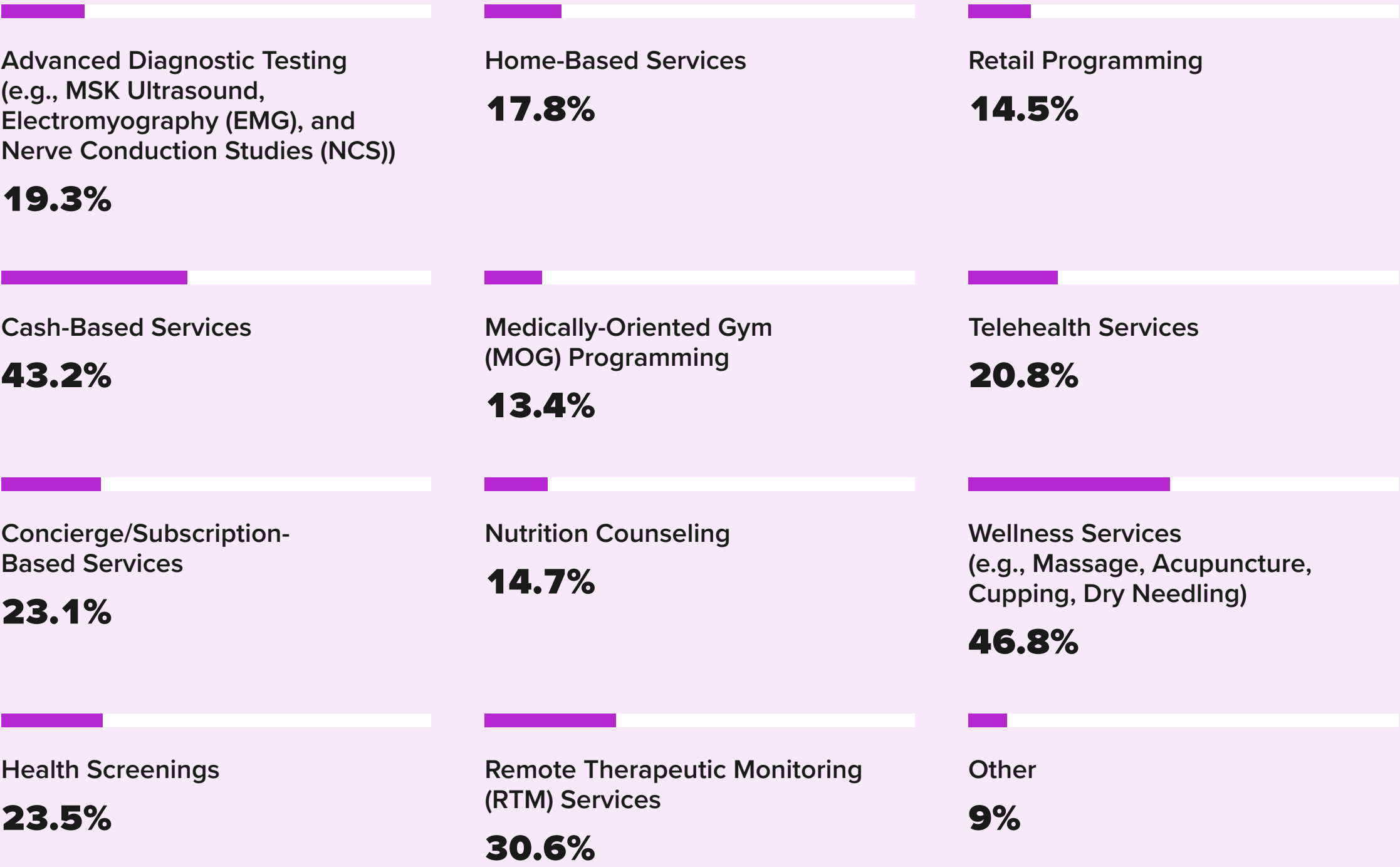


GROWTH AND CONSOLIDATION

Wellness services, including massage, acupuncture, cupping, and dry needling, are highly sought after. Similarly, cash-based services and remote therapeutic monitoring also hold promise for future growth, aligning with the industry’s shift toward holistic, accessible care. Of course, the current economic climate plays a big part in growth and consolidation trends in any given year, and that’s especially true as we navigate today’s financial climate.

“In light of the economic challenges in 2022, I believe that organizations will be more selective in their growth and acquisition targets, and that the growth rate will flatten in 2023,” said Chris Throckmorton, PT, MBA, CEO at Athletico Physical Therapy.

Types of Services Being Considered in the Next Two Years



Technology and Innovation

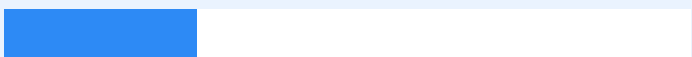


The rehab therapy industry is setting its course toward enhanced efficiency, improved communication, and optimized patient care, aided by technology investment and advancement.

Over the next two years, marketing and patient relationship management (PRM) software stands tall as the top solution rehab therapy leaders are looking to invest in, demonstrating the growing need for solutions that will help providers foster closer relationships with their target audience.

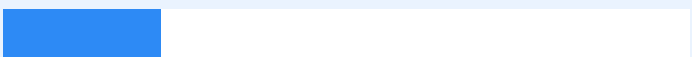
David Elton, VP of Musculoskeletal Research and Development at UnitedHealth Group, explained, “Rehab therapists have historically relied upon physician referrals for new patients, and as a result, see less than 50% of the patients who might benefit from their services. So it’s not surprising that rehab leaders are investing in marketing and PRM software solutions as they build their direct-to-consumer muscle.”

Digital Solutions Being Considered
in the Next Two Years Overall



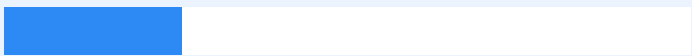
Marketing/Patient
Relationship Management
Software

28.1%



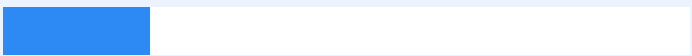
Business Analytics/
Reporting Software

22.9%



Front Office Software
(e.g., Electronic Benefit
Verification, Digital
Patient Intake)

25.8%



Home Exercise Program
(HEP) Software

21.4%



EMR Software

25.7%

TECHNOLOGY INVESTMENT

Taking a closer look, single-provider clinics are increasingly focusing on home exercise program (HEP) software, acknowledging its ability to empower patients in their recovery journeys. On the other hand, both community and regional hospitals prioritize investing in EMR software, enabling seamless information management across their extensive territories.

Digital Solutions Being Considered in the Next Two Years, by Provider Segment

	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers
1	Home Exercise Program (HEP) Software 31.8%	Front Office Software (e.g., Electronic Benefit Verification, Digital Patient Intake) 32.7%	Front Office Software (e.g., Electronic Benefit Verification, Digital Patient Intake) 29%	Business Analytics/Reporting Software 33%	Front Office Software (e.g., Electronic Benefit Verification, Digital Patient Intake) 36.1%
2	EMR Software 24.7%	Marketing/Patient Relationship Management Software 29.4%	EMR Software 26.6%	Marketing/Patient Relationship Management Software 32.5%	Online Patient Self-Scheduling Software 26.4%
3	Marketing/Patient Relationship Management Software 21.4%	Home Exercise Program (HEP) Software 24%	Marketing/Patient Relationship Management Software 26.3%	Front Office Software (e.g., Electronic Benefit Verification, Digital Patient Intake) 28.6%	Remote Therapeutic Monitoring (RTM) Software 25.7%
4	Billing Software 19.5%	EMR Software 22.5%	Billing Software 21.3%	EMR Software 25.1%	Marketing/Patient Relationship Management Software 22.9%
5	Online Patient Self-Scheduling Software 19.5%	Billing Software 21.6%	Business Analytics/Reporting Software 21%	Billing/RCM Service 24.6%	Billing/RCM Service 20.8%

Digital Solutions Being Considered in the Next Two Years, by Provider Segment

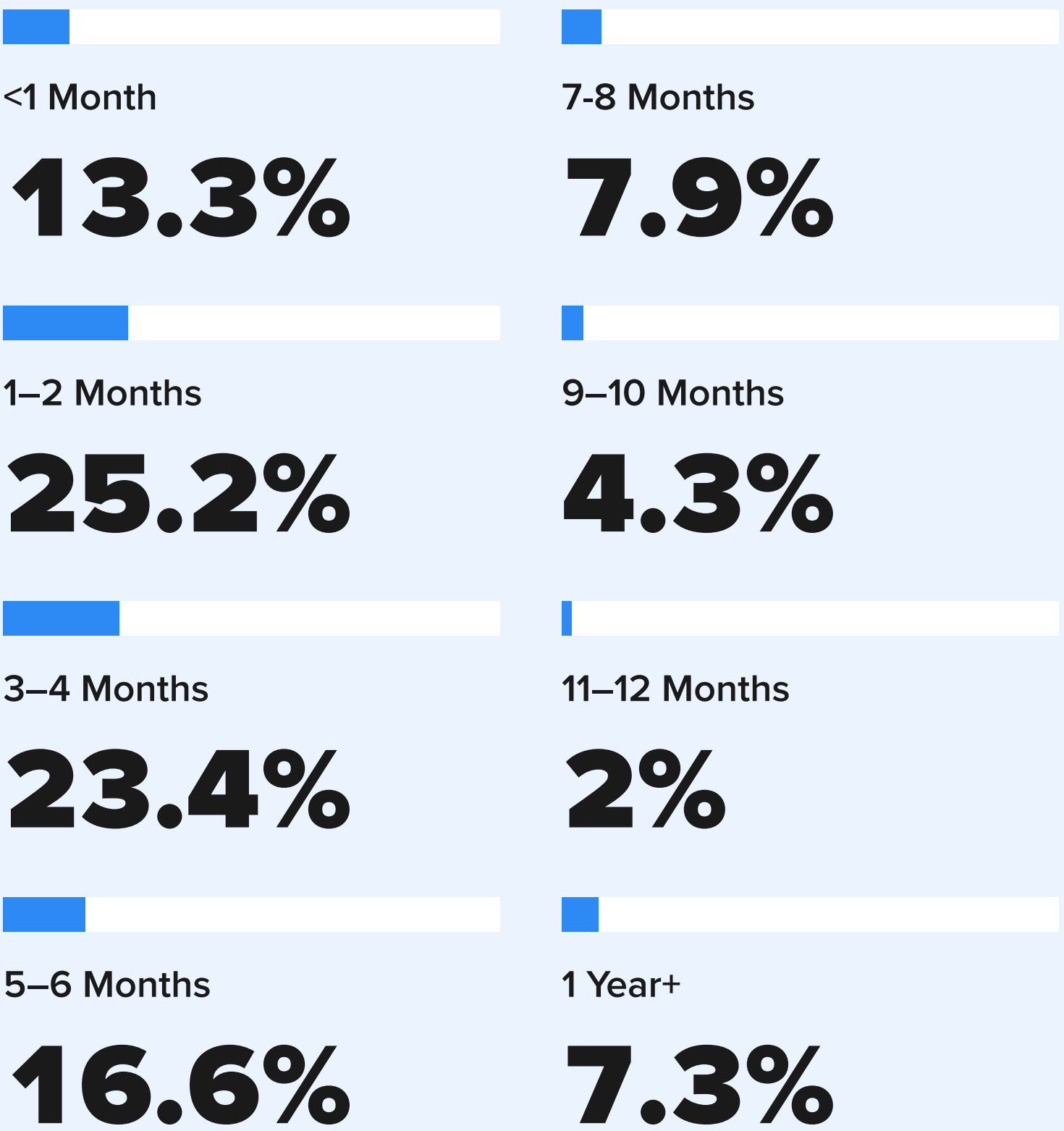
(Continued)

	150+ Providers	Hospital: Community	Hospital: Regional	Physician-Owned Practice
1	Business Analytics/Reporting Software	EMR Software	EMR Software	Outcomes Tracking Software
	31.6%	54.9%	33.7%	26.9%
2	Home Exercise Program (HEP) Software	Business Analytics/Reporting Software	Marketing/Patient Relationship Management Software	Home Exercise (HEP) Software
	30.1%	26.8%	28.2%	23.1%
3	Remote Therapeutic Monitoring (RTM) Software	Marketing/Patient Relationship Management Software	Online Patient Self-Scheduling Software	Marketing/Patient Relationship Management Software
	28.7%	26.8%	26.7%	21.8%
4	Outcomes Tracking Software	Billing Software	Home Exercise Program (HEP) Software	Front Office Software (e.g., Electronic Benefit Verification, Digital Patient Intake)
	28.7%	22%	25.2%	21.8%
5	Billing Software	Outcomes Tracking Software	Outcomes Tracking Software	Remote Therapeutic Monitoring (RTM) Software
	27.9%	15.9%	24.3%	21.8%

While onboarding new software may be time-consuming, the majority of the industry is aligned on the most effective approaches for its implementation.

While discussing technology investment trends is one thing, the real challenge lies in harnessing that technology to work for each organization’s unique needs. As many in the industry can relate, successfully implementing a new solution requires time and effort. The majority of respondents (48.6%) estimate that it takes between one to four months to bring new software onboard. However, the data shows that the bigger an organization is, the longer it takes to implement new software, with 12.4% of regional hospitals citing it could take a year or more to do so.

Time Required to Implement New Software Overall



There is consensus among most respondents, though, regarding the most-important strategies necessary for successful technology implementation:

- Demoing the product prior to purchase
- Explaining software benefits to staff in order to obtain staff buy-in
- Selecting and training technology superusers within the organization

Of course, there is some variation in terms of top-ranking implementation strategies when you look at it from a provider segment perspective. For instance, in organizations with 150 or more providers, selecting and training a team of superusers is the number-one strategy for successfully implementing new software. Conversely, the smaller an organization gets, the more important considerations like access to continued software support and utilizing the software company’s onboarding and success teams become.

Regardless, “Today’s EMRs possess extraordinary capabilities to improve administrative efficiencies, coordinate care, and build patient relationships—but only if staff view it as a strategic asset and commit to learning and exploiting its full capabilities,” stated David Elton, VP of Musculoskeletal Research and Development at UnitedHealth Group.

Strategies for Successful Technology Implementation Overall

1	Demoing the Product with the Team Prior to Purchase
2	Explaining Software Benefits to Staff/ Obtaining Staff Buy-In
3	Selecting/Training Superusers within Organization
4	Utilizing the Software Company’s Onboarding/ Success Teams
5	Having Access to Continued Support from the Software Company
6	Leveraging Educational Resources Provided by the Software Company

The wave of telehealth utilization is receding; however, that does not diminish its value in rehab therapy.

While approximately 30% of organizations currently offer telehealth services, telehealth utilization has experienced a 17% drop compared to the previous year’s report, suggesting a shift in the tides of adoption.

Among organizations offering telehealth, some providers do not utilize it at all, while others limit its use to a few patients per week. Specifically, the data reveals that a substantial portion of executives—59.1%—state that their organizations utilize telehealth only 10% or less of the time, and 20% admit to never using it, despite offering the service.

Although telehealth usage is down from last year, that does not preclude its place in rehab therapy practices. This shift may indicate a market correction as telehealth transitions from being solely driven by the all-digital mindset during the pandemic to finding a more permanent and stable role in today’s evolving hybrid-care environment. Embracing a combination of digital and hands-on care can empower clinical leaders to strategically position their organizations for long-term success.

“We know that the physical therapy profession requires continuous one-on-one, hands-on care, which is one of the reasons why we have seen such a dramatic decrease in telehealth usage within the industry,” noted John Gallucci Jr., MS, ATC, PT, DPT, President and CEO, JAG-ONE Physical Therapy. “It is important that there is a strong collaborative effort between industry and educational leaders to adapt technology as well as increase the cohorts of our graduating classes in order to meet the demands and needs of musculoskeletal cases throughout our country.”

Current Telehealth Use and Service Offerings

We do not currently offer telehealth rehab therapy services, and we do not plan to add these services in the next year.

51.1%

We currently offer telehealth rehab therapy services.

29.9%

We do not currently offer telehealth rehab therapy services, but we plan to add these services in the next year.

18%

I’m not sure.

4.3%

Percent of Average Telehealth Sessions, per Week

0%

20%

.1%–10%

59.1%

10.1% –20%

9.8%

20.1%–50%

6.9%

50.1%–100%

4.2%

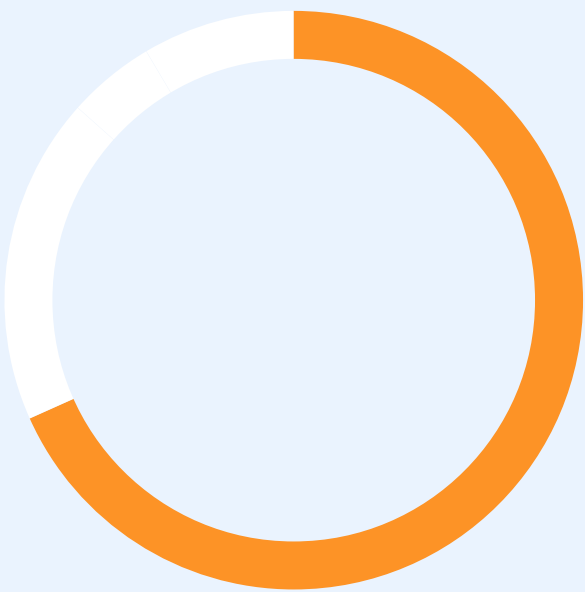
TELEHEALTH

The majority of respondents who currently offer telehealth are in agreement with Gallucci. They demonstrate a steadfast commitment to harnessing telehealth’s potential in the future—a dedication that underscores a strong desire for patient-centered and flexible rehabilitation services.

More broadly, the thirst for digital alternatives to augment care delivery has never been more important when considering current staffing limitations.

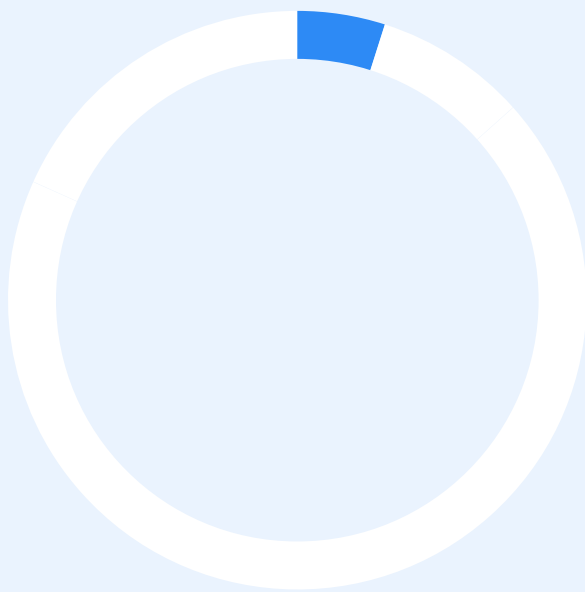
“Adopting technological solutions is critical to alleviating challenges created by labor constraints,” added Richard Leaver, CEO of Alliance Physical Therapy Partners. “The challenge is introducing emerging tech into a healthcare delivery framework that doesn’t support those advances.”

Plans to Use Telehealth Moving Forward Overall



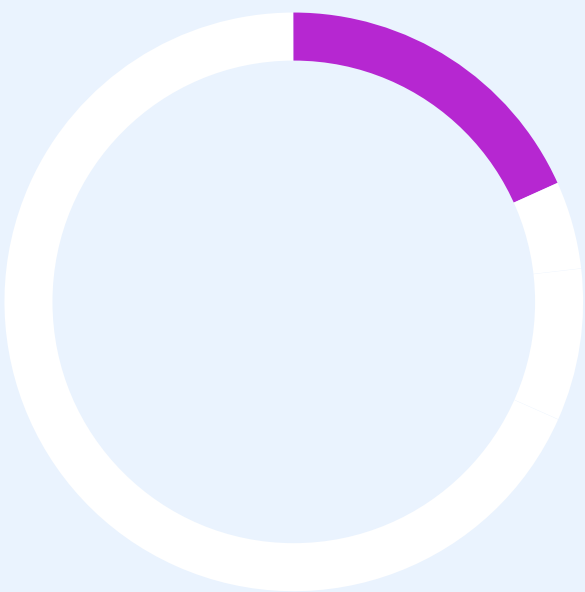
Yes

68.3%



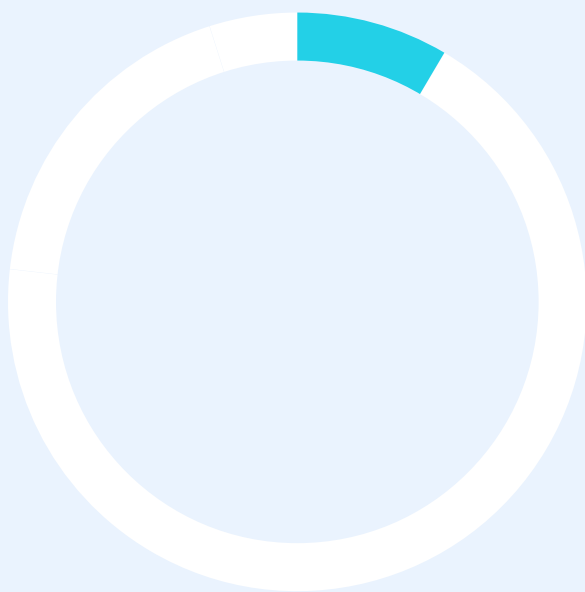
No

4.9%



Undecided

18.3%



Only Until the Public Health
Emergency Order Ends

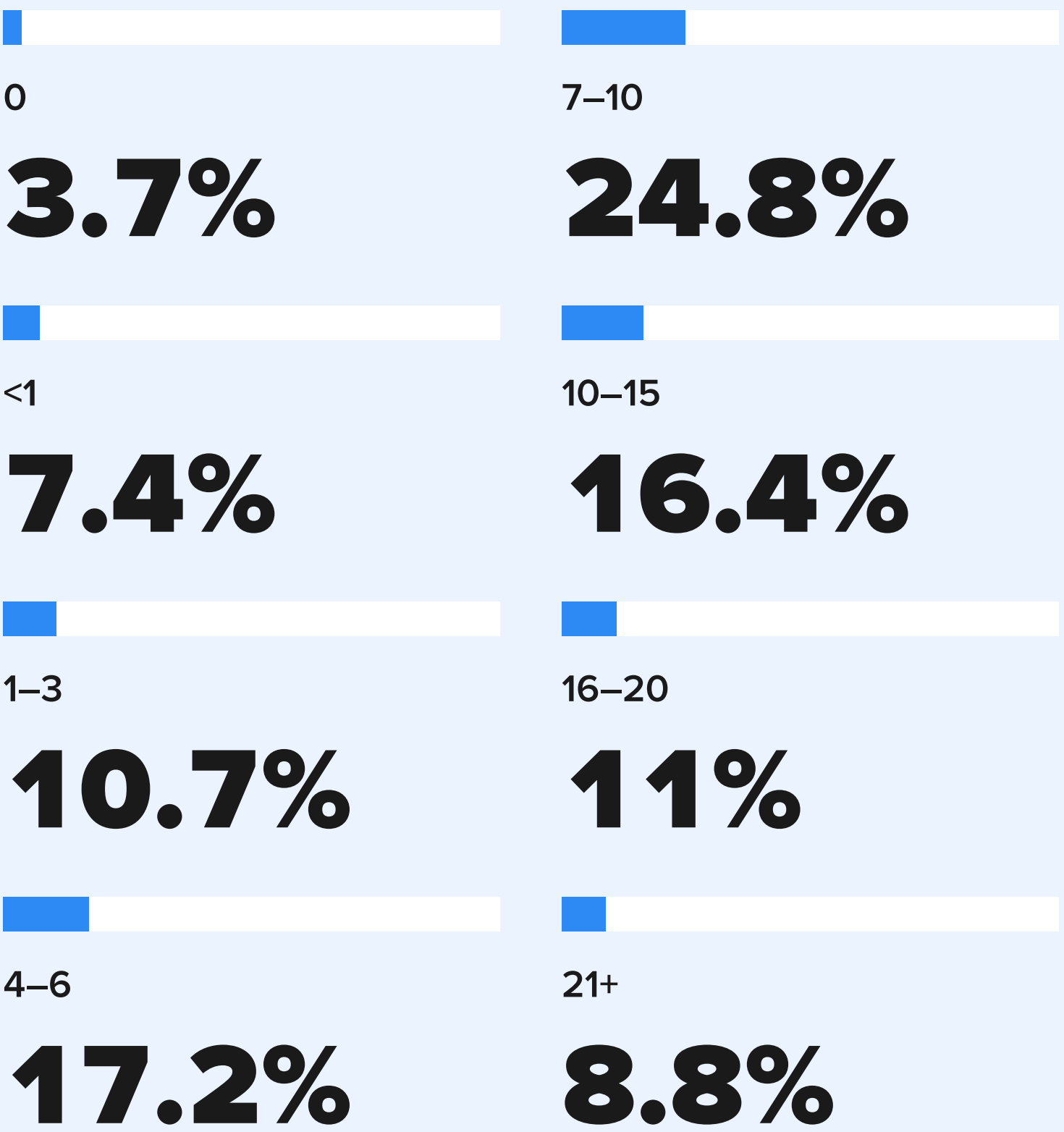
8.5%

Remote therapeutic monitoring has surfaced as a valuable complement to in-person appointments.

Since its introduction in the 2022 final rule, remote therapeutic monitoring (RTM) has risen through the ranks of digital health solutions to support patients facing obstacles in accessing traditional rehab therapy. RTM offers clinicians a reimbursable method to follow up and reinforce what they try to achieve with in-person care—improved patient adherence and outcomes.

Of the 15.8% of respondents who currently offer RTM services, nearly 25% of them dedicate seven to 10 hours to it per week.

Weekly Allocation of Hours to RTM Overall



REMOTE THERAPEUTIC MONITORING

The majority of RTM users (50.9%) integrate these services into their schedules to supplement in-person therapy sessions. More specifically, 44.3% devote part of their therapists’ and/or assistants’ schedules to RTM, and 35% use RTM as a means to fill in scheduling gaps caused by cancellations and no-shows.

The course to greater RTM adoption involves understanding its value and how it fits into practice workflows.

“Patient engagement should be viewed as part of our intervention because, as providers, we know what the patient does outside of the clinic is as important, if not more so, than what happens in the clinic,” said Kathleen Rosas, PT, DPT, Product Manager of Clinical Content at WebPT. “The development of RTM is a policy-level change that demonstrates its importance. Long commutes, lack of access to transportation, cost concerns, and even weather can contribute to missed appointments, and extending care beyond the clinic is one way to address some of those concerns. We can continue to drive better patient outcomes by addressing these barriers and meeting our patients where they are.”

The winds of change blow favorably for RTM, as nearly half of the current users (46%) express a desire to expand their RTM practices in the coming years. Conversely, 24% of current RTM users intend to adjust their course, either scaling back or discontinuing RTM altogether in the future.

Remote Therapeutic Monitoring Use Cases

We devote part of our therapists/ assistants schedule to RTM.
44.3%

We focus our PTAs and OTAs on RTM education and monitoring.
23.5%

We partner with a third-party company to staff and manage our organization’s RTM efforts.
11.9%

We use RTM to fill scheduling gaps resulting from patient cancellations/no-shows.
35%

We use RTM to supplement in-person appointments, particularly for those patients with barriers to access.
50.9%

Other
6.6%

Plans to Use Remote Therapeutic Monitoring in the Next Two Years

We plan to discontinue RTM altogether.
10.1%

We plan to maintain our current RTM practices.
22.6%

We plan to ramp up our current RTM practices.
45.8%

We plan to scale back on our current RTM practices.
13.9%

Other
7.7%

Rehab therapy professionals are diving into the depths of progressive technologies, driven by their resolve to explore new horizons in patient care.

Respondents indicated that the technology trend they are most excited about is biomedical technology in the form of regenerative medicine and smart implants. Data informatics and analytics, along with rehabilitation robotics, ranked second and third, respectively, in this category.

Among the executive and manager segments, data informatics and analytics are the top areas of interest, likely aligning with their broader interests in data-driven decision-making. Executives are also more interested in virtual reality-based exercise and interaction than any other role type.

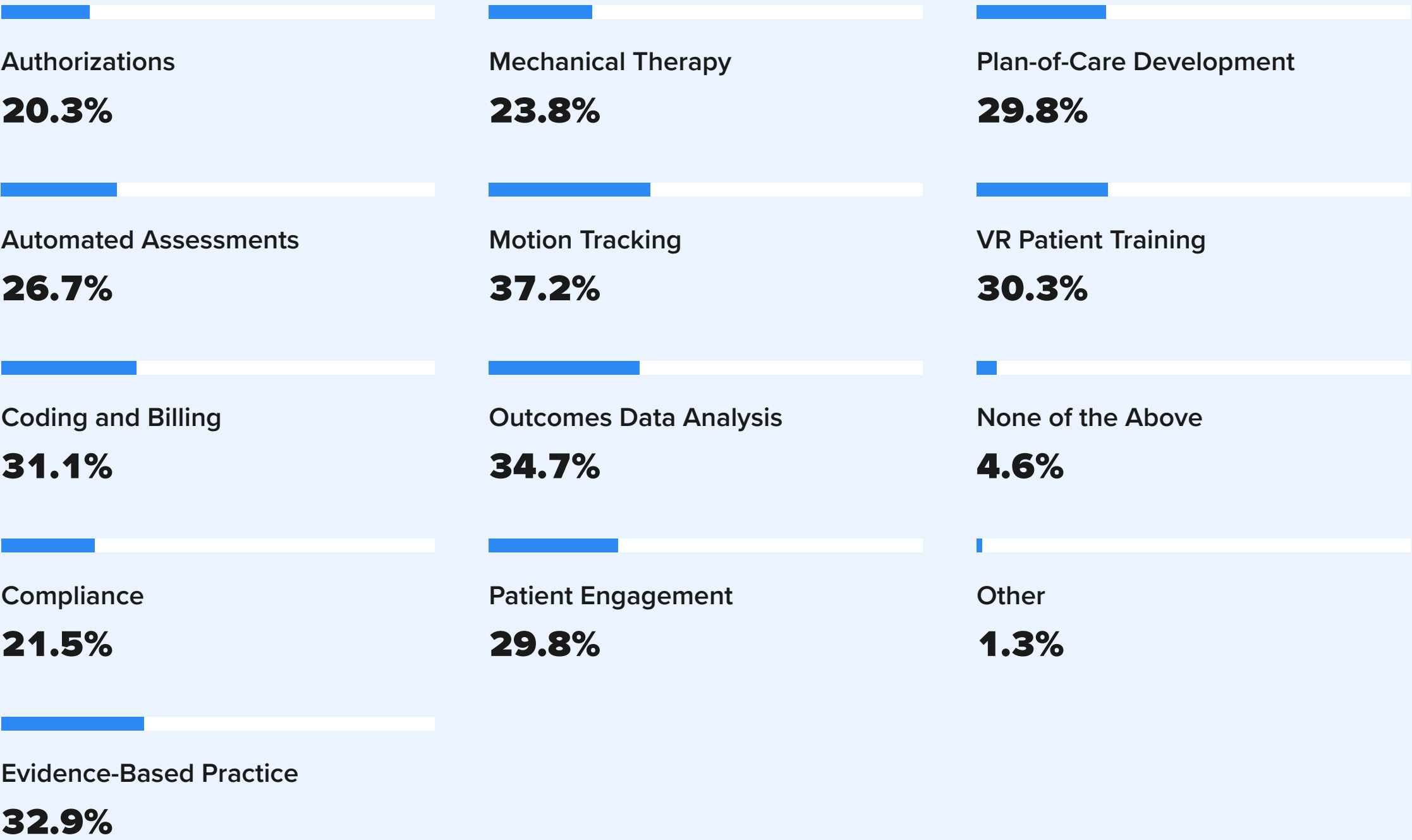
Interest in Future Technology Trends Overall and by Role Type

	Overall	Executive	Manager	Provider	Other
Biomedical Technology (e.g., Regenerative Medicine, Smart Implants)	1	2	2	1	1
Data Informatics and Analytics for Patient Care and Engagement	2	1	1	3	2
Rehabilitation Robotics (e.g., Exoskeleton for Spinal Cord Injury)	3	4	3	2	3
Virtual Reality-Based Exercise and Patient Interaction	4	3	5	4	4
Telehealth-Enabled Exercise Equipment	5	5	4	5	5
Wearable Technology	6	6	6	6	6
Artificial Intelligence/Machine Learning (e.g., Predictive Analysis)	7	7	7	7	7
3D Printing	8	8	8	9	9
Augmented Reality-Based Exercise	9	9	9	8	8

As evidenced by the data, the allure of artificial intelligence (AI) and machine learning isn't very strong. Of those interested in AI, however, motion tracking emerged as the preferred AI application, followed by outcomes data analysis and evidence-based practice.



Breakdown of Interest in Artificial Intelligence Applications



EMERGING TECHNOLOGIES

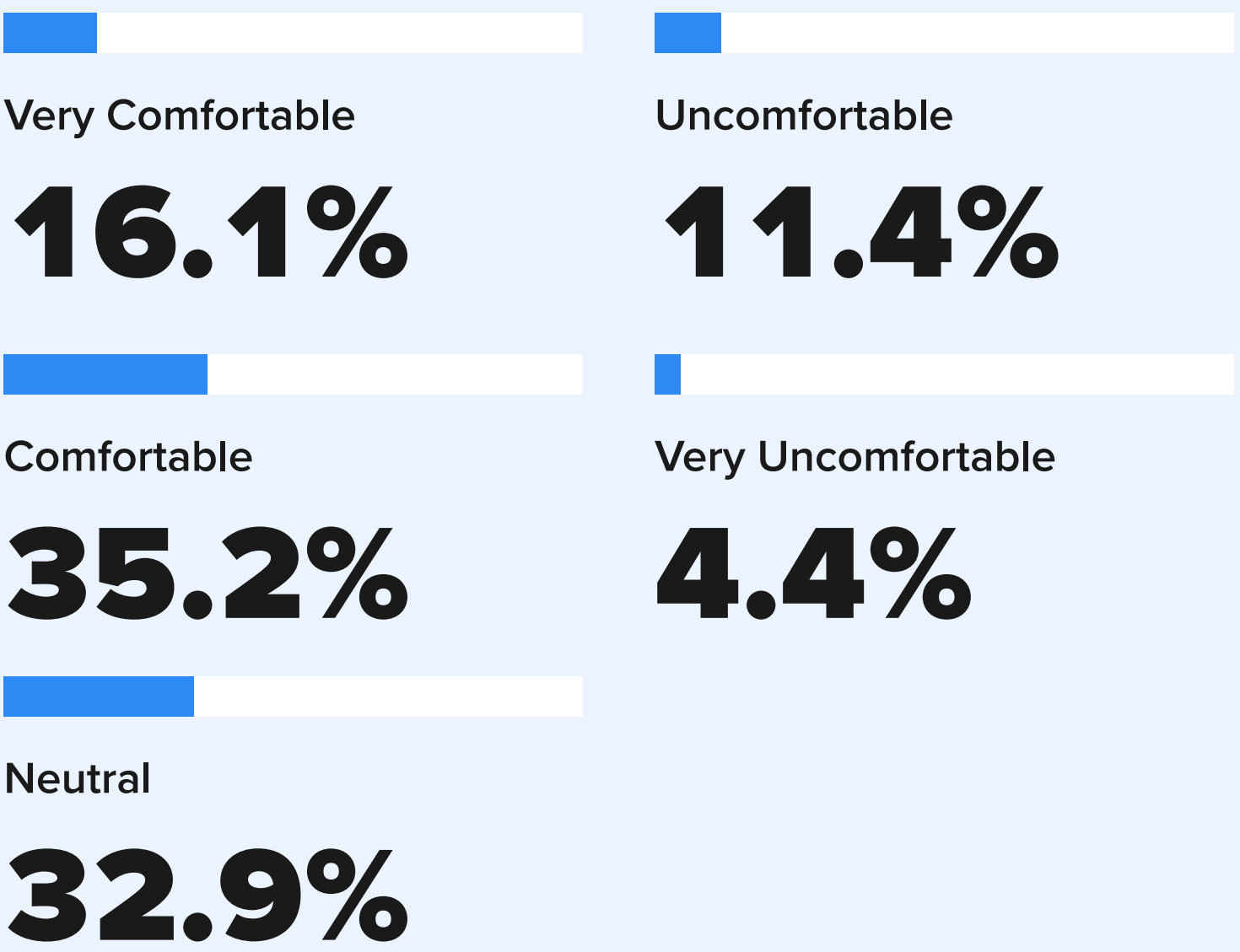
When we assessed respondents’ comfort level with AI, only 15.8% indicated any form of discomfort with this emerging trend. That said, public opinion on AI might continue to change as the technology itself evolves.

“I believe that AI-driven solutions present an enormous opportunity to reduce the administrative responsibilities within PT—up to 95%, by some estimates,” added Marcus Osborne, CEO at RightMove Health.

Moreover, the successful adoption of AI, or any emerging technology, hinges on compelling evidence of its practical application in daily practice and comprehension of its potential to enhance the quality of the hands-on care therapists provide.

“Adapting to new technologies is always both a challenge and an opportunity,” explained Julie Wiebe, PT, DPT, President of Julie Wiebe Physical Therapy and Clinical Assistant Professor at the University of Michigan – Flint. “If rehab therapists’ self-conceptualization continues to be based on how well we perform assessments and create exercise programs—all things AI can do well—we may see it as a threat. However, if we redefine ourselves based on our reasoning abilities, interpretation of our objective measures, our affective skills, and building a therapeutic alliance, then we can appreciate that AI is another tool, not a replacement. I’ll happily have tech replace my goniometer, but my interpretation of those measures is the value I bring.”

Comfortability with Artificial Intelligence Overall



Staffing and Employment



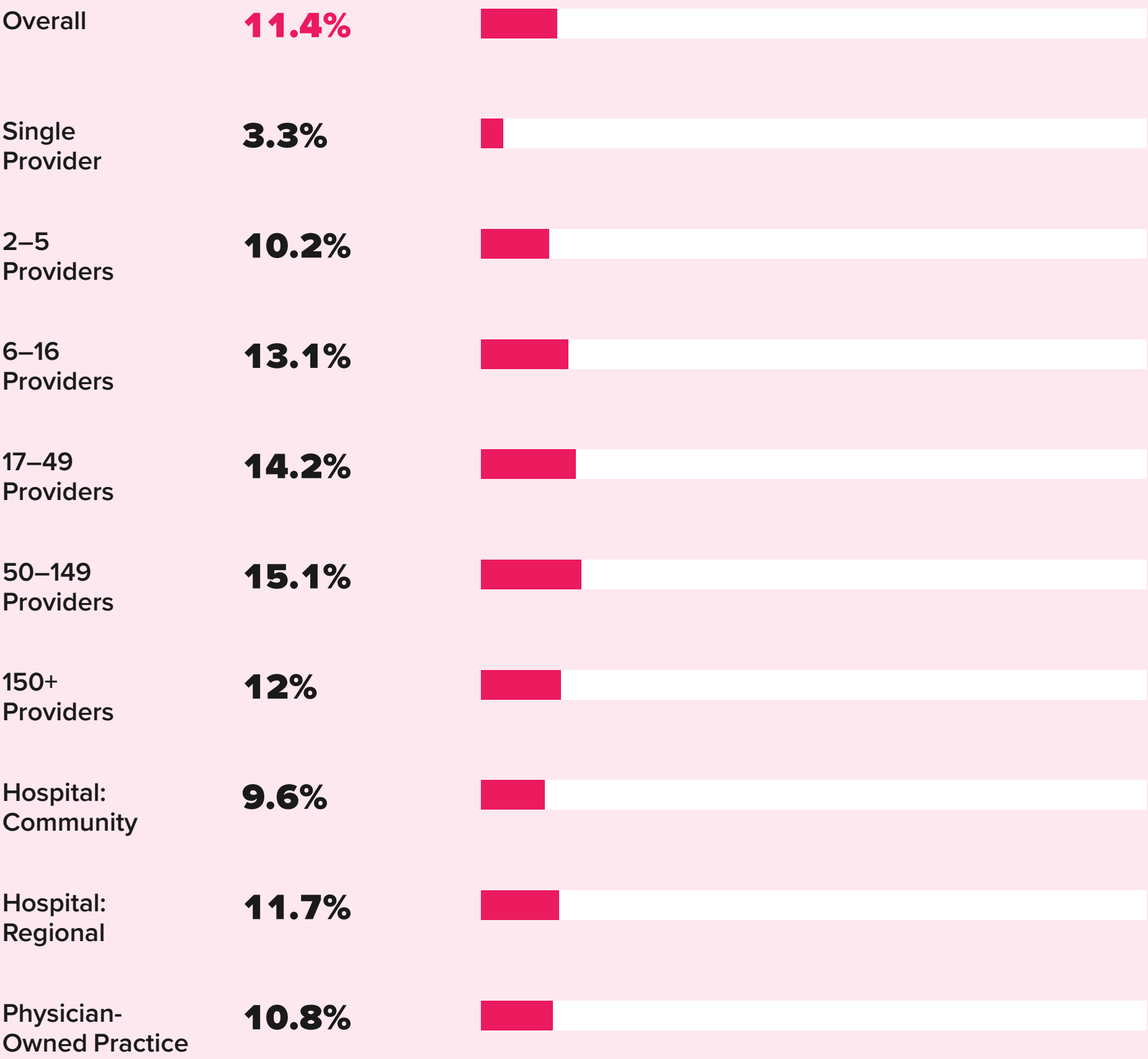
A rise in resignations—and the prospect of more therapy professionals heading toward the exits—threatens to capsize the industry.

In order to grasp the escalating labor challenge, it is crucial to reflect on the findings of our 2022 State of Rehab Therapy report.¹ It revealed a staggering revelation: around 9% of the rehab therapy workforce resigned in 2021, surpassing the turnover rate experienced by the entire healthcare industry by threefold. Fast forward to this year’s report where we discovered that 11.4% of the rehab therapy workforce left their positions in 2022—a 2.4% increase from 2021.

Across nearly all provider segments, the turnover rate exceeded 10%—except for single-provider organizations and community hospitals. Organizations with 50-149 providers, however, experienced the highest resignation rate at 15.1%.

“To effectively address the exodus of rehab professionals, we must look beyond mere financial considerations, reimbursement rates, and the traditional value propositions offered to the public,” asserted Kendell M. Jno-Finn, PT, DPT, Principal and Owner at M3Performance and Physical Therapy. “We must delve deeper into the fundamentals of education, reevaluate the sustainability of existing business models, and embrace a comprehensive approach to practice that encompasses the broader scope of challenges at hand.”

Percentage of Employees Who Resigned in 2022 Overall



EMPLOYEE TURNOVER AND RETENTION

We also know from research released by Definitive Healthcare in 2022 that approximately 22,000 rehab therapists left the workforce in 2021.² In comparison, the Commission on Accreditation in Physical Therapy reported that 12,119 physical therapists graduated in the same year.³ This indicates a major gap in care in an industry that's seeing growing demand.

As it relates to the workforce deficit, we must also consider the fact that clinicians are leaving rehab therapy as they approach the end of their working careers.

"I believe there is more to this net loss of professionals than simply less coming in and more going out," explained Brian Gallagher, PT, Founder and President of MEG Business Management. "Many rehab therapists have achieved a point in their careers where they can comfortably retire or reduce their clinical hours to pursue other paths. That said, if we want to stop this loss of clinicians, we need to find a balance in the profession that provides a rewarding career where we feel the rewards every single day. The current fee-for-service model is more about meeting rules and regulations for payers, and must be re-evaluated as well as the compensation model for delivery of our services."

While the staffing shortage isn't ideal for the profession, there could be a silver lining to therapists leaving clinical care but remaining in rehab therapy.

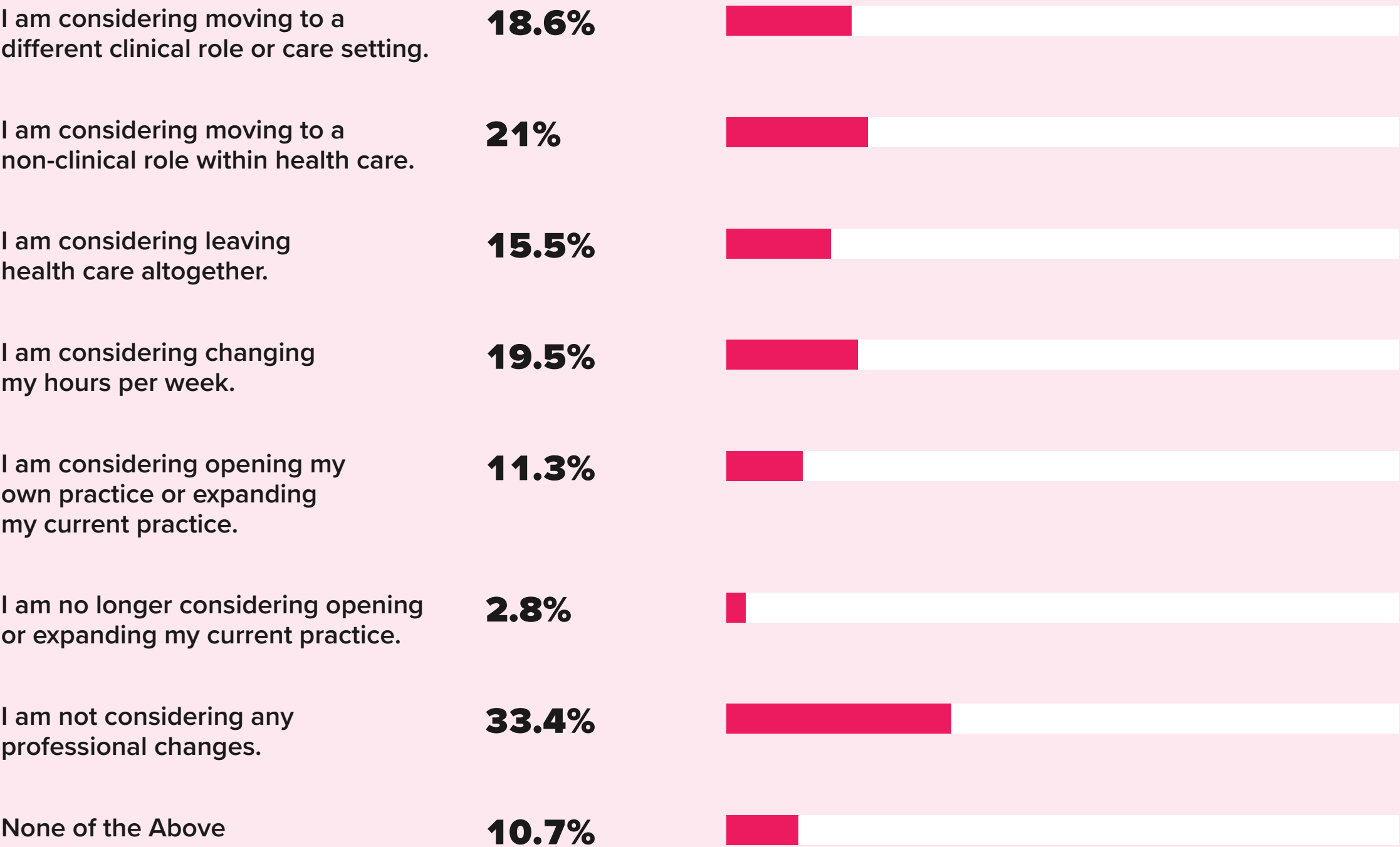
According to Meredith Castin, PT, DPT, Owner of The Non-Clinical PT, "I don't believe attrition is a bad thing. Having PTs in non-clinical careers increases the chance of having a PT in a key decision-making role or a strategic or leadership position where they can help address the profession's root problems."

The demand for more growth opportunities and higher salaries is creating a whirlpool of uncertainty, leading many rehab therapy professionals to reassess their career choices.

While it’s impossible to predict when these resignation percentages will swing back the other way, we do know this: 66.6% of therapy providers are considering a professional change of some kind. Now, some of these considerations include changing their hours per week or opening their own practice. However, of the respondents contemplating a career move:

- 21% stated that they were considering moving to a non-clinical role within health care; and
- 15.5% stated that they were considering leaving health care altogether.

Professional Changes Being Considered Overall



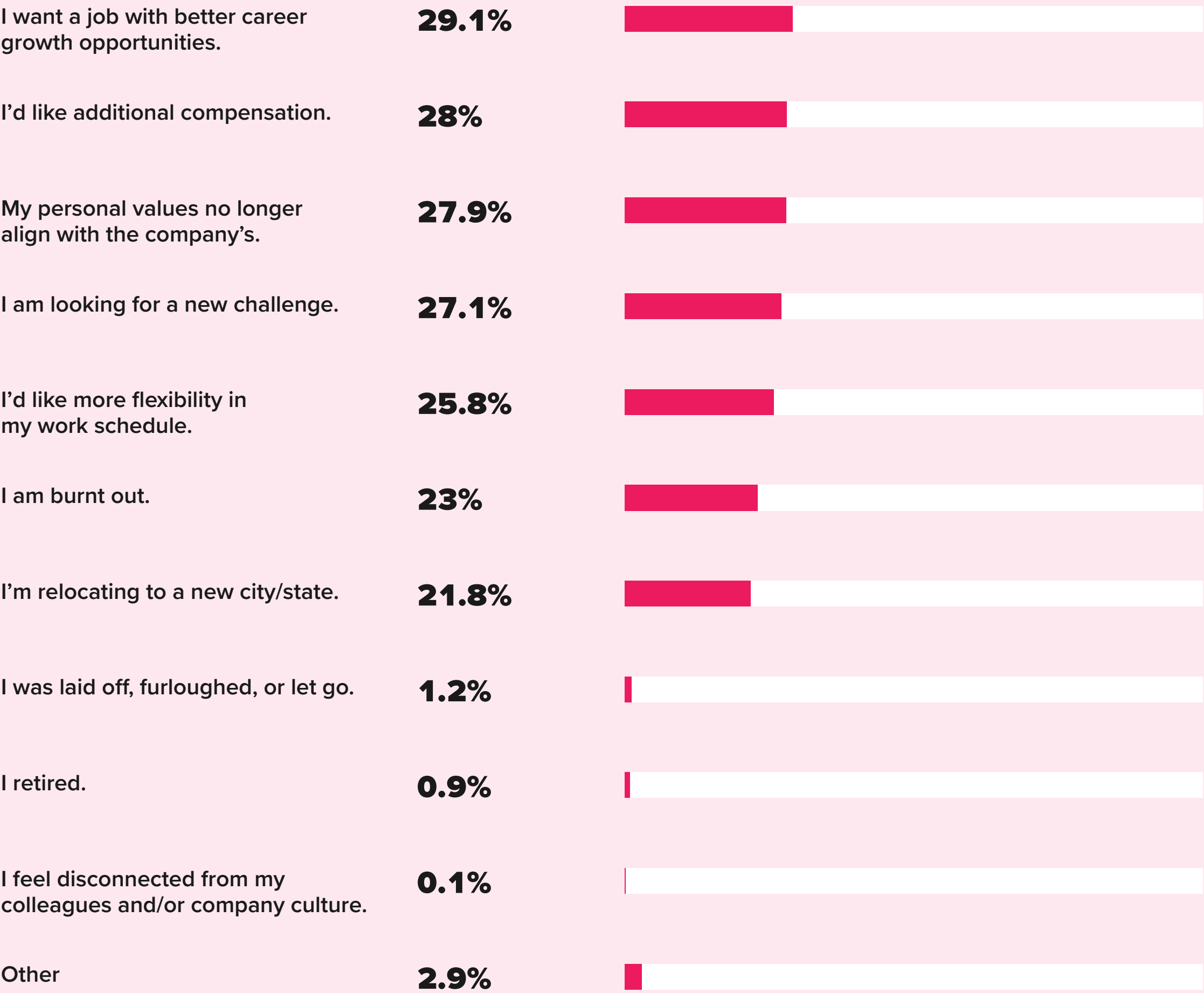
CAREER CHANGES AND JOB EXPECTATIONS

Their motivations? They want more career growth opportunities, higher salaries, and to work for a company that upholds the same core values as their own. Notably, burnout also remains a significant concern among physical therapists, with 31% citing it as a reason for contemplating professional changes.

The demand for higher salaries might make clinic owners concerned that they have no avenue for meeting their employees’ needs—especially in the face of declining reimbursements and revenue. However, there are other approaches to boosting compensation that can work for practices and providers alike.

“Salaries are only a part of the equation. A large portion of employees’ overall compensation comes from bonuses, PTO, professional education—and more—which organizations should leverage for employee retention,” said Brian Gallagher, PT, Founder and President of MEG Business Management.

Reasons for Considering a Professional Change Overall



CAREER CHANGES AND JOB EXPECTATIONS

Employers can also look to alternative compensation models and performance bonuses as a way to give staff greater control over what they’re earning—and how much they’re working.

“When we think about compensation dissatisfaction, most of us default to an assumption that an employee must feel that they are not happy with how much they are paid. Very few of us consider whether it may be the case that the employee is unhappy with how they are paid. This is a critical oversight with far-reaching implications for our profession,” added Jason M. Wambold, MSPT, Co-Founder and Managing Partner of OnusOne by Pay-for-Performance Solutions.

While salaries are clearly a major factor in employee dissatisfaction, the fact that modern clinicians are also considering whether their personal values fit in with those of their employers cannot be overlooked.

As Fred Gilbert, PT, DPT, Chief People Officer at MovementX, explained “The data gives credence to a narrative I often hear about the generational and values gap between management and clinical staff. Many members of the clinical workforce are millennials who care more about their employer’s values being aligned with their own than do the Gen-X owners and managers. And they’re willing to walk away from work situations that don’t fulfill them.”

Whatever the cause, it’s evident that clinicians in particular are still feeling undervalued and unheard—and that if we’re to prevent an even greater net loss of skilled professionals in the years to come, employers need to start connecting with employees on their terms.

CAREER CHANGES AND JOB EXPECTATIONS: EMPLOYER PERSPECTIVE

Comparatively, when asked what’s driving attrition in their organizations, executives identified employees’ primary reasons for resigning as:

- wanting higher salaries,
- relocating to new locations, and
- desiring better career growth opportunities.

Although close, these reasons don’t entirely align with the reason offered by staff members considering career moves.

“This disconnect isn’t surprising; executives all think that they have terrific company culture and employee engagement,” offered Brian Hartz, MPT, DPT, OCS, CSCS, CEO and President of HARTZ Physical Therapy. “Unfortunately, most are not willing to take ownership of their lack of attention or lack of funding to support culture and engagement.”

That said, some executives are recognizing the gap in perception between executives and clinicians when it comes to turnover as a threat to the profession’s long-term stability.

“Physical and occupational therapists are more in demand—and more necessary to improving Americans’ health and reducing costs—than ever before,” added Dan Rootenberg, PT, DPT, CSCS, CEO and Co-Founder at SPEAR Physical Therapy. “To support this, we must ensure our people feel fulfilled in their work and understood in the workplace, and that they have visibility into their career paths. Otherwise, attrition will continue at unacceptably high rates.”

Reasons for Employee Resignations Overall

1	They want additional compensation.	7	They’d like more flexibility in their work schedule.
2	They are relocating to a new city/state.	8	Other
3	They want a job with better career growth opportunities.	9	They were laid off, furloughed, or let go.
4	Their personal values no longer align with the company’s.	10	They retired.
5	They are burnt out.	11	I’m not sure why they’re leaving.
6	They are looking for a new challenge.		

Challenges and Opportunities

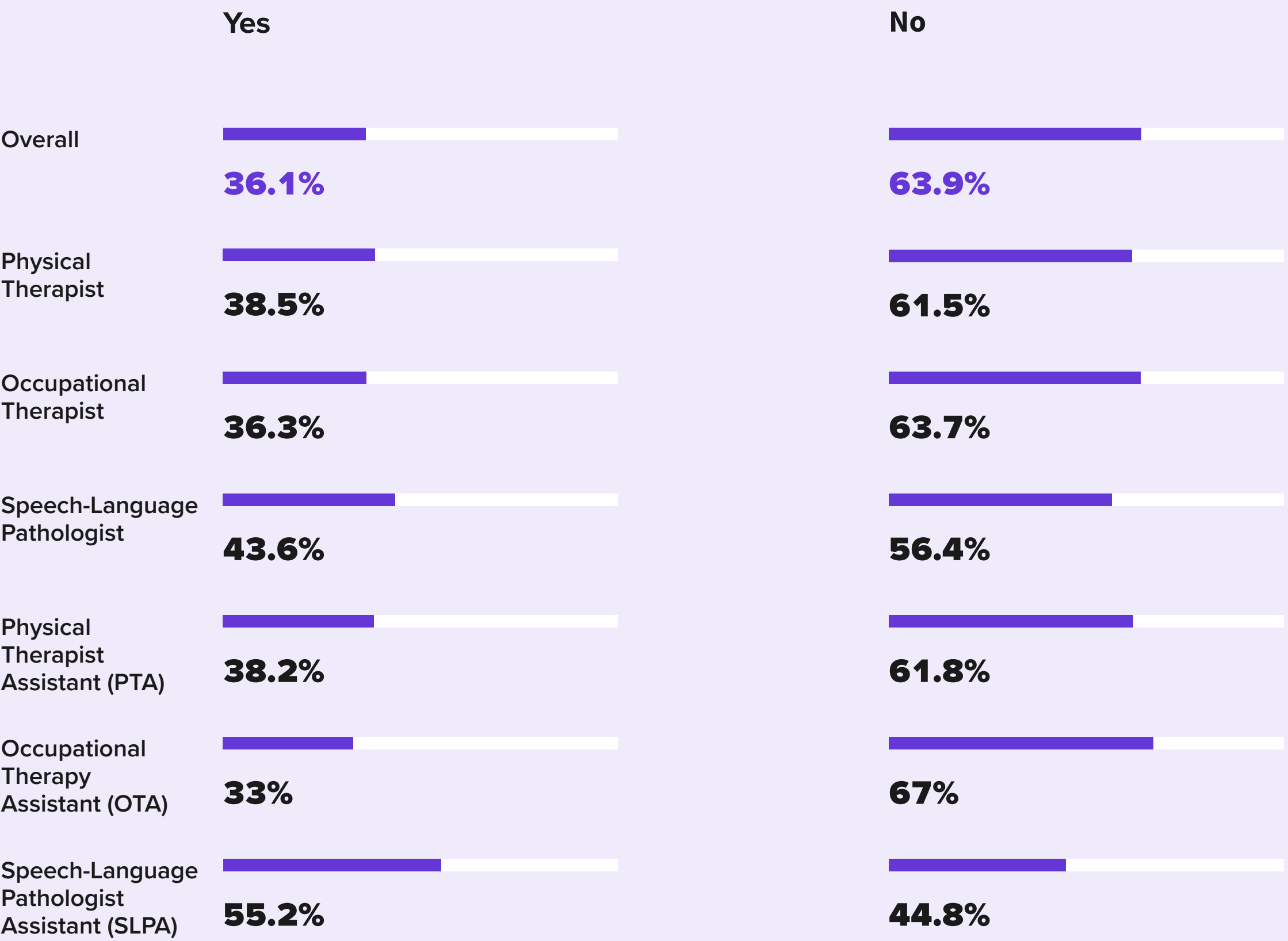


Burnout remains an ever-present threat to the rehab therapy industry’s stability, eroding the optimism that once buoyed the profession.

A notable 36.1% of providers find themselves grappling with burnout, with the highest percentages of burnout found within the SLP and SLPA segments at 43.6% and 55.2% respectively. While the total provider burnout percentage has only risen 1.1% from last year’s report, it’s still representative of more than a third of the workforce. When asked to share why they’re feeling this way, respondents ranked their top three factors contributing to burnout as:

- low salary,
- high patient load, and
- demanding documentation and regulatory requirements.

Breakdown of Provider Burnout Overall and by Provider Type



PROFESSIONAL OUTLOOK

Unsurprisingly, the topic of burnout and its underlying causes is one that generates a lot of conversation and opinions.

“Daily documentation and plans of care are not the problems,” stated John Wallace, PT, MS, Senior Vice President of Member Value at WebPT. “What we really need is to rein in the utilization management companies payers are using to ration care, and to address the lack of uniform reporting of data needed to get more visits.”

Holly Lookabaugh-Dear, PT, DSc, GCS, CEEAA, Director of Clinical Services at Ivy Rehab Network, added, “We need to make fundamental shifts in our profession and the way we manage business if we hope to change burnout and retention trends, including:

- Reducing educational costs through technology and aligning them with earnings;
- Prioritizing mentorship and training mentors as a critical component of practice; and
- Continually strive to achieve a healthy balance between productivity expectations and the optimal patient experience.”

Factors Contributing to Burnout Overall

1	Low Salary	6	Change in Clinic Policies
2	High Patient Load	7	Fear of Contracting COVID-19
3	Burdensome Documentation and Regulatory Requirements	8	External (Non-Work) Factors
4	Long Work Hours	9	Lack of Job Security
5	Poor Clinic Morale		

PROFESSIONAL OUTLOOK

Moreover, over 41% of rehab therapy professionals express a waning optimism about the industry’s future compared to the previous year. And for the second year in a row, steadily declining reimbursements remain industry stakeholders’ top concern for the future success of rehab therapy, followed by the increasing threat of burnout and low salaries.

The majority of respondents were aligned on these industry hazards, save for executives, who had the labor shortage and difficulties with staying in business as an independent practice as their second and third-rated concerns, respectively.

Regaining some optimism might require rehab therapists to get on the front foot and try to create the positive developments they want, rather than hoping they come about on their own.

“I think the lack of optimism comes from the profession being stuck in a defensive position, where advocacy wins are just smaller cuts than originally feared,” said Nick Patel, Executive Director at Alliance for Physical Therapy Quality and Innovation (APTQI) and National Director of Clinical Services and Regulatory Affairs at US Physical Therapy. “If we want to bring back optimism, we need to get more offensive and win some rate increases.”

Top Concerns About the Future Success of Rehab Therapy

	Overall	Executive	Manager	Provider	Other
Steadily Declining Insurance Reimbursements	1	1	1	1	1
Increasing Threat of Burnout	2	4	2	2	2
Low Salary	3	5	3	3	3
Labor Shortage	4	2	5	6	4
Difficult to Stay in Business as an Independent Practice	5	3	4	4	5
Student Debt	6	7	7	5	6
Increasing Regulatory Burden	7	6	6	7	7
Lack of Patient Access to Rehab Therapy	8	10	8	8	8
Difficult to Start a Practice	9	8	10	9	10
The Rise of Digital Healthcare Companies (e.g., Health Information Technology, Digital Musculoskeletal Platforms, Wearable Devices, Personalized Medicine)	10	9	9	10	9
Consolidation	11	11	11	11	11

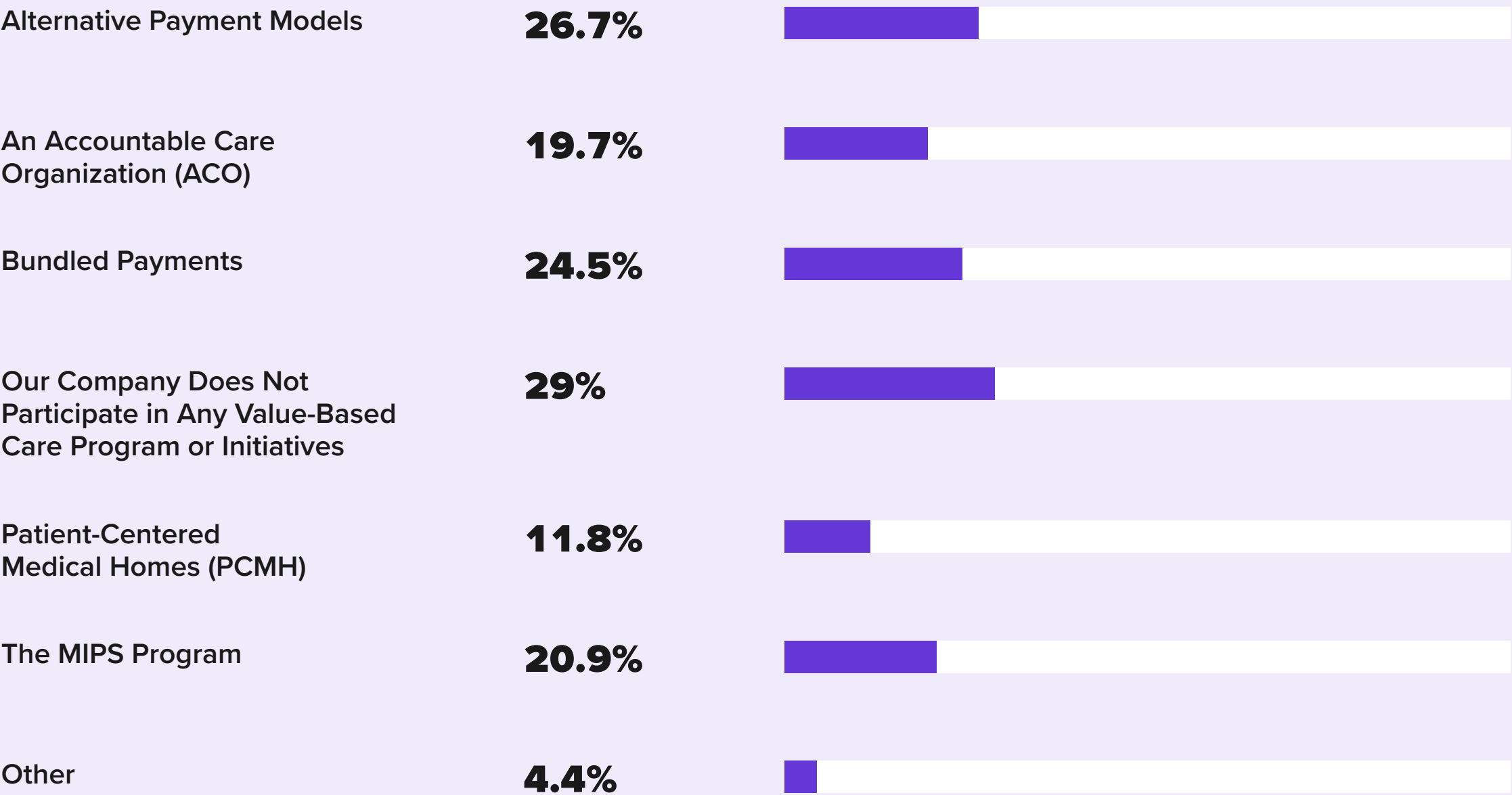
The tide of value-based care is steadily rising, with more professionals navigating programs like MIPS with growing confidence.

The data reveals a strong trend in rehab therapy organizations embracing value-based care (VBC) models, with an impressive 71% of respondents actively participating. Notably, alternative payment models stand out as the preferred VBC program choice, capturing the highest concentration of participants at 26.7%. Bundled payment programs and the MIPS program follow closely, securing the second and third positions respectively.

Although the MIPS program has grown in breadth and scope across Medicare, providers who are not mandated to participate have demonstrated limited interest in the program. This can largely be attributed to the perceived cost-to-benefit ratio of participation.

As Rick Gawenda, PT, President of Gawenda Seminars and Consulting stated, “The positive payment adjustment is presently not great enough to offset operating costs or lost time—and time is money—to participate in the MIPS program.”

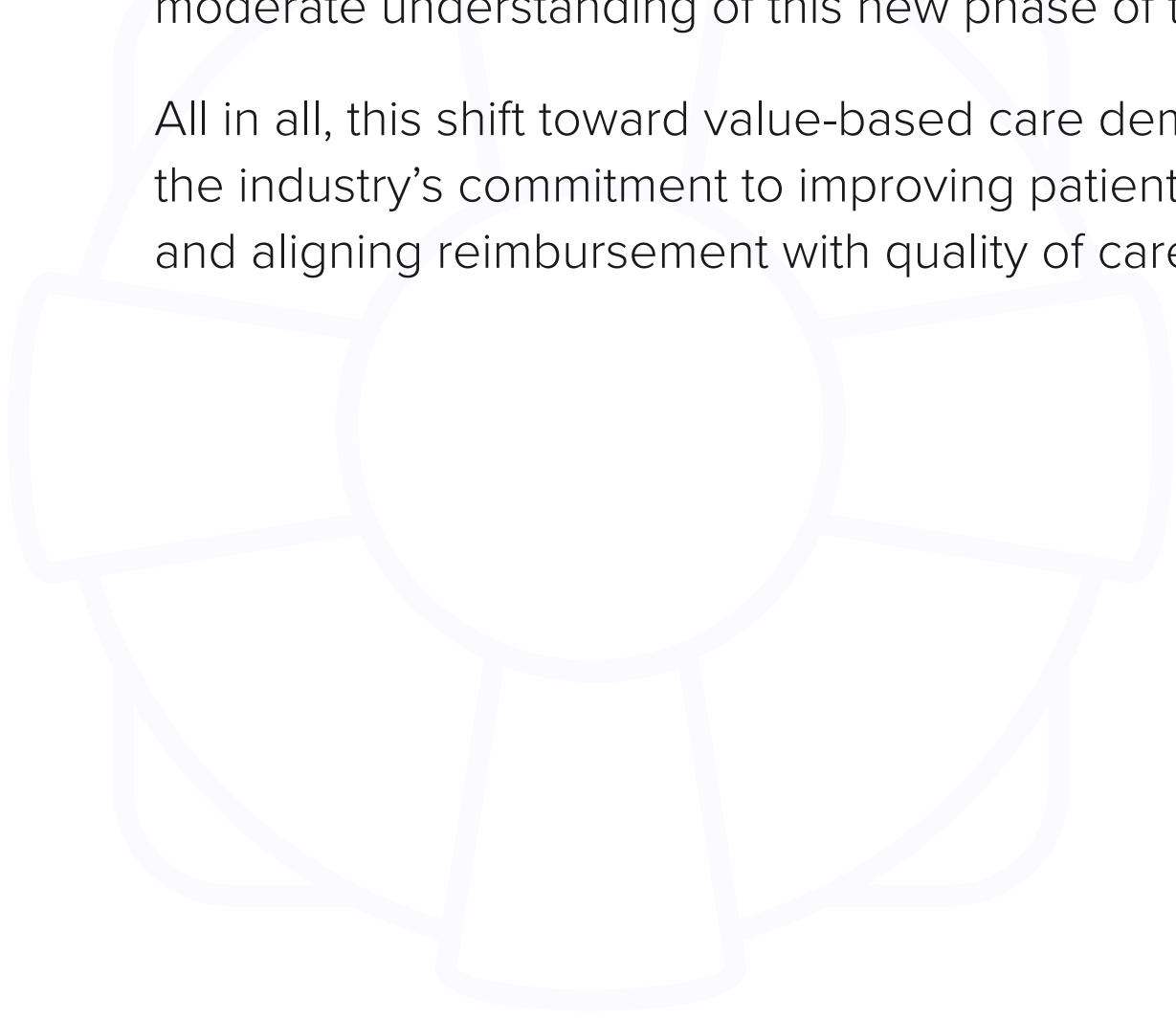
Value-Based Care Program Participation Overall



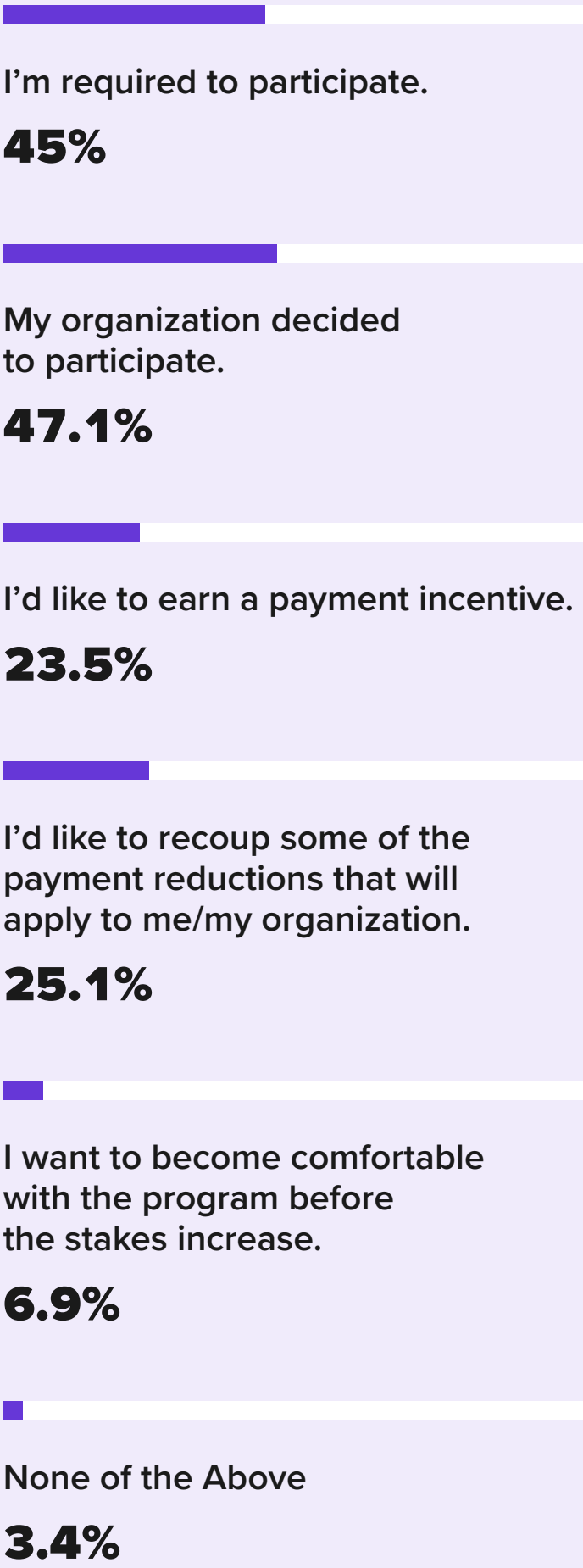
VALUE-BASED CARE PROGRAMS

While on the topic of MIPS, it’s worth noting that over 25% of MIPS participants indicated that they’re in the program to hopefully recoup some of the payment reductions that apply to them or their organization (e.g., PTA/OTA reduction and the reduction to therapy services). And when asked about their grasp on MIPS Value Pathways (MVPs)—which will likely roll out to the rehab therapy community in 2024—65.7% of MIPS participants admitted to having little or moderate understanding of this new phase of the program.

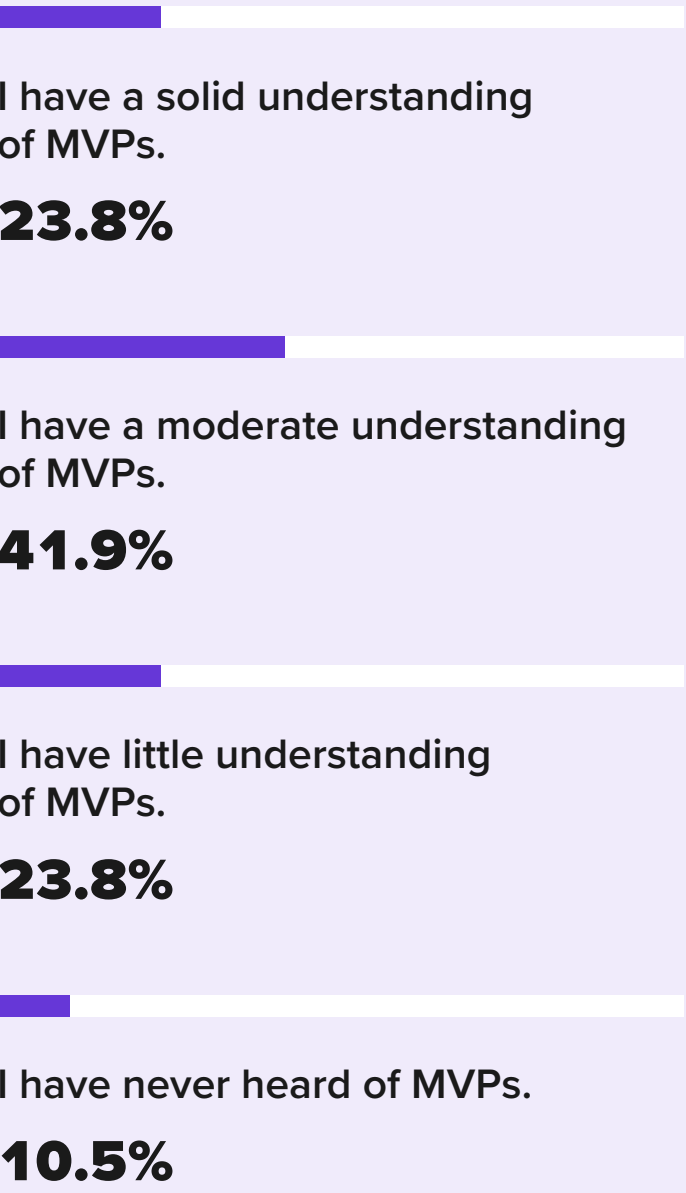
All in all, this shift toward value-based care demonstrates the industry’s commitment to improving patient outcomes and aligning reimbursement with quality of care.



Reasons to Participate in MIPS Overall



Understanding of MIPS Value Pathways (MVPs) Overall



STUDENT OUTLOOK

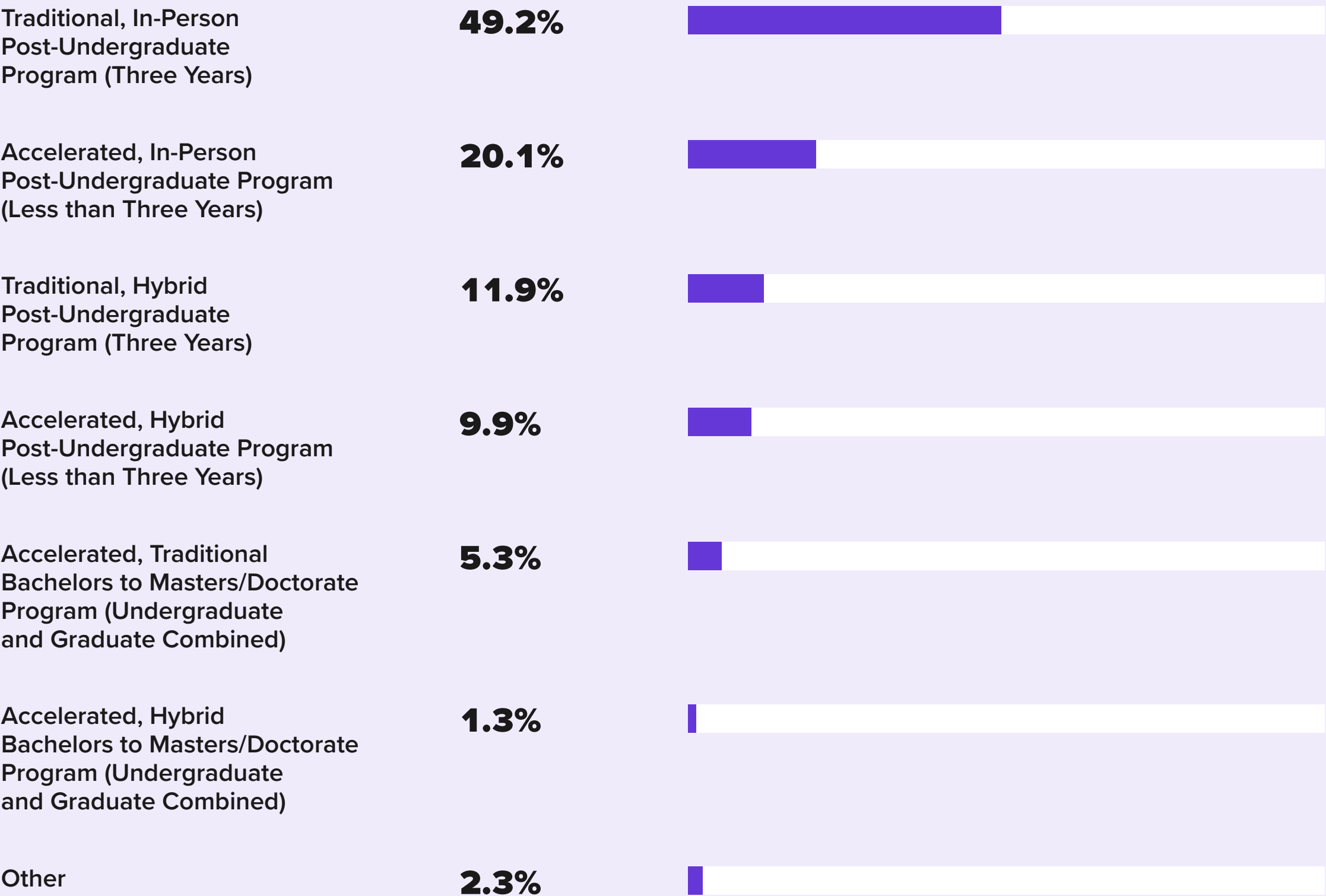
The currents of rehab therapy education are shifting—and student debt, dare we say, is starting to recede.

More students than ever before are navigating new learning approaches, with 50.8% of student respondents citing that they participated in some type of non-traditional or accelerated educational program over the course of their 2022-2023 curriculum year. Regarding how they like this change in the educational status quo, student respondents are divided between preferring all-in-person and hybrid/remote programs, with an emphasis on synchronous virtual lectures and in-person labs for the ideal hybrid experience.

This split in student opinion suggests that educational programs need to be flexible and adaptable in devising the right approach for students.

“Current and incoming students in rehabilitation are not only savvy with technology; due to the pandemic, they have experience learning with these technologies,” explained Mike Markee, PT, DPT, PhD, COMT, ATC, Board-Certified Clinical Specialist, Orthopaedic Physical Therapy and Associate Professor at Saint Louis University. “This experience allows them to be more comfortable with non-traditional styles of learning. Educators must adapt to this with innovative teaching methods. Doing so will lead to more engagement, a better student, and—ultimately—a better clinician.”

Breakdown of Student Educational Program Types

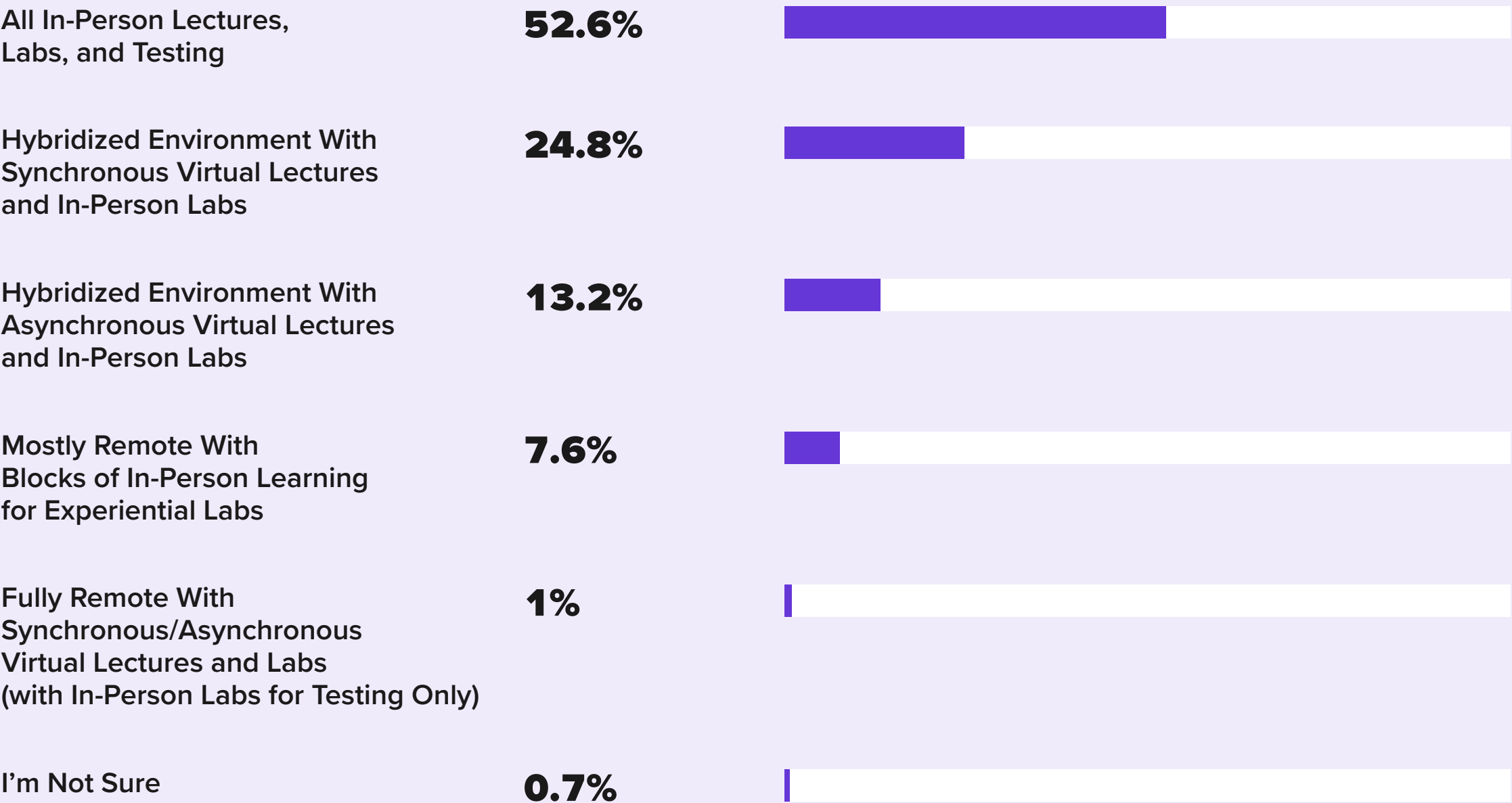


STUDENT OUTLOOK

Irrespective of the chosen approach, one aspect of rehab therapy educational programs remains paramount: students must be provided with abundant opportunities for hands-on learning to cultivate the skills necessary for becoming proficient clinicians, and to ensure their preparedness for what lies ahead beyond graduation.

“The more exposure students have to interacting with actual patients during the training, the smoother the transition into clinical practice,” asserted Rich Severin, PT, DPT, PhD, CCS, Owner of PTReviewer. “Specialty tracks within DPT programs that include coursed and clinical experiences aligned with their specialty, along with the standard courses and clinical, could help DPT students transition to the workforce.”

Preferred Learning Environment



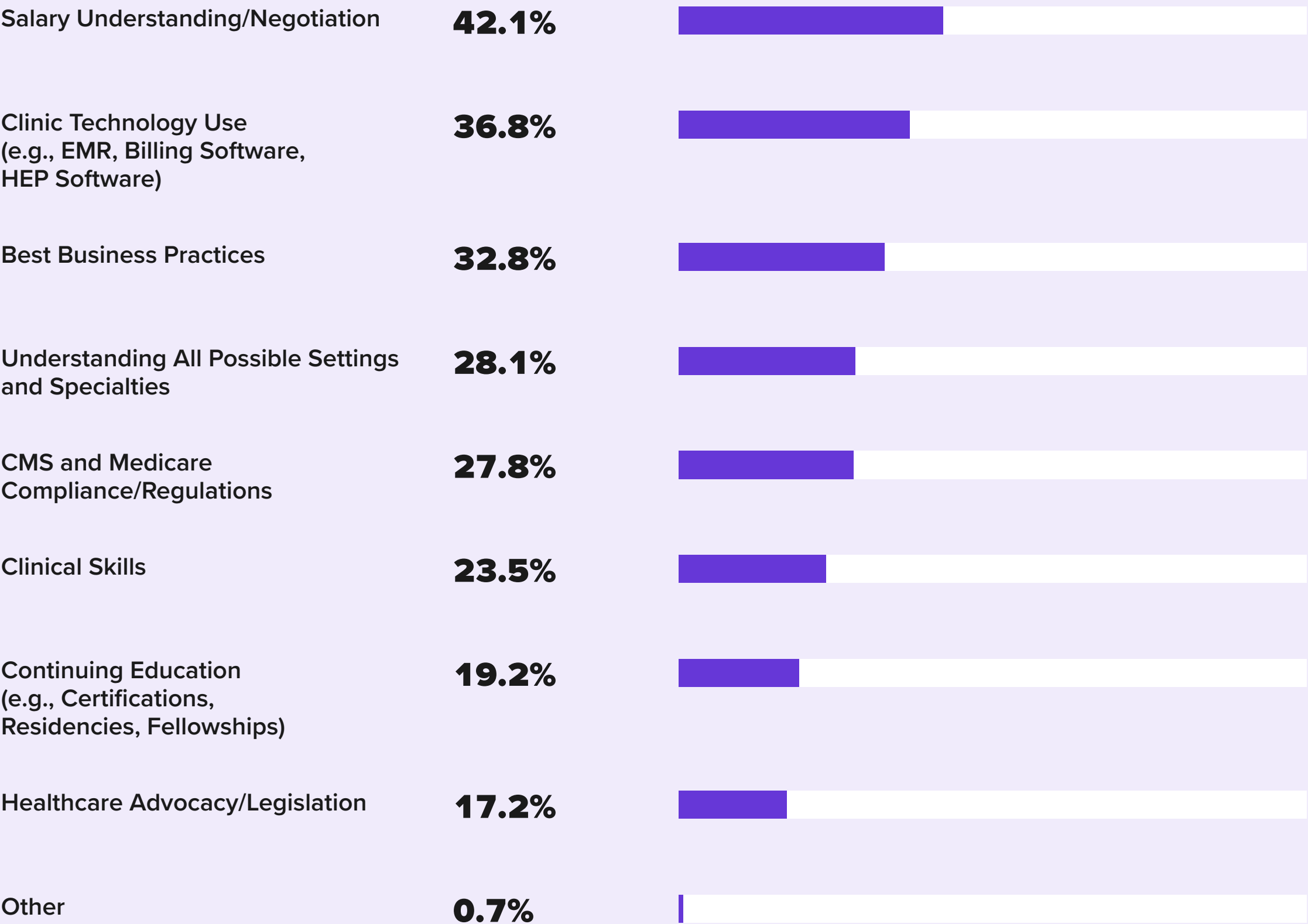
STUDENT OUTLOOK

With regard to their curriculum, students feel least prepared in a variety of areas. Salary understanding and negotiation are the most prominent concerns shared among 42.1% of students. However, six of the eight choices we provided were selected by 23% or more of the total student respondent pool.

As the industry evolves, it’s crucial to support students in navigating these waters by preparing them for a successful career in rehab therapy—starting with current testing standards and practices.

“Recognizing that we need to better help prepare students for current practice requires us to look upstream, where the NPTE is more than 10 years behind current practice,” stated Julie Wiebe, PT, DPT, President of Julie Wiebe Physical Therapy and Clinical Assistant Professor at the University of Michigan – Flint. “If we update the NPTE to reflect current clinical practice, we can redirect resources to what students and the industry at large are looking to receive.”

Areas of Least Preparedness upon Completing Degree



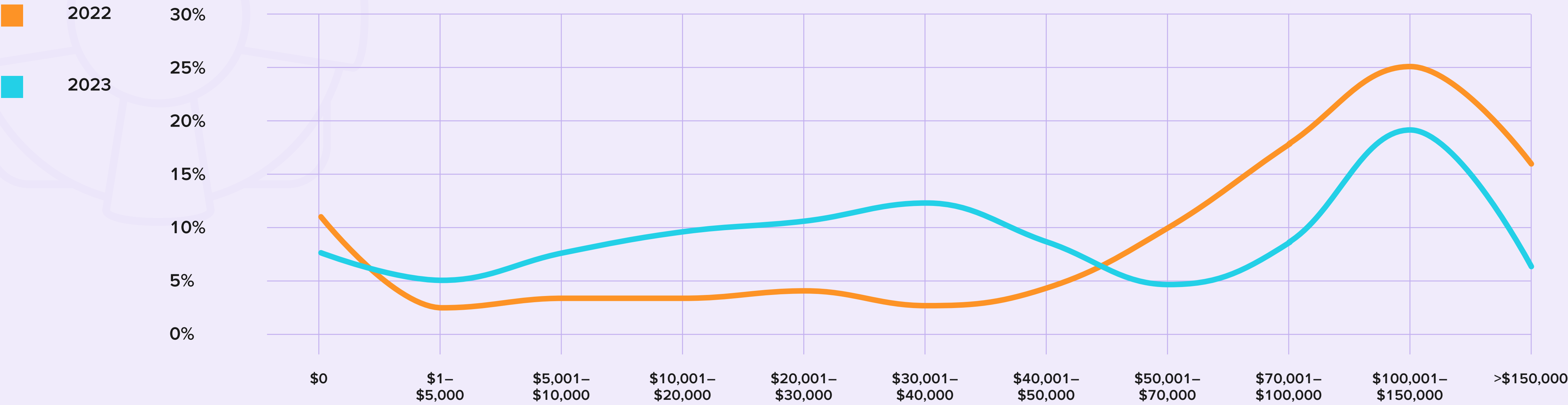
STUDENT DEBT

Moving onto one of our report’s most-anticipated topics—student debt—we found that 34.1% of students will graduate with more than \$70,000 in student loan debt. This is a 22% drop from last year’s report. Similarly, the amount of students who will owe more than \$125,000 after graduation (nearly 14%) has dropped by 13.4% from last year’s report. While a notable portion of students will undoubtedly carry significant financial obligations upon graduation, the emerging data indicates that if we continue to push in the right direction, we might be able to reverse this prevailing trend.

Until then, it’s imperative those in positions of influence work to better educate students on what they can do now to ease educational costs.

“An industry-wide focus on offering students resources on where to find scholarships or jobs that help with student debt or debt forgiveness could help students navigate their educational options,” said Karen Juliano, PT, Senior Director of Education at HSS Rehabilitation. “PT programs could also offer education and strategies on financial health and managing student loans that would benefit those entering the profession.”

Total Student Loan Debt: Last Two Years



Salary

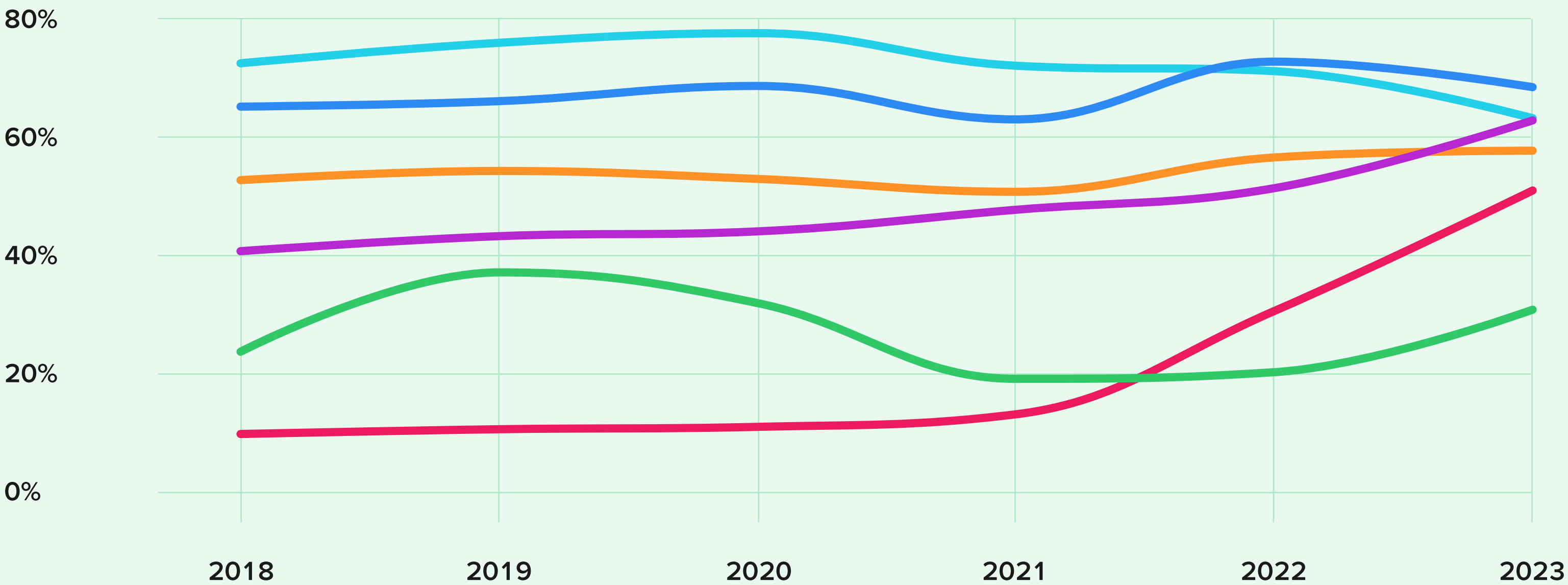


The salaries of rehab therapy professionals have gently fluctuated over the years, with most sailing toward higher ground.

In the last three to four years, assistants and managers salaries in the \$70,000 and greater range have increased, while executives have been decreasing. The data also shows that we’ve seen a slight ebb in therapist salaries higher than \$70,000, as well, specifically from 2022 to 2023.

Percentage of Respondents Earning More Than \$70k, per Year: Last Six Years

- Overall
- Executive
- Manager
- Provider
- Assistant
- Other



In considering the survey's salary findings, it is important to acknowledge a few overlooked factors, such as the number of hours worked per week by each respondent. However, it would be remiss not to highlight the slight decline in therapists' salaries, given the report's earlier findings on turnover and retention.

"It's hard for organizations to justify salary increases when reimbursements aren't increasing," shared Amanda Kayser, PT, DPT, NCS, Owner and PT at Kayser Physical Therapy and Fitness. "One possible solution is incentives or bonuses for outcomes or productivity that allow therapists to drive those income increases."

This is just the tip of the iceberg when it comes to salary data, though. To provide a deeper, more comprehensive understanding of the rehab therapy financial seascape, we're going to dive straight into the charts.



Nearly 40% of assistants make between \$40,001 and \$70,000 per year, with the highest representation in the \$50,001 to \$60,000 range.

“Alongside the DPT, PTA growth has been tremendous in recent years,” stated Ben Fung, PT, DPT, MBA, Founder and COO of UpDoc Media. “As an industry, we have increasingly relied upon our PTAs to be strongly competent clinicians and professional partners. Understandably, we are seeing an increased salary effect as they are not only a critical link in the continuum of care but also provide cost-efficient services as clinicians.”

Salary By Role

	Therapists	Therapist Assistants	Managers	Billers	Administrators	Clerical Staff	Executives	Educators
\$0–\$30,000	<div><div></div></div> 2.2%	<div><div></div></div> 3%	<div><div></div></div> 3.8%	<div><div></div></div> 15.5%	<div><div></div></div> 10%	<div><div></div></div> 25.2%	<div><div></div></div> 4.7%	<div><div></div></div> 5.3%
\$30,001–\$40,000	<div><div></div></div> 5.2%	<div><div></div></div> 8.3%	<div><div></div></div> 6%	<div><div></div></div> 18.5%	<div><div></div></div> 11.4%	<div><div></div></div> 28.7%	<div><div></div></div> 7%	<div><div></div></div> 3.1%
\$40,001–\$50,000	<div><div></div></div> 6.4%	<div><div></div></div> 12.6%	<div><div></div></div> 10.8%	<div><div></div></div> 16.7%	<div><div></div></div> 16.3%	<div><div></div></div> 15.5%	<div><div></div></div> 8.2%	<div><div></div></div> 7.6%
\$50,001–\$60,000	<div><div></div></div> 7.4%	<div><div></div></div> 16.1%	<div><div></div></div> 9%	<div><div></div></div> 16.1%	<div><div></div></div> 10.7%	<div><div></div></div> 8.5%	<div><div></div></div> 10.4%	<div><div></div></div> 13%
\$60,001–\$70,000	<div><div></div></div> 10.8%	<div><div></div></div> 9.6%	<div><div></div></div> 8.1%	<div><div></div></div> 8.3%	<div><div></div></div> 8.3%	<div><div></div></div> 5.8%	<div><div></div></div> 6.8%	<div><div></div></div> 9.2%
\$70,001–\$80,000	<div><div></div></div> 15.6%	<div><div></div></div> 10.3%	<div><div></div></div> 7.8%	<div><div></div></div> 4.8%	<div><div></div></div> 5.9%	<div><div></div></div> 5%	<div><div></div></div> 8.4%	<div><div></div></div> 8.4%
\$80,001–\$90,000	<div><div></div></div> 15%	<div><div></div></div> 5.8%	<div><div></div></div> 12.1%	<div><div></div></div> 1.8%	<div><div></div></div> 8.7%	<div><div></div></div> 2.3%	<div><div></div></div> 8.6%	<div><div></div></div> 15.3%
\$90,001–\$100,000	<div><div></div></div> 10.8%	<div><div></div></div> 8.3%	<div><div></div></div> 10.8%	<div><div></div></div> 4.8%	<div><div></div></div> 5.9%	<div><div></div></div> 2.7%	<div><div></div></div> 9.5%	<div><div></div></div> 9.2%
\$100,001–\$110,000	<div><div></div></div> 7.4%	<div><div></div></div> 6.1%	<div><div></div></div> 9%	<div><div></div></div> 3%	<div><div></div></div> 7.3%	<div><div></div></div> 1.9%	<div><div></div></div> 9%	<div><div></div></div> 12.2%
\$110,001–\$120,000	<div><div></div></div> 4.6%	<div><div></div></div> 4.4%	<div><div></div></div> 4.7%	<div><div></div></div> 3%	<div><div></div></div> 3.5%	<div><div></div></div> 1.9%	<div><div></div></div> 5.2%	<div><div></div></div> 7.6%
\$120,001–\$130,000	<div><div></div></div> 4.5%	<div><div></div></div> 4%	<div><div></div></div> 4.7%	<div><div></div></div> 2.4%	<div><div></div></div> 3.8%	<div><div></div></div> 1.2%	<div><div></div></div> 5.7%	<div><div></div></div> 1.5%
\$130,001–\$140,000	<div><div></div></div> 2.8%	<div><div></div></div> 4.5%	<div><div></div></div> 3.8%	<div><div></div></div> 1.2%	<div><div></div></div> 2.1%	<div><div></div></div> 0.8%	<div><div></div></div> 3.6%	<div><div></div></div> 3.1%
\$140,001–\$150,000	<div><div></div></div> 3.2%	<div><div></div></div> 5.8%	<div><div></div></div> 2%	<div><div></div></div> 1.2%	<div><div></div></div> 1.4%	<div><div></div></div> 0%	<div><div></div></div> 2.4%	<div><div></div></div> 1.5%
>\$150,000	<div><div></div></div> 4%	<div><div></div></div> 1.1%	<div><div></div></div> 7.2%	<div><div></div></div> 3%	<div><div></div></div> 4.8%	<div><div></div></div> 0.4%	<div><div></div></div> 10.4%	<div><div></div></div> 3.1%

Hospitals and physician-owned/orthopedic practices (POPs) show the highest representation in salaries over \$70,000 per year.

Salary By Setting

	Educational Institution	Gym or Wellness Center	Home Health	Inpatient Hospital	Mobile Therapy	Outpatient Cash-Based Practice	Outpatient Hospital-Based Rehab Facility	Outpatient Hybrid Practice (with Traditional and Cash-Based Services)
\$0–\$30,000	5.3%	1.8%	2.8%	1.6%	4.6%	2.2%	4.4%	7.4%
\$30,001–\$40,000	3.5%	7.1%	11.2%	5.1%	9.2%	7.9%	8.5%	8.4%
\$40,001–\$50,000	10.5%	12.5%	6.3%	8.3%	10.3%	9.6%	6.8%	9.1%
\$50,001–\$60,000	10.5%	7.1%	12.6%	10.5%	10.3%	8.3%	8.7%	10.7%
\$60,001–\$70,000	12.3%	16.1%	9.1%	7%	13.8%	15.7%	6.6%	11.7%
\$70,001–\$80,000	12.3%	8.9%	10.5%	6.7%	10.3%	16.2%	13.4%	12.7%
\$80,001–\$90,000	10.5%	12.5%	13.3%	9.2%	8%	10.5%	11.4%	7.6%
\$90,001–\$100,000	1.8%	3.6%	11.2%	14%	4.6%	7.9%	11.2%	6.9%
\$100,001–\$110,000	12.3%	3.6%	9.1%	9.6%	2.3%	6.1%	5.7%	7.1%
\$110,001–\$120,000	7%	7.1%	3.5%	5.1%	3.4%	3.9%	4.5%	4.6%
\$120,001–\$130,000	3.5%	3.6%	2.1%	7.6%	3.4%	3.5%	4.7%	6.1%
\$130,001–\$140,000	1.8%	3.6%	2.8%	4.8%	4.6%	2.6%	4.9%	2.3%
\$140,001–\$150,000	5.3%	8.9%	4.2%	3.5%	6.9%	3.1%	4.5%	2%
>\$150,000	3.5%	3.6%	1.4%	7%	8%	2.6%	4.5%	3.6%

Educators and other non-clinical professionals showed the greatest representation in salary brackets above \$90,000.

Salary By Setting

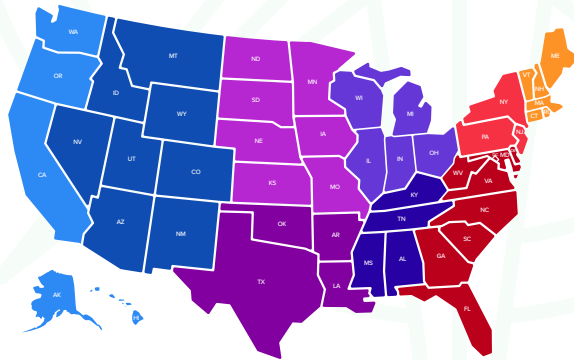
(Continued)

	Outpatient Multidisciplinary Practice	Outpatient Private Practice	Physician-Owned/ Orthopedic Practice (POP)	Pro Bono Clinic	School/Academic/ Student	SNF (Skilled Nursing Facility)	Other
\$0– \$30,000	<div><div></div></div> 5.9%	<div><div></div></div> 6.6%	<div><div></div></div> 3.9%	<div><div></div></div> 4.1%	<div><div></div></div> 13%	<div><div></div></div> 0%	<div><div></div></div> 10.8%
\$30,001– \$40,000	<div><div></div></div> 8.4%	<div><div></div></div> 10.8%	<div><div></div></div> 6.5%	<div><div></div></div> 6.1%	<div><div></div></div> 8.7%	<div><div></div></div> 5.8%	<div><div></div></div> 13.5%
\$40,001– \$50,000	<div><div></div></div> 10.1%	<div><div></div></div> 10.8%	<div><div></div></div> 7%	<div><div></div></div> 10.2%	<div><div></div></div> 13%	<div><div></div></div> 9.4%	<div><div></div></div> 9.5%
\$50,001– \$60,000	<div><div></div></div> 11.4%	<div><div></div></div> 10.7%	<div><div></div></div> 12.2%	<div><div></div></div> 4.1%	<div><div></div></div> 13%	<div><div></div></div> 10.1%	<div><div></div></div> 5.4%
\$60,001– \$70,000	<div><div></div></div> 9.7%	<div><div></div></div> 8.7%	<div><div></div></div> 7.8%	<div><div></div></div> 8.2%	<div><div></div></div> 17.4%	<div><div></div></div> 9.4%	<div><div></div></div> 6.8%
\$70,001– \$80,000	<div><div></div></div> 12.7%	<div><div></div></div> 12.4%	<div><div></div></div> 11.7%	<div><div></div></div> 0%	<div><div></div></div> 4.3%	<div><div></div></div> 15.2%	<div><div></div></div> 8.1%
\$80,001– \$90,000	<div><div></div></div> 12.2%	<div><div></div></div> 12.1%	<div><div></div></div> 13.5%	<div><div></div></div> 2%	<div><div></div></div> 8.7%	<div><div></div></div> 12.3%	<div><div></div></div> 5.4%
\$90,001– \$100,000	<div><div></div></div> 6.8%	<div><div></div></div> 9.1%	<div><div></div></div> 9.1%	<div><div></div></div> 8.2%	<div><div></div></div> 13%	<div><div></div></div> 8.7%	<div><div></div></div> 12.2%
\$100,001– \$110,000	<div><div></div></div> 5.9%	<div><div></div></div> 5.5%	<div><div></div></div> 7.4%	<div><div></div></div> 6.1%	<div><div></div></div> 4.3%	<div><div></div></div> 9.4%	<div><div></div></div> 6.8%
\$110,001– \$120,000	<div><div></div></div> 3%	<div><div></div></div> 3%	<div><div></div></div> 6.1%	<div><div></div></div> 4.1%	<div><div></div></div> 0%	<div><div></div></div> 2.9%	<div><div></div></div> 5.4%
\$120,001– \$130,000	<div><div></div></div> 1.7%	<div><div></div></div> 2.4%	<div><div></div></div> 6.1%	<div><div></div></div> 2%	<div><div></div></div> 0%	<div><div></div></div> 4.3%	<div><div></div></div> 5.4%
\$130,001– \$140,000	<div><div></div></div> 3%	<div><div></div></div> 1.2%	<div><div></div></div> 4.3%	<div><div></div></div> 4.1%	<div><div></div></div> 0%	<div><div></div></div> 6.5%	<div><div></div></div> 0%
\$140,001– \$150,000	<div><div></div></div> 3.8%	<div><div></div></div> 1.6%	<div><div></div></div> 3.9%	<div><div></div></div> 12.2%	<div><div></div></div> 0%	<div><div></div></div> 2.9%	<div><div></div></div> 4.1%
>\$150,000	<div><div></div></div> 5.5%	<div><div></div></div> 5.2%	<div><div></div></div> 0.4%	<div><div></div></div> 28.6%	<div><div></div></div> 4.3%	<div><div></div></div> 2.9%	<div><div></div></div> 6.8%

Salary By Employment Type

	Full-Time Clinician	Part-Time Clinician in One Organization	Part-Time Clinician in More than One Organization	PRN Therapist	Travel Therapist	Educator	Other Non-Clinical Role	None of the Above
\$0–\$30,000	0.9%	7.4%	3%	5.2%	3.8%	2.9%	8.7%	16.7%
\$30,001–\$40,000	5.9%	14.4%	4.8%	11%	7.5%	2.9%	8.7%	5.6%
\$40,001–\$50,000	7.9%	13.2%	10.9%	9.9%	15.1%	5.7%	8.7%	11.1%
\$50,001–\$60,000	9.3%	14.8%	13.9%	11%	11.3%	11.4%	4.3%	5.6%
\$60,001–\$70,000	10.2%	13.6%	18.7%	8.7%	15.1%	0%	4.3%	11.1%
\$70,001–\$80,000	17.7%	8.6%	15.2%	11%	20.8%	17.1%	17.4%	5.6%
\$80,001–\$90,000	14.4%	5.8%	14.8%	14.5%	11.3%	22.9%	4.3%	11.1%
\$90,001–\$100,000	10.4%	6.2%	7%	12.8%	1.9%	17.1%	8.7%	0%
\$100,001–\$110,000	5.3%	6.2%	3.5%	4.1%	7.5%	8.6%	8.7%	11.1%
\$110,001–\$120,000	3.7%	2.1%	3.9%	1.7%	5.7%	5.7%	0%	0%
\$120,001–\$130,000	3.6%	3.3%	0.9%	4.1%	0%	2.9%	8.7%	11.1%
\$130,001–\$140,000	2.9%	2.9%	0.9%	1.7%	0%	0%	4.3%	5.6%
\$140,001–\$150,000	6.3%	0.4%	0.4%	1.7%	0%	0%	0%	0%
>\$150,000	1.6%	1.2%	2.2%	2.3%	0%	2.9%	13%	5.6%

The Middle Atlantic, Pacific, South Atlantic, and West South Central regions have the highest concentrations of provider salaries above \$80,000. The East North Central, East South Central, New England, and West North Central regions have the highest concentrations of provider salaries at or below \$50,000.

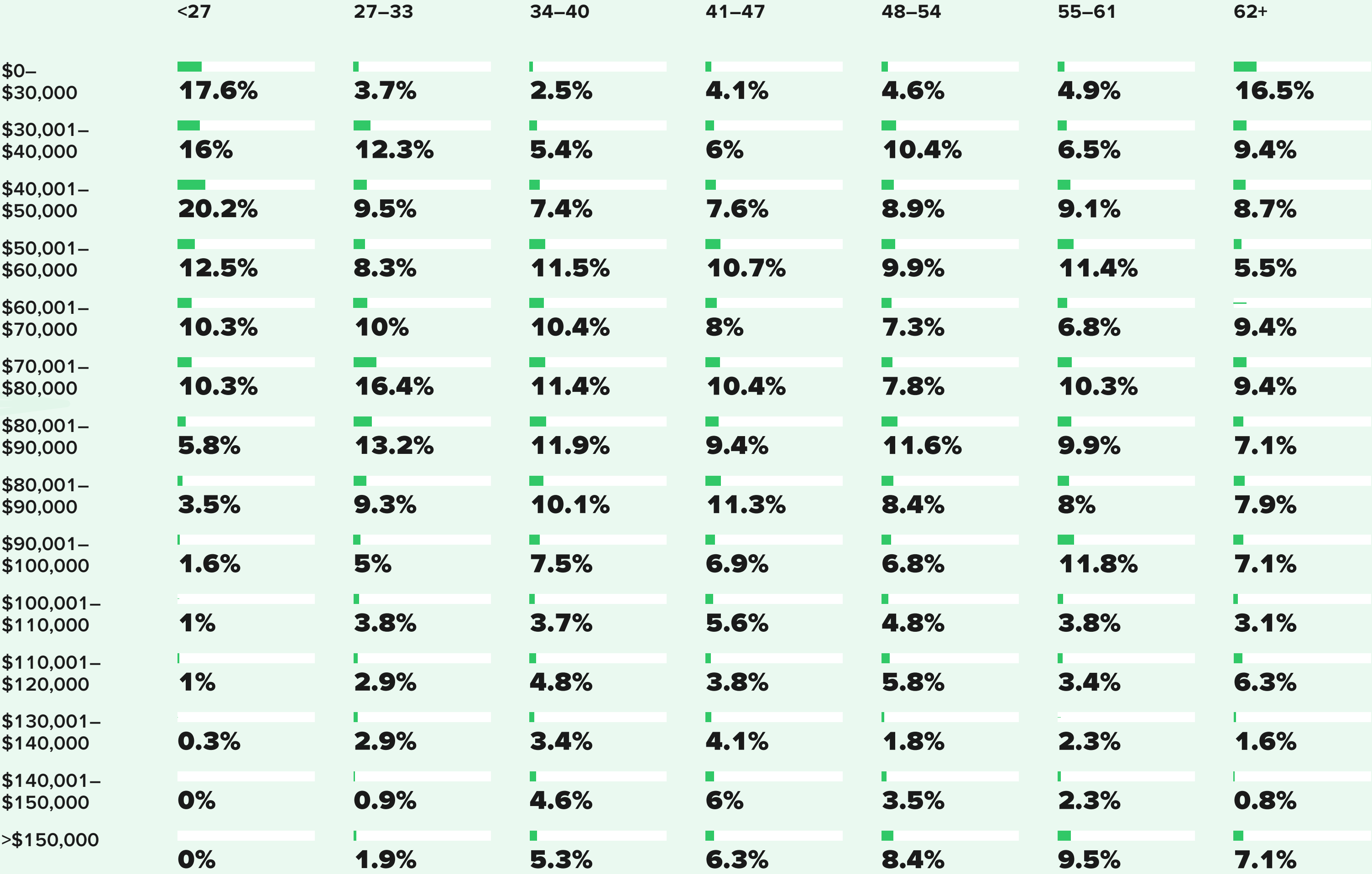


Salary by Region/Location

	Pacific	Mountain	West North Central	West South Central	East North Central	East South Central	Middle Atlantic	South Atlantic	New England
\$0–\$30,000	2.2%	2.5%	1.6%	2.3%	4%	2.2%	1.4%	2.5%	3.3%
\$30,001–\$40,000	4.4%	7.2%	9.1%	6.6%	5.9%	5.6%	6.9%	4.7%	7.7%
\$40,001–\$50,000	7%	6.8%	7.5%	6.3%	10%	10%	7.5%	8.2%	9.3%
\$50,001–\$60,000	8.6%	7.2%	9.1%	8%	10.3%	8.3%	8.9%	13.6%	7.7%
\$60,001–\$70,000	9.4%	11.8%	11.8%	11.7%	12.1%	10%	12.1%	7.4%	11.5%
\$70,001–\$80,000	15.8%	19.8%	17.2%	14.5%	12.1%	14.4%	11.8%	12.5%	14.8%
\$80,001–\$90,000	13.2%	10.1%	12.9%	12.8%	13.4%	12.2%	13%	13.8%	13.2%
\$90,001–\$100,000	14.6%	12.2%	7.5%	9.7%	9%	10%	8.4%	9.2%	7.7%
\$100,001–\$110,000	8.6%	7.6%	5.9%	6%	5%	5%	10.1%	6.2%	8.2%
\$110,001–\$120,000	4.8%	3.4%	3.2%	4.6%	2.5%	4.4%	5.5%	5.3%	4.4%
\$120,001–\$130,000	3.4%	2.1%	5.4%	6%	5%	3.9%	4.3%	5.3%	1.1%
\$130,001–\$140,000	1.4%	3%	2.7%	2.6%	3.4%	7.2%	3.5%	3.3%	3.8%
\$140,001–\$150,000	2.4%	3.4%	3.2%	5.1%	3.7%	5.6%	2.9%	5.3%	3.3%
>\$150,000	4.2%	3%	2.7%	4%	3.4%	1.1%	3.7%	2.7%	3.8%

As age groupings increase, so does the representation of salary. But, once a rehab professional reaches the age of 34, the subsequent salary increments become significantly minimal.

Salary by Age

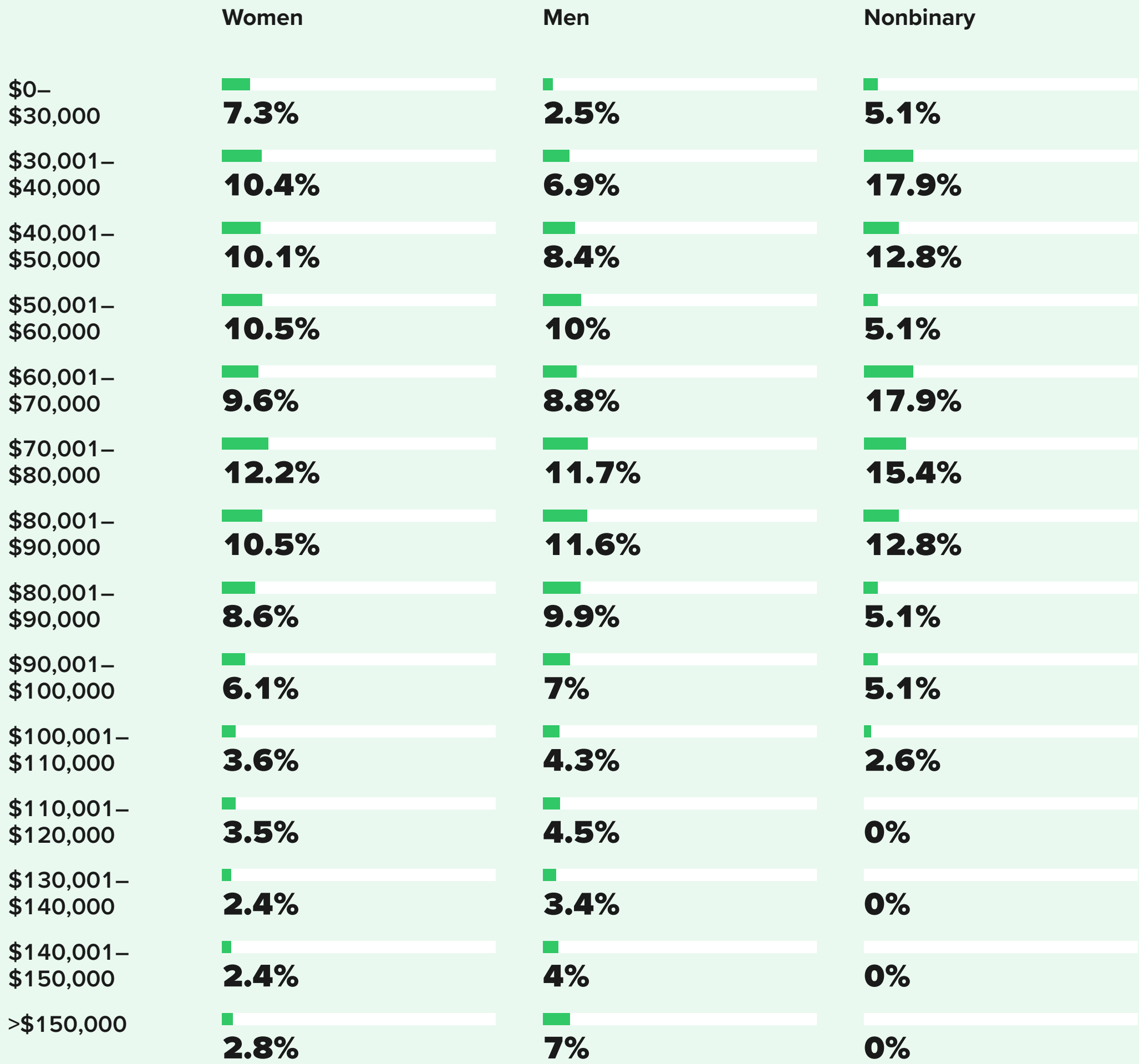


Men are more represented in salary ranges above \$70,001, while women are more represented in salary ranges below \$70,000.

“Women continue to be the primary caregivers for children and family members, which often requires shortened work hours or extended periods of leave,” explained Keaton Ray, PT, DPT, OCS, ATC, Cert. MDT, CSCS, Co-Founder and COO of MovementX. “While the comparison of hourly earnings between women and men may be more equivalent, overall annual salary ranges are going to suffer for women due to these caregiving responsibilities.”

“Assistants can operate with greater clinical efficiency when compared to supervising therapists who have administrative burdens,” commented Brian Gallagher, PT, Founder and President of MEG Business Management. “I also think it’s a bit of supply and demand influencing the rate adjustments.”

Provider Salary by Gender



Conclusion

In an era where musculoskeletal (MSK) injuries rank as the third largest contributor to overall healthcare spending, the physical therapy profession finds itself facing a sea of change. And if we're going to take our rightful seat at the provider table to help bring down those costs through high-value care, then we must take meaningful action to maintain our continued relevance.

The good news is that we have the power to guide rehab therapy toward a more sustainable paradigm. Here are some key actions to consider:

- **Introduce hybrid models of care that include telehealth and remote therapeutic monitoring.** By harnessing technology, we can enhance treatment outcomes and engage with patients beyond the confines of the clinic. This not only improves patient interaction but also reduces the in-person workload for providers, leading to greater efficiency and a lower total cost of care.
- **Take deliberate measures to foster diversity efforts.** In the wake of the recent Supreme Court ruling against affirmative action, it's incumbent on all of us—not just educators—to persistently drive strategies aimed at diversifying the incoming student pipeline. Introducing the opportunity of rehab therapy as a viable profession earlier in the educational journey, while actively championing organizations dedicated to supporting rehab therapy students from diverse backgrounds, will help drive the positive momentum we have now documented. Cultivating an inclusive and representative profession requires ongoing, proactive engagement.

- **Embrace flexible business models.** The traditional high-volume-to-drive-profit care delivery model is no longer sustainable for most practices—and most clinicians, for that matter. To enhance profitability, the implementation of additional cash-pay services can bolster margins, while alternative compensation models offer providers the flexibility and transparency they crave.
- **Cultivate a greater understanding within your clinic.** Employers must continuously foster alignment with their staff, understanding their evolving needs and offering support to ensure ongoing employee satisfaction. Neglecting this crucial aspect will perpetuate alarmingly high turnover rates, impeding progress at both a practice and industry-wide level.

While certain factors may lie beyond our control, we cannot afford to remain idle regarding the aspects we have the capacity to change. With positive progress in many areas, the present moment calls for decisive action. Together, let us steer our profession toward a future defined by unwavering excellence, boundless innovation, and enduring sustainability.



Dr. Heidi Jannenga
PT, DPT, ATC

Chief Clinical Officer and
Co-Founder of WebPT

About WebPT

With more than 160,000 Members and 17,000 clinics, WebPT is the leading software platform for outpatient physical, occupational, and speech therapists. Simple and affordable, WebPT makes it easy for therapy professionals to transition from paper and outdated software to a user-friendly, cloud-based solution. With WebPT, therapists, directors, owners, billers, and front office staff have access to patients' medical records, schedules, and claims anywhere, anytime, from any web-enabled device.

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

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

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

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

Members

160,000+

Clinics

17,000

Uptime Rate

99.9%

Customer Retention Rate

99%

WebPT[®]

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

**Learn more about WebPT at
webpt.com/demo.**



APPENDIX

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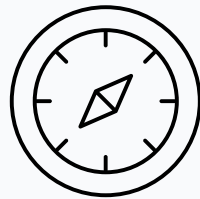
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DEMOGRAPHICS

Overall Role Distribution

Owner	796
C-Level Executive	247
VP/Director	432
Administrator	502
Executive Total	1723
Manager	811
Billers	304
Manager Total	1057
Physical Therapist	2087
Occupational Therapist	729
Speech-Language Pathologist	345
Physical Therapist Assistant (PTA)	535
Occupational Therapy Assistant (OTA)	298
Speech-Language Pathologist Assistant (SLPA)	134
Therapist Total	3781
Clerical Staff	442
Educator	185
Student	345
Other	259
Other Total	1162

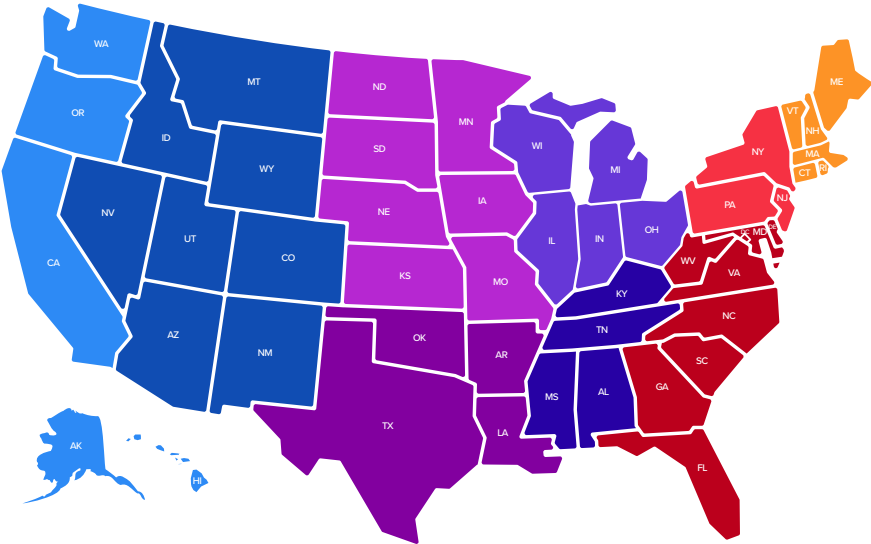
RESPONDENT MAKEUP

Overall Age Distribution

<27	12.7%
27–33	24.8%
34–40	26.5%
41–47	16.1%
48–54	9.9%
55–61	6.7%
62+	3.2%

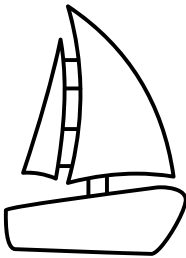
Overall Region/Location Distribution

Pacific	17%
Mountain	8.7%
West North Central	6.9%
West South Central	13.2%
East North Central	11.1%
East South Central	5.9%
Middle Atlantic	12.2%
South Atlantic	18.2%
New England	6.9%



Overall Ethnicity Distribution

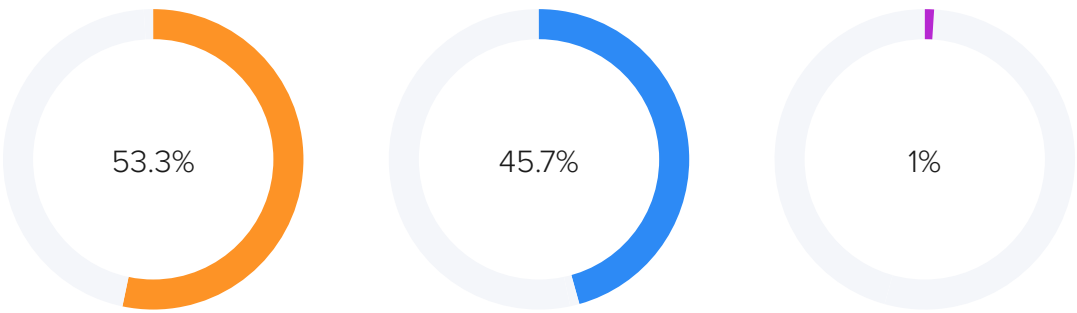
American Indian or Alaska Native	5.5%
Asian	5.8%
Black or African American	7.9%
Native Hawaiian or Other Pacific Islander	2.8%
White	69.4%
Two or More Races	3.1%
Prefer Not to Answer	5.6%



DEMOGRAPHICS

Overall Gender Breakdown

Women	<div></div>	53.3%
Men	<div></div>	45.7%
Nonbinary	<div></div>	1%



RESPONDENT MAKEUP

Role Type of Respondents by Gender

	Women	Men	Nonbinary
Owner	49%	51%	1%
C-Level Executive	33%	65%	2%
VP/Director	37%	62%	1%
Administrator	64%	36%	0%
Executive Total	47%	52%	1%
Manager	49%	51%	1%
Biller	84%	15%	1%
Manager Total	56%	44%	1%
Physical Therapist	53%	46%	1%
Occupational Therapist	52%	47%	1%
Speech-Language Pathologist	48%	49%	3%
Physical Therapist Assistant (PTA)	52%	47%	1%
Occupational Therapy Assistant (OTA)	44%	55%	1%
Speech-Language Pathologist Assistant (SLPA)	48%	48%	3%
Therapist Total	53%	46%	1%
Clerical Staff	74%	25%	1%
Educator	54%	46%	0%
Student	59%	39%	2%
Other	66%	33%	1%
Other Total	64%	35%	1%



DEMOGRAPHICS

Practice Setting Overall

Educational Institution	1.4%
Gym or Wellness Center	1.3%
Home Health	3.6%
Inpatient Hospital	7.5%
Mobile Therapy	2.1%
Outpatient Cash-Based Practice	5.7%
Outpatient Hospital-Based Rehab Facility	12.8%
Outpatient Hybrid Practice (with Traditional and Cash-Based Services)	10.1%
Outpatient Multidisciplinary Practice	5.9%
Outpatient Private Practice	36.8%
Physician-Owned/Orthopedic Practice (POPS)	5.5%
Pro Bono Clinic	1.2%
School/Academic/Student	0.7%
SNF (Skilled Nursing Facility)	3.4%
Other	2%

PRACTICE MAKEUP

Years in Business by Practice Setting

Educational Institution	13.3
Gym or Wellness Center	6.4
Home Health	26.7
Inpatient Hospital	15.8
Mobile Therapy	16.8
Outpatient Cash-Based Practice	9.9
Outpatient Hospital-Based Rehab Facility	12.2
Outpatient Hybrid Practice (with Traditional and Cash-Based Services)	10.4
Outpatient Multidisciplinary Practice	7.2
Outpatient Private Practice	15.8
Physician-Owned/Orthopedic Practice (POPS)	9.9
Pro Bono Clinic	5.5
School/Academic/Student	13.5
SNF (Skilled Nursing Facility)	12.5
Other	25.6

Number of Providers by Practice Setting

Educational Institution	22.5
Gym or Wellness Center	13.5
Home Health	20
Inpatient Hospital	20
Mobile Therapy	8
Outpatient Cash-Based Practice	20
Outpatient Hospital-Based Rehab Facility	30
Outpatient Hybrid Practice (with Traditional and Cash-Based Services)	10
Outpatient Multidisciplinary Practice	20
Outpatient Private Practice	6
Physician-Owned/Orthopedic Practice (POPS)	17
Pro Bono Clinic	5
School/Academic/Student	5
SNF (Skilled Nursing Facility)	45
Other	15



DEMOGRAPHICS

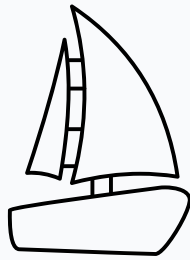
Types of Therapy Provided Overall

Audiology	12.8%
Chiropractic	10.2%
Geriatrics	33.5%
Hand	23.7%
Lymphedema	14.3%
Neurological	27.5%
Occupational	37.3%
Oncology	8.4%
Orthopedics	43.9%
Pediatrics	25.4%
Pelvic/Women's Health	20.4%
Physical	65.4%
Speech-Language Pathology	27.2%
Sports	36.8%
Wound Management	9.8%
Other	4.1%

PRACTICE MAKEUP

Types of Services Provided Overall

Acupuncture	11.7%
Advanced Diagnostic Testing (e.g., MSK Ultrasound, Electromyography (EMG), and Nerve Conduction Studies (NCS))	22.9%
Concierge	12.8%
Cupping	28.6%
Dry Needling	29.4%
Health Screenings	23.9%
Massage	25.7%
Medically-Oriented Gym (MOG)	11.4%
Nutrition Counseling	11.1%
Remote Therapeutic Monitoring (RTM)	15.8%
Retail	14.7%
Telehealth	32.9%
Virtual Programming	11.1%
Other	8.3%



BUSINESS AND OPERATIONS

Patients Seen per Therapist,
per Day Overall

12

Average Number of Patients Seen per Therapist,
per Day by Role Type

Physical Therapist	11
Occupational Therapist	10
Speech-Language Pathologist	13
Physical Therapist Assistant (PTA)	12
Occupational Therapy Assistant (OTA)	10
Speech-Language Pathologist Assistant (SLPA)	16

PRODUCTIVITY

Patients Seen per Therapist,
per Day by Provider Segment

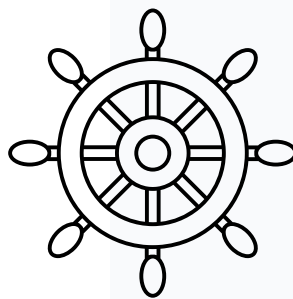
Single Provider	7.5
2–5 Providers	10
6–16 Providers	11
17–49 Providers	12
50–149 Providers	12
150+ Providers	22
Hospital: Community	9.5
Hospital: Regional	12
Physician-Owned Practice	21

Patients Seen per Therapist,
per Day by Practice Setting

Inpatient Hospital	10
Outpatient Cash-Based Practice	14
Outpatient Hospital-Based Rehab Facility	12
Outpatient Hybrid Practice (with Traditional and Cash-Based Services)	12
Outpatient Multidisciplinary Practice	10
Outpatient Private Practice	12
Physician-Owned/Orthopedic Practice (POP)	21
SNF (Skilled Nursing Facility)	15.5

Use of Therapy Extenders, Techs, and/or Aides
Overall and by Provider Segment

	Yes	No	I Don't Know
Single Provider	18.2%	79.2%	2.6%
2–5 Providers	44.4%	50.5%	5.1%
6–16 Providers	58.3%	37.9%	3.8%
17–49 Providers	64%	31%	4.9%
50–149 Providers	68.8%	29.9%	1.4%
150+ Providers	56.6%	31.6%	11.8%
Hospital: Community	81.7%	15.9%	2.4%
Hospital: Regional	72.8%	25.2%	2%
Physician-Owned Practice	65.7%	29.6%	4.8%
Overall	60.8%	33.4%	5.9%



Documenting Outside of Business Hours by Role Type

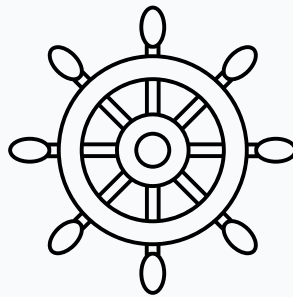
	Yes; Often	Yes; About Half the Time	Yes; But Less than Half the Time	Yes; But Rarely	No
Physical Therapist	37.6%	21.8%	13.7%	16.5%	10.5%
Occupational Therapist	32.8%	31.5%	16.6%	13.5%	5.6%
Speech-Language Pathologist	34.9%	34.5%	20.6%	6.3%	3.8%
Physical Therapist Assistant (PTA)	26%	24.9%	15%	18.1%	16.1%
Occupational Therapy Assistant (OTA)	37.9%	45.6%	11.2%	3.9%	1.5%
Speech-Language Pathologist Assistant (SLPA)	32.4%	49%	12.7%	3.9%	2%
Overall	34.1%	27.5%	14.8%	14.4%	9.2%

Documenting at the Point of Care by Role Type

	Yes; Always	Yes; the Majority of the Time	Yes; But Less than Half the Time	No
Physical Therapist	30.8%	43%	19.5%	6.7%
Occupational Therapist	30.3%	43.6%	18.1%	7.9%
Speech-Language Pathologist	35.3%	44.1%	13.9%	6.7%
Physical Therapist Assistant (PTA)	33.3%	44.9%	15.8%	5.9%
Occupational Therapy Assistant (OTA)	35%	52.4%	7.8%	4.9%
Speech-Language Pathologist Assistant (SLPA)	29.4%	54.9%	14.7%	1%
Overall	32.3%	43.2%	17.6%	6.9%

Biggest Reasons for Not Documenting at the Point of Care

My patients don't like it/don't understand it.	23%
The software I use is too clunky and/or slow.	16.5%
It's too distracting for me.	16.3%
I don't have to worry about it because my organization provides me time in my work day to complete my documentation.	15.4%
The software I use doesn't allow for speech-to-text transcription.	12.8%
Other	16%

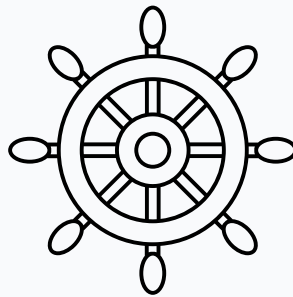


Data Being Leveraged in Practice
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
Clinical Data	49%	39%	44.1%	55.3%	55.2%	52.8%	59.6%	25.6%	51%	38.6%
Financial Data	43.6%	44.8%	50.2%	51.8%	53.7%	54.2%	50.7%	65.9%	59.4%	33.2%
Marketing Data	35%	22.1%	25.5%	34.3%	49.3%	44.4%	52.9%	26.8%	39.1%	41.1%
Outcomes Data	51.3%	29.2%	43.2%	49.1%	58.6%	57.6%	72.1%	41.5%	57.4%	44.4%
Patient Satisfaction	37.9%	35.1%	37.8%	44.1%	40.9%	43.1%	42.6%	17.1%	44.6%	30.3%
Other	4.9%	9.1%	4.5%	2.4%	1%	4.2%	2.2%	0%	1%	2.1%

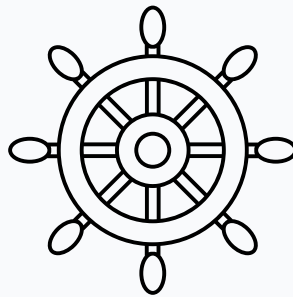
Biggest Challenges in Collecting and Sharing Data
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
No one is responsible for managing data collection efforts.	15.8%	11.7%	12.3%	15.1%	14.8%	19.4%	15.4%	7.3%	20.3%	21.3%
Our data collection processes are poor.	19%	13%	15%	18.3%	20.7%	19.4%	16.2%	22%	23.3%	20%
There are no incentives attached to it.	8.8%	12.3%	12.3%	11.8%	10.3%	7.6%	11.8%	2.4%	12.9%	9.6%
There is a lack of integrated software.	13.7%	13%	9.6%	16.3%	11.8%	22.9%	16.2%	50%	13.9%	10.4%
There is no clear guidance on what to collect and how often to collect it.	22.1%	20.1%	27.6%	20.4%	27.1%	18.8%	25%	18.3%	21.3%	26.7%
I'm not sure.	18.2%	26%	18.3%	12.4%	12.8%	8.3%	14.7%	0%	6.4%	10.8%
Other	2.4%	3.9%	4.8%	5.6%	2.5%	3.5%	0.7%	0%	2%	1.3%



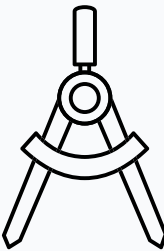
Biggest Challenges in Collecting and Sharing Data by Role Type

	Executive	Manager	Provider	Other
No one is responsible for managing data collection efforts.	14.5%	14.1%	17.3%	11.5%
Our data collection processes are poor.	19.3%	18.1%	19.8%	10.7%
There are no incentives attached to it.	10.8%	9.7%	8.6%	8.1%
There is a lack of integrated software.	16.4%	14.8%	12.3%	14.3%
There is no clear guidance on what to collect and how often to collect it.	20.8%	23.8%	22.7%	16.5%
I'm not sure.	13.9%	16.3%	17.2%	34.4%
Other	4.3%	3.1%	2.2%	4.6%



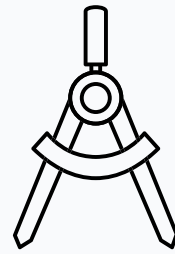
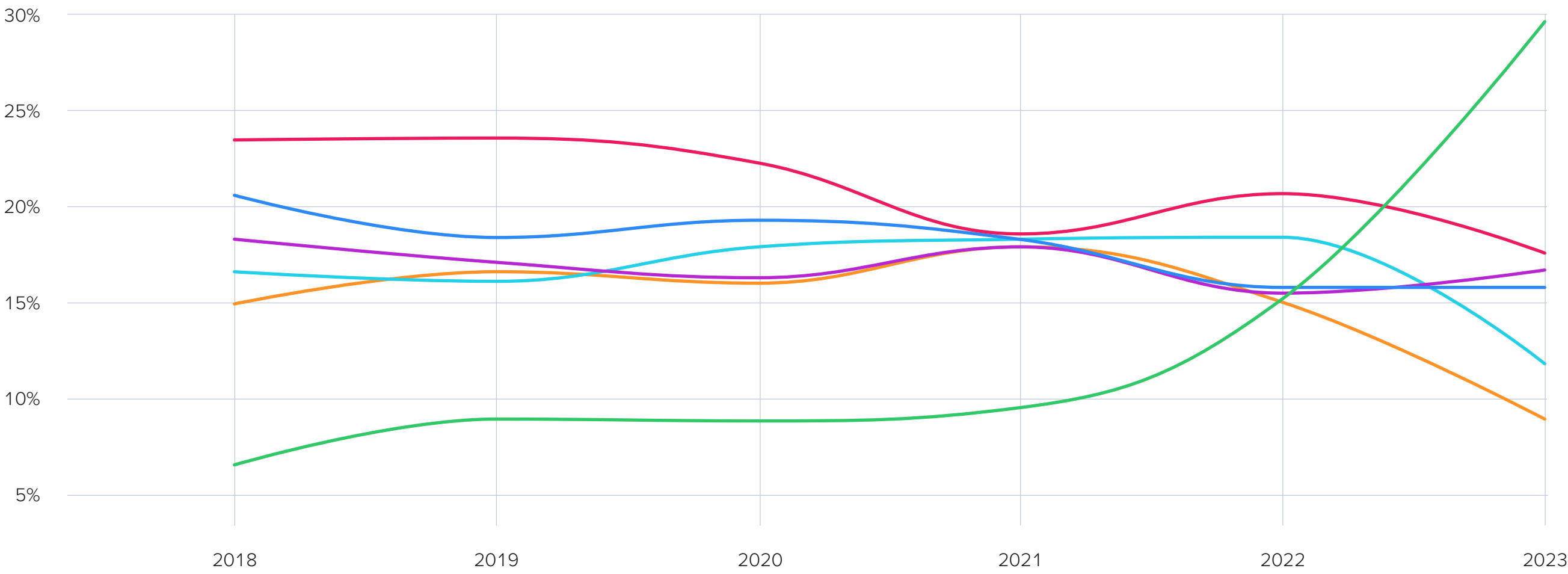
Annual Gross Revenue
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
<\$100,000	8.8%	54.1%	8.5%	4.1%	2.5%	0%	2%	3.9%	1.8%	2.9%
\$100,001–\$250,000	11.7%	30.1%	20.4%	5.2%	10.2%	3.5%	2.9%	14.3%	8.6%	5.9%
\$250,001–\$500,000	16.6%	14.3%	34.2%	14.8%	11.5%	7.1%	7.8%	23.4%	9.8%	13.2%
\$500,001–\$1,000,000	15.7%	0.8%	19.6%	27.4%	17.2%	11.5%	4.9%	19.5%	10.4%	14.7%
\$1,000,001–\$5,000,000	17.5%	0.8%	6.2%	33.7%	24.8%	25.7%	8.8%	9.1%	22.1%	13.2%
\$5,000,001–\$10,000,000	8.1%	0%	4.2%	5.6%	14.6%	9.7%	11.8%	7.8%	13.5%	13.2%
\$10,000,001–\$25,000,000	6.4%	0%	3.1%	3.7%	6.4%	18.6%	11.8%	9.1%	9.2%	5.9%
\$25,000,001–\$50,000,000	5.9%	0%	1.2%	2.2%	3.8%	12.4%	24.5%	5.2%	9.8%	8.8%
\$50,000,001–\$100,000,000	5.6%	0%	1.9%	1.1%	7%	8%	11.8%	5.2%	6.1%	16.2%
\$100,000,001–\$200,000,000	1.8%	0%	0.8%	2.2%	1.3%	0.9%	3.9%	2.6%	3.1%	4.4%
>\$200,000,000	1.8%	0%	0%	0%	0.6%	2.7%	9.8%	0%	5.5%	1.5%



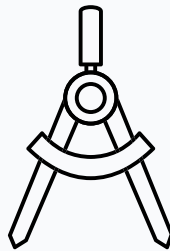
Annual Gross Revenue
Year Over Year

		2018	2019	2020	2021	2022	2023
<\$100,000	■	14.9%	16.6%	15.9%	17.8%	14.9%	8.8%
\$100,001–\$250,000	■	16.5%	16%	17.8%	18.2%	18.3%	11.7%
\$250,001–\$500,000	■	18.2%	17%	16.2%	17.8%	15.4%	16.6%
\$500,001–\$1,000,000	■	20.5%	18.3%	19.2%	18.2%	15.7%	15.7%
\$1,000,001–\$5,000,000	■	23.4%	23.5%	22.2%	18.5%	20.6%	17.5%
>\$5,000,000	■	6.4%	8.8%	8.7%	9.4%	15.1%	29.6%



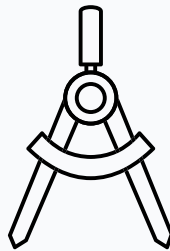
Growth Strategies Implemented Over the Last Two Years
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
Accepted Investment Funding (e.g., Venture Capital)	10.6%	3.2%	4.5%	8.3%	17.7%	12.5%	17.6%	17.1%	13.4%	14.3%
Acquired Another Practice or Group	16.9%	0.6%	2.4%	12.1%	15.8%	31.9%	39%	23.2%	32.2%	24.7%
Added or Increased Service Offerings	27.5%	20.8%	22.8%	33.1%	28.6%	31.9%	26.5%	8.5%	36.6%	26%
Developed or Joined a Network/management Services Organization (MSO)	7.7%	1.9%	4.8%	8.6%	9.9%	7.6%	18.4%	4.9%	7.4%	6.5%
Entered into a Direct-To-Employer Contract	6%	0.6%	4.8%	4.4%	5.9%	8.3%	10.3%	4.9%	5.4%	19.5%
Entered into More In-Network Payer Relationships	11.6%	15.6%	17.4%	9.5%	10.3%	11.1%	13.2%	2.4%	8.4%	7.8%
Entered into More Out-Of-Network Payer Relationships	9.8%	7.8%	11.4%	10.1%	11.3%	6.9%	14%	6.1%	6.9%	10.4%
Expanded into More Locations	28.1%	4.5%	12.9%	23.4%	38.4%	37.5%	52.2%	47.6%	43.6%	15.6%
Franchised	9.6%	1.3%	4.2%	6.2%	12.8%	15.3%	14%	13.4%	15.3%	18.2%
Got Acquired	8.3%	3.2%	5.4%	6.8%	8.4%	8.3%	20.6%	4.9%	10.9%	11.7%
Got into a Specialized Area	21%	23.4%	18%	21.9%	20.7%	20.1%	20.6%	12.2%	24.8%	15.6%
Hired Additional Staff	31.4%	11.7%	38.7%	38.5%	37.4%	33.3%	35.3%	4.9%	28.2%	20.8%
Merged with Another Practice or Group	15.4%	1.3%	5.7%	10.9%	15.3%	24.3%	24.3%	29.3%	22.8%	26%
Ramped up Efforts to Market to Direct Access Patients	26.9%	31.8%	29.7%	24.9%	34%	28.5%	34.6%	12.2%	20.8%	14.3%
Took on a Partner (e.g., Sell Partial Ownership)	11.9%	1.3%	8.7%	7.7%	11.3%	20.1%	15.4%	13.4%	18.8%	26%
Other	2.4%	3.2%	3.3%	3.8%	2.5%	1.4%	0.7%	0%	0.5%	1.3%
None of the Above	8.4%	28.6%	14.4%	6.5%	3%	4.2%	1.5%	4.9%	2.5%	2.6%



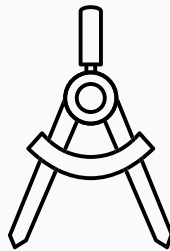
Growth Strategies Being Considered in the Next Two Years
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
Accept Investment Funding e.g., Venture Capital)	12.1%	4.5%	7.2%	11.3%	12.3%	12.5%	25%	15.9%	14.9%	16.9%
Acquire Another Practice or Group	16.3%	4.5%	7.8%	12.5%	21.2%	27.1%	27.9%	24.4%	20.3%	22.1%
Add or Increase Service Offerings	28.5%	36.4%	29.4%	30.9%	25.6%	33.3%	23.5%	13.4%	28.7%	24.7%
Develop or Join a Network/ Management Services Organization (MSO)	7.8%	2.6%	5.1%	6.5%	13.8%	9%	8.1%	4.9%	8.9%	16.9%
Enter into a Direct-To-Employer Contract	11.1%	4.5%	9%	9.5%	11.8%	14.6%	22.1%	1.2%	13.9%	16.9%
Enter into More In-Network Payer Relationships	9.3%	8.4%	13.8%	7.1%	11.8%	12.5%	8.8%	2.4%	5.4%	6.5%
Enter into More Out-Of-Network Payer Relationships	11%	11%	12.9%	10.4%	12.3%	11.8%	17.6%	1.2%	6.4%	11.7%
Expand into More Locations	31.8%	16.9%	23.1%	26.4%	40.9%	43.1%	42.6%	47.6%	40.1%	23.4%
Franchise	8.8%	0.6%	5.7%	6.2%	13.8%	11.8%	11.8%	12.2%	10.4%	18.2%
Get Acquired	13.7%	6.5%	13.2%	15.7%	13.3%	13.9%	12.5%	11%	10.9%	20.8%
Go into a Specialized Area	20.1%	17.5%	18.3%	21.1%	24.1%	23.6%	16.9%	12.2%	25.2%	13%
Hire Additional Staff	28.3%	29.2%	36.9%	30%	29.6%	29.9%	29.4%	6.1%	22.8%	14.3%
Merge with Another Practice or Group	13.6%	5.2%	8.4%	13.6%	20.7%	17.4%	9.6%	14.6%	18.3%	20.8%
Ramp up Efforts to Market to Direct Access Patients	23.1%	29.2%	23.4%	19.6%	24.6%	27.8%	31.6%	9.8%	20.3%	22.1%
Take on a Partner (e.g., Partial Ownership)	14.7%	13.6%	13.2%	14.5%	12.8%	12.5%	14%	17.1%	14.9%	18.2%
Other	1.7%	2.6%	1.8%	2.4%	2%	2.1%	2.2%	0%	0%	0%
None of the Above	8.1%	16.2%	11.7%	8.3%	2%	6.9%	3.7%	2.4%	7.9%	6.5%



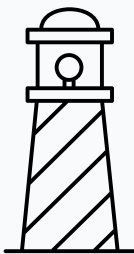
Types of Services Being Considered in the Next Two Years Overall

Advanced Diagnostic Testing (e.g., MSK Ultrasound, Electromyography (EMG), and Nerve Conduction Studies (NCS))	19.3%
Cash-Based Services	43.2%
Concierge/Subscription-Based Services	23.1%
Health Screenings	23.5%
Home-Based Services	17.8%
Medically-Oriented Gym (MOG) Programming	13.4%
Nutrition Counseling	14.7%
Remote Therapeutic Monitoring (RTM) Services	30.6%
Retail Programming	14.5%
Telehealth Services	20.8%
Wellness Services (e.g., Massage, Acupuncture, Cupping, Dry Needling)	46.8%
Other	9%



Digital Solutions Therapy Leaders are Considering Investing in Over the Next Two Years
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
Artificial Intelligence/machine Learning Software (e.g., Predictive Analysis)	7.4%	4.5%	6.9%	7.7%	6.4%	9%	15.4%	7.3%	9.4%	6.4%
Billing Software	20.6%	19.5%	21.6%	21.3%	24.1%	20.1%	27.9%	22%	21.8%	19.2%
Billing/RCM Service	15.5%	11%	14.4%	12.7%	24.6%	20.8%	16.2%	15.9%	17.8%	17.9%
Business Analytics/Reporting Software	22.9%	7.8%	17.4%	21%	33%	18.8%	31.6%	26.8%	21.8%	17.9%
EMR Software	25.7%	24.7%	22.5%	26.6%	25.1%	19.4%	26.5%	54.9%	33.7%	20.5%
Front Office Software (e.g., Electronic Benefit Verification, Digital Patient Intake)	25.8%	18.2%	32.7%	29%	28.6%	36.1%	23.5%	15.9%	23.8%	21.8%
Home Exercise Program (HEP) Software	21.4%	31.8%	24%	17.2%	24.1%	17.4%	30.1%	13.4%	25.2%	23.1%
Marketing/Patient Relationship Management Software	28.1%	21.4%	29.4%	26.3%	32.5%	22.9%	27.2%	26.8%	28.2%	21.8%
Online Patient Self-Scheduling Software	19.5%	19.5%	21%	17.5%	24.1%	26.4%	22.1%	15.9%	26.7%	17.9%
Outcomes Tracking Software	20.7%	11.7%	16.5%	14.8%	20.2%	20.1%	28.7%	15.9%	24.3%	26.9%
Remote Therapeutic Monitoring (RTM) Software	17.6%	11%	15%	18.3%	21.7%	25.7%	28.7%	9.8%	21.3%	21.8%
Virtual Reality Software	8.9%	9.1%	9.6%	10.1%	9.9%	9%	10.3%	4.9%	11.9%	7.7%
Wearable/Connected Sensor Technology Software	13.8%	13.6%	13.5%	14.2%	17.7%	16%	17.6%	6.1%	18.3%	11.5%
Other	1.7%	1.9%	1.8%	0.9%	2%	2.1%	0.7%	0%	2%	0%
None of the Above	15.8%	21.4%	20.1%	13%	12.3%	11.1%	10.3%	2.4%	7.4%	6.4%

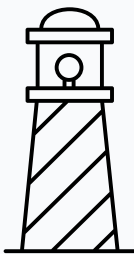


Time Required to Implement New Software
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
<1 Month	13.3%	33%	27.7%	13.3%	9.8%	12%	7.5%	3.7%	11.9%	11.9%
1–2 Months	25.2%	29.6%	36.3%	27.2%	26.8%	22.4%	15%	46.9%	15.7%	19.8%
3–4 Months	23.4%	20%	21.7%	28.9%	28.4%	26.4%	20%	27.2%	21.6%	17.8%
5–6 Months	16.6%	8.7%	8.2%	16.6%	20.2%	19.2%	16.7%	12.3%	21.1%	20.8%
7–8 Months	7.9%	5.2%	2.6%	6.3%	7.7%	8%	16.7%	4.9%	7.6%	13.4%
9–10 Months	4.3%	0.9%	2.2%	3.7%	4.4%	4.8%	10.8%	0%	6.5%	7.4%
11–12 Months	2%	0%	0%	0.7%	1.1%	3.2%	3.3%	0%	3.2%	3.5%
1 Year or More	7.3%	2.6%	1.1%	3.3%	1.6%	4%	10%	4.9%	12.4%	5.4%

Strategies for Successful Technology Implementation
Overall and by Provider Segment

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
Demoing the Product with the Team Prior to Purchase	1	1	1	1	1	1	5	2	1	4
Explaining Software Benefits to Staff/ Obtaining Staff Buy-In	2	5	3	2	2	3	2	1	2	2
Selecting/Training Superusers within Organization	3	6	5	4	3	2	1	3	3	1
Having Access to Continued Support from the Software Company	4	2	2	3	4	4	4	6	5	6
Leveraging Educational Resources Provided by the Software Company	5	4	6	6	6	6	3	4	4	3
Utilizing the Software Company's Onboarding/ Success Teams	6	2	2	3	4	4	4	6	5	6



Current Telehealth Use/Service Offerings
Overall and by Provider Segment

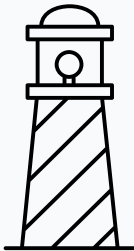
	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
We do not currently offer telehealth rehab therapy services, and we do not plan to add these services in the next year.	41.4%	51.1%	50.5%	47%	41.3%	28.6%	32.5%	53.3%	38.9%	44%
We currently offer telehealth rehab therapy services.	29.9%	26.6%	24.9%	27.7%	36.3%	45.2%	41.3%	20%	36.1%	19.1%
We do not currently offer telehealth rehab therapy services, but we plan to add these services in the next year.	17.8%	18%	16.2%	18.2%	17.9%	19%	17.5%	21.3%	20.6%	24.9%
I'm not sure.	10.9%	4.3%	8.4%	7.1%	4.5%	7.1%	8.7%	5.3%	4.4%	12%

Number of In-Person Telehealth Sessions,
per Week Overall

0	23.4%
1–2	26%
3–4	14.1%
5–6	13.7%
7–14	12.3%
15+	10.5%

Plans to Use Telehealth Moving Forward Overall

Yes	68.3%
Undecided	18.3%
Only Until the Public Health Emergency Order Ends	8.5%
No	4.9%



Current Remote Therapeutic Monitoring Use Overall

0	3.7%
<1	7.4%
1–3	10.7%
4–6	17.2%
7–10	24.8%
10–15	16.4%
16–20	11%
21+	8.8%

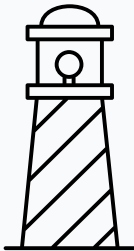
REMOTE THERAPEUTIC MONITORING

Remote Therapeutic Monitoring Use Cases

We use RTM to supplement in-person appointments, particularly for those patients with barriers to access.	50.9%
We devote part of our therapists/ assistants schedule to RTM.	44.3%
We use RTM to fill scheduling gaps resulting from patient cancellations/no-shows.	35%
We focus our PTAs and OTAs on RTM education and monitoring.	23.5%
We partner with a third-party company to staff and manage our organization's RTM efforts.	11.9%
Other	6.6%

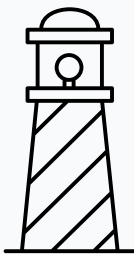
Plans to Use Remote Therapeutic Monitoring in the Next Two Years

We plan to ramp up our current RTM practices.	45.8%
We plan to maintain our current RTM practices.	22.6%
We plan to scale back on our current RTM practices.	13.9%
We plan to discontinue RTM altogether.	10.1%
Other	7.7%



Interest In Future Technology Trends
Overall and by Role Type

	Overall	Executive	Manager	Provider	Other
Biomedical Technology (e.g., Regenerative Medicine, Smart Implants)	1	2	2	1	1
Rehabilitation Robotics (e.g., Exoskeleton for Spinal Cord Injury)	3	4	3	2	3
Data Informatics and Analytics for Patient Care and Engagement	2	1	1	3	2
Wearable Technology	6	6	6	6	6
Virtual Reality-Based Exercise and Patient Interaction	4	3	5	4	4
Augmented Reality-Based Exercise	9	9	9	8	8
Telehealth-Enabled Exercise Equipment	5	5	4	5	5
Artificial Intelligence/Machine Learning (e.g., Predictive Analysis)	7	7	7	7	7
3D Printing	8	8	8	9	9

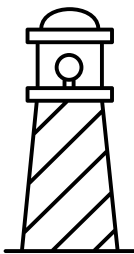


Breakdown of Interest in Artificial Intelligence Applications

	Overall	Executive	Manager	Provider	Other
Motion Tracking	37.2%	35.5%	35.5%	38.5%	42.4%
Outcomes Data Analysis	34.7%	36.9%	32.6%	36.2%	31.3%
Evidence-based Practice	32.9%	31.4%	31%	35.9%	33.6%
Coding and Billing	31.1%	38.9%	38.5%	28.8%	36.5%
VR Patient Training	30.3%	30.4%	27.9%	31.5%	27.9%
Plan of Care Development	29.8%	29.1%	29.9%	29.6%	34.9%
Patient Engagement	29.8%	29.7%	30.4%	29.7%	39.5%
Automated Assessments	26.7%	29%	22.4%	28.6%	22.6%
Mechanical Therapy	23.8%	20.4%	20.9%	23.7%	23%
Compliance	21.5%	27%	28.7%	20.6%	27.2%
Authorizations	20.3%	28.3%	32%	16.4%	36.9%
Other	1.3%	0.1%	0.1%	0%	0.1%
None of the Above	4.6%	1.7%	1.4%	1.4%	1.6%

Comfortability with Artificial Intelligence

	Overall	Executive	Manager	Provider	Other
Very Comfortable	16.1%	15%	13.3%	15.8%	11%
Comfortable	35.2%	33.3%	28.4%	36.5%	26.6%
Neutral	32.9%	34.7%	38.3%	30.8%	44%
Uncomfortable	11.4%	12.6%	13.8%	12.1%	11.9%
Very Uncomfortable	4.4%	4.5%	6.2%	4.8%	6.5%



STAFFING AND EMPLOYMENT

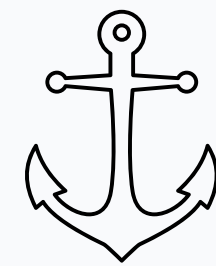
Percentage of Employees Who Resigned in 2022
Overall and by Provider Segment

Single Provider	3.3%
2–5 Providers	10.2%
6–16 Providers	13.1%
17–49 Providers	14.2%
50–149 Providers	15.1%
150+ Providers	12%
Hospital: Community	9.6%
Hospital: Regional	11.7%
Physician-Owned Practice	10.8%
Overall	11.4%

EMPLOYEE TURNOVER AND RETENTION (EXECUTIVE ONLY)

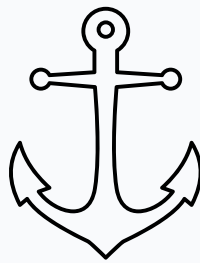
Reasons for Employee Resignations Overall

They want additional compensation.	1
They are relocating to a new city/state.	2
They want a job with better career growth opportunities.	3
Their personal values no longer align with the company's.	4
They are burnt out.	5
They are looking for a new challenge.	6
They'd like more flexibility in their work schedule.	7
Other	8
They were laid off, furloughed, or let go.	9
They retired.	10
I'm not sure why they're leaving.	11



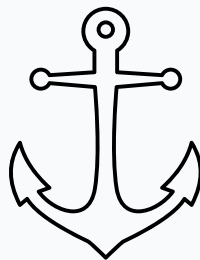
Professional Changes Being Considered
Overall and by Role Type

	Overall	Physical Therapist	Occupational Therapist	Speech-Language Pathologist	Physical Therapist Assistant (PTA)	Occupational Therapy Assistant (OTA)	Speech-Language Pathologist Assistant (SLPA)
I am considering moving to a different clinical role or care setting.	21.7%	20.3%	20.2%	18.9%	15.5%	18.6%	18.6%
I am considering moving to a non-clinical role within health care.	21.8%	26.1%	21.8%	19.2%	21.8%	39.2%	21%
I am considering leaving health care altogether.	15.8%	14.3%	20.2%	16.4%	13.1%	23.5%	15.5%
I am considering changing my hours per week.	19.8%	22.2%	23.5%	19.8%	16.5%	33.3%	19.5%
I am considering opening my own practice or expanding my current practice.	13.2%	11.2%	14.7%	9.6%	11.2%	21.6%	11.3%
I am no longer considering opening or expanding my current practice.	2.5%	3.9%	2.9%	1.4%	4.9%	8.8%	2.8%
I am not considering any professional changes.	34.1%	31.5%	24.4%	36.7%	29.6%	21.6%	33.4%
None of the Above	9.9%	7.1%	11.8%	11.9%	21.4%	3.9%	10.7%



Reasons for Considering a Professional Change
Overall and by Role Type

	Overall	Physical Therapist	Occupational Therapist	Speech-Language Pathologist	Physical Therapist Assistant (PTA)	Occupational Therapy Assistant (OTA)	Speech-Language Pathologist Assistant (SLPA)
I want a job with better career growth opportunities.	29.1%	33.7%	27.1%	30%	28.9%	26.1%	28.2%
I'd like additional compensation.	28%	33.3%	20%	25.6%	23.9%	22.7%	29.5%
My personal values no longer align with the company's.	27.9%	26.6%	30.6%	33.1%	27.4%	26.9%	37.2%
I am looking for a new challenge.	27.1%	28.2%	29.4%	20%	27.4%	31.1%	20.5%
I'd like more flexibility in my work schedule.	25.8%	34%	24.7%	21.3%	25.4%	22.7%	26.9%
I am burnt out.	23%	31%	17.1%	10%	20.3%	17.6%	23.1%
I'm relocating to a new city/state.	21.8%	18.3%	22.9%	33.8%	22.8%	27.7%	39.7%
I was laid off, furloughed, or let go.	1.2%	1.4%	1.5%	1.9%	1%	0.8%	1.3%
I retired.	0.9%	1.6%	0.9%	0.6%	1%	0.8%	1.3%
I feel disconnected from my colleagues and/or company culture.	0.1%	0.2%	0.3%	0.6%	0.5%	0.8%	1.3%
Other	2.9%	2.8%	4.4%	1.9%	3%	0.8%	1.3%

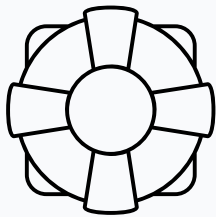


Breakdown of Provider Burnout
Overall and by Provider Type

	Overall	Physical Therapist	Occupational Therapist	Speech-Language Pathologist	Physical Therapist Assistant (PTA)	Occupational Therapy Assistant (OTA)	Speech-Language Pathologist Assistant (SLPA)
Yes	36.1%	38.5%	36.3%	43.6%	38.2%	33%	55.2%
No	63.9%	61.5%	63.7%	56.4%	61.8%	67%	44.8%

Factors Contributing to Burnout
Overall and by Provider Type

	Overall	Physical Therapist	Occupational Therapist	Speech-Language Pathologist	Physical Therapist Assistant (PTA)	Occupational Therapy Assistant (OTA)	Speech-Language Pathologist Assistant (SLPA)
Low Salary	1	3	4	2	1	3	5
High Patient Load	2	1	2	1	2	2	1
Burdensome Documentation and Regulatory Requirements	3	2	1	3	5	6	6
Long Work Hours	4	4	3	6	3	1	7
Poor Clinic Morale	5	5	6	5	4	4	4
Change in Clinic Policies	6	6	5	4	6	7	3
Fear of Contracting COVID-19	7	8	7	6	7	5	2
External (Non-Work) Factors	8	7	8	8	9	9	9
Lack of Job Security	9	9	9	9	8	8	8

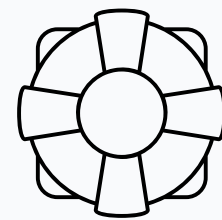


Optimism About the Future of Rehab Therapy
Overall and by Role Type

	Overall	Executive	Manager	Provider	Other
More Optimistic	23.7%	22.7%	19.8%	22.2%	23.3%
Equally Optimistic	35.1%	34.7%	39.3%	33.9%	43.4%
Less Optimistic	41.1%	42.6%	40.9%	43.9%	33.3%

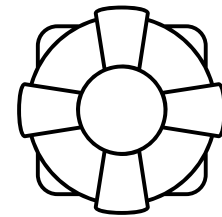
Top Concerns About the Future Success of Rehab Therapy
Overall and by Role Type

	Overall	Executive	Manager	Provider	Other
Steadily Declining Insurance Reimbursements	1	1	1	1	1
Increasing Threat of Burnout	2	4	2	2	2
Low Salary	3	5	3	3	3
Labor Shortage	4	2	5	6	4
Difficult to Stay in Business as an Independent Practice	5	3	4	4	5
Student Debt	6	7	7	5	6
Increasing Regulatory Burden	7	6	6	7	7
Lack of Patient Access to Rehab Therapy	8	10	8	8	8
Difficult to Start a Practice	9	8	10	9	10
The Rise of Digital Healthcare Companies (e.g., Health Information Technology, Digital Musculoskeletal Platforms, Wearable Devices, Personalized Medicine)	10	9	9	10	9
Consolidation	11	11	11	11	11



Value-Based Care Program Participation
Overall and by Practice Setting

	Overall	Single Provider	2–5 Providers	6–16 Providers	17–49 Providers	50–149 Providers	150+ Providers	Hospital: Community	Hospital: Regional	Physician- Owned Practice
Alternative Payment Models	26.7%	16.2%	13.5%	18.9%	30%	36.8%	31.6%	22%	28.7%	38%
An Accountable Care Organization (ACO)	19.7%	0.6%	5.1%	15.1%	20.2%	22.2%	22.8%	17.1%	26.2%	22.2%
Bundled Payments	24.5%	10.4%	10.2%	23.7%	34%	26.4%	36.8%	23.2%	39.1%	30.8%
Our company does not participate in any value-based care programs or initiatives.	29%	73.4%	63.7%	37.9%	22.7%	22.9%	12.5%	9.8%	13.9%	13.7%
Patient-Centered Medical Homes (PCMH)	11.8%	0%	2.4%	7.7%	15.3%	9%	11%	12.2%	17.8%	9.4%
The MIPS Program	20.9%	1.9%	13.2%	24%	31%	27.1%	36.8%	56.1%	19.8%	20.1%
Other	4.4%	1.3%	1.5%	0.9%	1.5%	1.4%	1.5%	0%	2.5%	2.6%



Reasons to Participate in MIPS
Overall and by Role Type

	Overall	Executive	Manager	Provider	Other
I'm required to participate.	45%	52.1%	50.3%	43.2%	45.7%
My organization decided to participate.	47.1%	36.3%	45.5%	51.6%	43.8%
I'd like to earn a payment incentive.	23.5%	23.5%	24.2%	23.7%	20%
I'd like to recoup some of the payment reductions that will apply to me/my organization.	25.1%	26%	22.4%	26.3%	23.8%
I want to become comfortable with the program before the stakes increase.	6.9%	9.3%	9.7%	7.8%	6.7%
None of the Above	3.4%	1.6%	2.4%	3.1%	8.6%

Understanding of MIPS Value Pathways (MVPs)
Overall and by Role Type

	Overall	Executive	Manager	Provider	Other
I have a solid understanding of MVPs.	23.8%	33.3%	20.6%	20.4%	14.3%
I have a moderate understanding of MVPs.	41.9%	42.5%	43.5%	42.2%	37.1%
I have little understanding of MVPs.	23.8%	16.8%	27.6%	25.6%	34.3%
I have never heard of MVPs.	10.5%	7.3%	8.2%	11.8%	14.3%

CHALLENGES AND OPPORTUNITIES

Breakdown of Student Types

Athletic Training (ATC) Program	2.6%
Physical Therapist Program	50.2%
Occupational Therapist Program	7.9%
Speech-Language Pathologist Program	8.9%
Physical Therapist Assistant (PTA) Program	16.8%
Occupational Therapy Assistant (OTA) Program	8.3%
Speech-Language Pathologist Assistant (SLPA) Program	3.6%
Other	1.7%

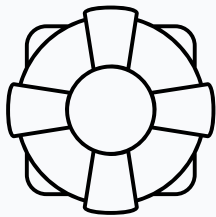
STUDENT OUTLOOK

Breakdown of Student Educational Program Types

Traditional, In-Person Post-Undergraduate Program (Three Years)	49.2%
Accelerated, In-Person Post-Undergraduate Program (Less than Three Years)	20.1%
Traditional, Hybrid Post-Undergraduate Program (Three Years)	11.9%
Accelerated, Hybrid Post-Undergraduate Program (Less than Three Years)	9.9%
Accelerated, Traditional Bachelors to Masters/Doctorate Program (Undergraduate and Graduate Combined)	5.3%
Accelerated, Hybrid Bachelors to Masters/Doctorate Program (Undergraduate and Graduate Combined)	1.3%
Other	2.3%

Preferred Learning Environment

All In-Person Lectures, Labs, and Testing	52.6%
Hybridized Environment with Synchronous Virtual Lectures and In-Person Labs	24.8%
Hybridized Environment with Asynchronous Virtual Lectures and In-Person Labs	13.2%
Mostly Remote with Blocks of In-Person Learning for Experiential Labs	7.6%
Fully Remote with Synchronous/Asynchronous Virtual Lectures and Labs (with In-Person Labs for Testing Only)	1%
I'm Not Sure	0.7%



Total Student Loan Debt at Graduation: Last Five Years

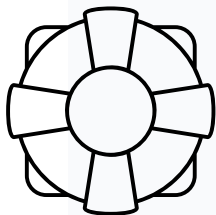
	2018	2019	2020	2021	2022
0	8.3%	13.5%	12.8%	11%	7.6%
\$1–\$5,000	1.8%	5%	3.9%	2.4%	5%
\$5,001–\$10,000	3.1%	2.9%	0.7%	3.3%	7.6%
\$10,001–\$20,000	2.8%	3.1%	2.7%	3.3%	9.6%
\$20,001–\$30,000	4.9%	5%	5.8%	4%	10.6%
\$30,001–\$40,000	3.3%	4.6%	2.9%	2.6%	12.3%
\$40,001–\$50,000	6.4%	5.5%	2.4%	4.3%	8.6%
\$50,001–\$70,000	10.3%	9.7%	9.7%	10%	4.6%
\$70,001–\$100,000	22%	16.4%	16.2%	17.9%	8.6%
\$100,001–\$150,000	26.3%	23.1%	28.5%	17.9%	19.2%
>\$150,000	10.8%	11.3%	14.5%	16%	6.3%

Salary Expectations after Graduating

\$0–\$30,000	2%
\$30,001–\$40,000	4.6%
\$40,001–\$50,000	7%
\$50,001–\$60,000	8.3%
\$60,001–\$70,000	15.2%
\$70,001–\$80,000	28.5%
\$80,001–\$90,000	22.5%
\$90,001–\$100,000	6%
\$100,001–\$110,000	4%
\$110,001–\$120,000	1%
\$120,001–\$130,000	0.3%
\$140,001–\$150,000	0.3%
>\$150,000	0.3%

Areas of Least Preparedness upon Completing Degree

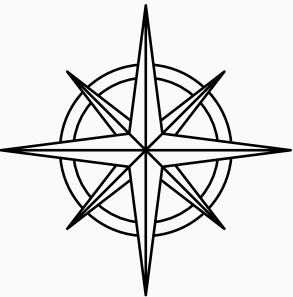
Salary Understanding/Negotiation	42.1%
Clinic Technology Use (e.g., EMR, Billing Software, HEP Software)	36.8%
Best Business Practices	32.8%
Understanding All Possible Settings and Specialties	28.1%
Cms and Medicare Compliance/Regulations	27.8%
Clinical Skills	23.5%
Continuing Education (e.g., Certifications, Residencies, Fellowships)	19.2%
Healthcare Advocacy/Legislation	17.2%
Other	0.7%



SALARY

Salary by Role

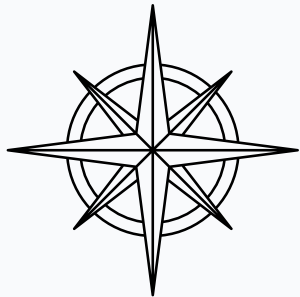
	Therapists	Therapist Assistants	Managers	Billers	Administrators	Clerical Staff	Executives	Educators
\$0–\$30,000	2.2%	3%	3.8%	15.5%	10%	25.2%	4.7%	5.3%
\$30,001–\$40,000	5.2%	8.3%	6%	18.5%	11.4%	28.7%	7%	3.1%
\$40,001–\$50,000	6.4%	12.6%	10.8%	16.7%	16.3%	15.5%	8.2%	7.6%
\$50,001–\$60,000	7.4%	16.1%	9%	16.1%	10.7%	8.5%	10.4%	13%
\$60,001–\$70,000	10.8%	9.6%	8.1%	8.3%	8.3%	5.8%	6.8%	9.2%
\$70,001–\$80,000	15.6%	10.3%	7.8%	4.8%	5.9%	5%	8.4%	8.4%
\$80,001–\$90,000	15%	5.8%	12.1%	1.8%	8.7%	2.3%	8.6%	15.3%
\$90,001–\$100,000	10.8%	8.3%	10.8%	4.8%	5.9%	2.7%	9.5%	9.2%
\$100,001–\$110,000	7.4%	6.1%	9%	3%	7.3%	1.9%	9%	12.2%
\$110,001–\$120,000	4.6%	4.4%	4.7%	3%	3.5%	1.9%	5.2%	7.6%
\$120,001–\$130,000	4.5%	4%	4.7%	2.4%	3.8%	1.2%	5.7%	1.5%
\$130,001–\$140,000	2.8%	4.5%	3.8%	1.2%	2.1%	0.8%	3.6%	3.1%
\$140,001–\$150,000	3.2%	5.8%	2%	1.2%	1.4%	0%	2.4%	1.5%
>\$150,000	4%	1.1%	7.2%	3%	4.8%	0.4%	10.4%	3.1%



SALARY

Salary by Setting

	Educational Institution	Gym or Wellness Center	Home Health	Inpatient Hospital	Mobile Therapy	Outpatient Cash-Based Practice	Outpatient Hospital-Based Rehab Facility	Outpatient Hybrid Practice (with Traditional and Cash-Based Services)
\$0–\$30,000	5.3%	1.8%	2.8%	1.6%	4.6%	2.2%	4.4%	7.4%
\$30,001–\$40,000	3.5%	7.1%	11.2%	5.1%	9.2%	7.9%	8.5%	8.4%
\$40,001–\$50,000	10.5%	12.5%	6.3%	8.3%	10.3%	9.6%	6.8%	9.1%
\$50,001–\$60,000	10.5%	7.1%	12.6%	10.5%	10.3%	8.3%	8.7%	10.7%
\$60,001–\$70,000	12.3%	16.1%	9.1%	7%	13.8%	15.7%	6.6%	11.7%
\$70,001–\$80,000	12.3%	8.9%	10.5%	6.7%	10.3%	16.2%	13.4%	12.7%
\$80,001–\$90,000	10.5%	12.5%	13.3%	9.2%	8%	10.5%	11.4%	7.6%
\$90,001–\$100,000	1.8%	3.6%	11.2%	14%	4.6%	7.9%	11.2%	6.9%
\$100,001–\$110,000	12.3%	3.6%	9.1%	9.6%	2.3%	6.1%	5.7%	7.1%
\$110,001–\$120,000	7%	7.1%	3.5%	5.1%	3.4%	3.9%	4.5%	4.6%
\$120,001–\$130,000	3.5%	3.6%	2.1%	7.6%	3.4%	3.5%	4.7%	6.1%
\$130,001–\$140,000	1.8%	3.6%	2.8%	4.8%	4.6%	2.6%	4.9%	2.3%
\$140,001–\$150,000	5.3%	8.9%	4.2%	3.5%	6.9%	3.1%	4.5%	2%
>\$150,000	3.5%	3.6%	1.4%	7%	8%	2.6%	4.5%	3.6%

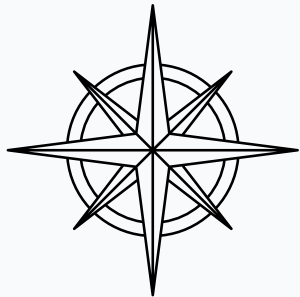


SALARY

Salary by Setting

(Continued)

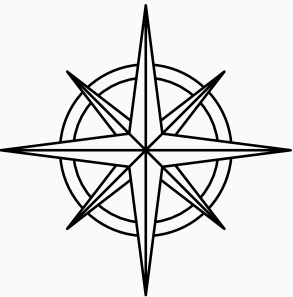
	Outpatient Multidisciplinary Practice	Outpatient Private Practice	Physician-Owned/ Orthopedic Practice (POP)	Pro Bono Clinic	School/Academic/ Student	SNF (Skilled Nursing Facility)	Other
\$0–\$30,000	5.9%	6.6%	3.9%	4.1%	13%	0%	10.8%
\$30,001–\$40,000	8.4%	10.8%	6.5%	6.1%	8.7%	5.8%	13.5%
\$40,001–\$50,000	10.1%	10.8%	7%	10.2%	13%	9.4%	9.5%
\$50,001–\$60,000	11.4%	10.7%	12.2%	4.1%	13%	10.1%	5.4%
\$60,001–\$70,000	9.7%	8.7%	7.8%	8.2%	17.4%	9.4%	6.8%
\$70,001–\$80,000	12.7%	12.4%	11.7%	0%	4.3%	15.2%	8.1%
\$80,001–\$90,000	12.2%	12.1%	13.5%	2%	8.7%	12.3%	5.4%
\$90,001–\$100,000	6.8%	9.1%	9.1%	8.2%	13%	8.7%	12.2%
\$100,001–\$110,000	5.9%	5.5%	7.4%	6.1%	4.3%	9.4%	6.8%
\$110,001–\$120,000	3%	3%	6.1%	4.1%	0%	2.9%	5.4%
\$120,001–\$130,000	1.7%	2.4%	6.1%	2%	0%	4.3%	5.4%
\$130,001–\$140,000	3%	1.2%	4.3%	4.1%	0%	6.5%	0%
\$140,001–\$150,000	3.8%	1.6%	3.9%	12.2%	0%	2.9%	4.1%
>\$150,000	5.5%	5.2%	0.4%	28.6%	4.3%	2.9%	6.8%



SALARY

Salary by Employment Type

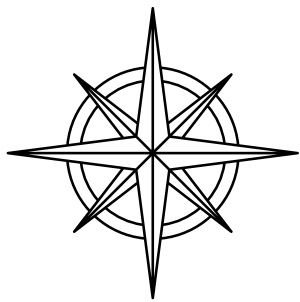
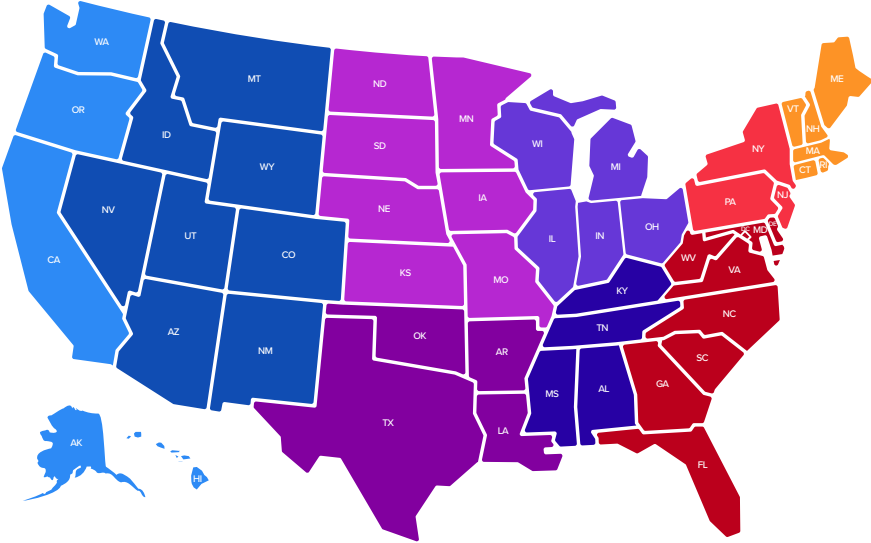
	Full-Time Clinician	Part-Time Clinician in One Organization	Part-Time Clinician in More than One Organization	PRN Therapist	Travel Therapist	Educator	Other Non-Clinical Role	None of the Above
\$0–\$30,000	0.9%	7.4%	3%	5.2%	3.8%	2.9%	8.7%	16.7%
\$30,001–\$40,000	5.9%	14.4%	4.8%	11%	7.5%	2.9%	8.7%	5.6%
\$40,001–\$50,000	7.9%	13.2%	10.9%	9.9%	15.1%	5.7%	8.7%	11.1%
\$50,001–\$60,000	9.3%	14.8%	13.9%	11%	11.3%	11.4%	4.3%	5.6%
\$60,001–\$70,000	10.2%	13.6%	18.7%	8.7%	15.1%	0%	4.3%	11.1%
\$70,001–\$80,000	17.7%	8.6%	15.2%	11%	20.8%	17.1%	17.4%	5.6%
\$80,001–\$90,000	14.4%	5.8%	14.8%	14.5%	11.3%	22.9%	4.3%	11.1%
\$90,001–\$100,000	10.4%	6.2%	7%	12.8%	1.9%	17.1%	8.7%	0%
\$100,001–\$110,000	5.3%	6.2%	3.5%	4.1%	7.5%	8.6%	8.7%	11.1%
\$110,001–\$120,000	3.7%	2.1%	3.9%	1.7%	5.7%	5.7%	0%	0%
\$120,001–\$130,000	3.6%	3.3%	0.9%	4.1%	0%	2.9%	8.7%	11.1%
\$130,001–\$140,000	2.9%	2.9%	0.9%	1.7%	0%	0%	4.3%	5.6%
\$140,001–\$150,000	6.3%	0.4%	0.4%	1.7%	0%	0%	0%	0%
>\$150,000	1.6%	1.2%	2.2%	2.3%	0%	2.9%	13%	5.6%



SALARY

Salary by Region/Location

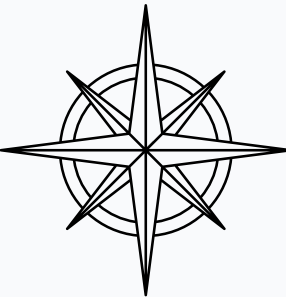
	Pacific 	Mountain 	West North Central 	West South Central 	East North Central 	East South Central 	Middle Atlantic 	South Atlantic 	New England
\$0–\$30,000	2.2%	2.5%	1.6%	2.3%	4%	2.2%	1.4%	2.5%	3.3%
\$30,001–\$40,000	4.4%	7.2%	9.1%	6.6%	5.9%	5.6%	6.9%	4.7%	7.7%
\$40,001–\$50,000	7%	6.8%	7.5%	6.3%	10%	10%	7.5%	8.2%	9.3%
\$50,001–\$60,000	8.6%	7.2%	9.1%	8%	10.3%	8.3%	8.9%	13.6%	7.7%
\$60,001–\$70,000	9.4%	11.8%	11.8%	11.7%	12.1%	10%	12.1%	7.4%	11.5%
\$70,001–\$80,000	15.8%	19.8%	17.2%	14.5%	12.1%	14.4%	11.8%	12.5%	14.8%
\$80,001–\$90,000	13.2%	10.1%	12.9%	12.8%	13.4%	12.2%	13%	13.8%	13.2%
\$90,001–\$100,000	14.6%	12.2%	7.5%	9.7%	9%	10%	8.4%	9.2%	7.7%
\$100,001–\$110,000	8.6%	7.6%	5.9%	6%	5%	5%	10.1%	6.2%	8.2%
\$110,001–\$120,000	4.8%	3.4%	3.2%	4.6%	2.5%	4.4%	5.5%	5.3%	4.4%
\$120,001–\$130,000	3.4%	2.1%	5.4%	6%	5%	3.9%	4.3%	5.3%	1.1%
\$130,001–\$140,000	1.4%	3%	2.7%	2.6%	3.4%	7.2%	3.5%	3.3%	3.8%
\$140,001–\$150,000	2.4%	3.4%	3.2%	5.1%	3.7%	5.6%	2.9%	5.3%	3.3%
>\$150,000	4.2%	3%	2.7%	4%	3.4%	1.1%	3.7%	2.7%	3.8%



SALARY

Salary by Age

	<27	27–33	34–40	41–47	48–54	55–61	62+
\$0–\$30,000	17.6%	3.7%	2.5%	4.1%	4.6%	4.9%	16.5%
\$30,001–\$40,000	16%	12.3%	5.4%	6%	10.4%	6.5%	9.4%
\$40,001–\$50,000	20.2%	9.5%	7.4%	7.6%	8.9%	9.1%	8.7%
\$50,001–\$60,000	12.5%	8.3%	11.5%	10.7%	9.9%	11.4%	5.5%
\$60,001–\$70,000	10.3%	10%	10.4%	8%	7.3%	6.8%	9.4%
\$70,001–\$80,000	10.3%	16.4%	11.4%	10.4%	7.8%	10.3%	9.4%
\$80,001–\$90,000	5.8%	13.2%	11.9%	9.4%	11.6%	9.9%	7.1%
\$90,001–\$100,000	3.5%	9.3%	10.1%	11.3%	8.4%	8%	7.9%
\$100,001–\$110,000	1.6%	5%	7.5%	6.9%	6.8%	11.8%	7.1%
\$110,001–\$120,000	1%	3.8%	3.7%	5.6%	4.8%	3.8%	3.1%
\$120,001–\$130,000	1%	2.9%	4.8%	3.8%	5.8%	3.4%	6.3%
\$130,001–\$140,000	0.3%	2.9%	3.4%	4.1%	1.8%	2.3%	1.6%
\$140,001–\$150,000	0%	0.9%	4.6%	6%	3.5%	2.3%	0.8%
>\$150,000	0%	1.9%	5.3%	6.3%	8.4%	9.5%	7.1%



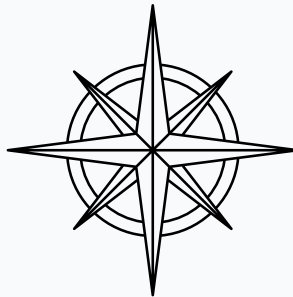
SALARY

Salary by Gender

	Women	Men	Nonbinary
\$0–\$30,000	7.3%	2.5%	5.1%
\$30,001–\$40,000	10.4%	6.9%	17.9%
\$40,001–\$50,000	10.1%	8.4%	12.8%
\$50,001–\$60,000	10.5%	10%	5.1%
\$60,001–\$70,000	9.6%	8.8%	17.9%
\$70,001–\$80,000	12.2%	11.7%	15.4%
\$80,001–\$90,000	10.5%	11.6%	12.8%
\$90,001–\$100,000	8.6%	9.9%	5.1%
\$100,001–\$110,000	6.1%	7%	5.1%
\$110,001–\$120,000	3.6%	4.3%	2.6%
\$120,001–\$130,000	3.5%	4.5%	0%
\$130,001–\$140,000	2.4%	3.4%	0%
\$140,001–\$150,000	2.4%	4%	0%
>\$150,000	2.8%	7%	0%

Percentage of Respondents Making More Than \$70,000 per Year
by Role Type: Last Six Years

	2018	2019	2020	2021	2022	2023
Executive	71.9%	75.3%	76.9%	71.5%	70.6%	62.8%
Manager	40.4%	42.9%	43.7%	47.3%	50.9%	62.2%
Provider	64.7%	65.6%	68.1%	62.6%	72.1%	67.9%
Assistant	9.6%	10.4%	10.8%	12.9%	30.2%	50.4%
Other	23.4%	36.6%	31.5%	18.9%	20%	30.4%
Overall	52.3%	53.8%	53.5%	50.4%	56%	57.1%





**Thank you
for reading!**