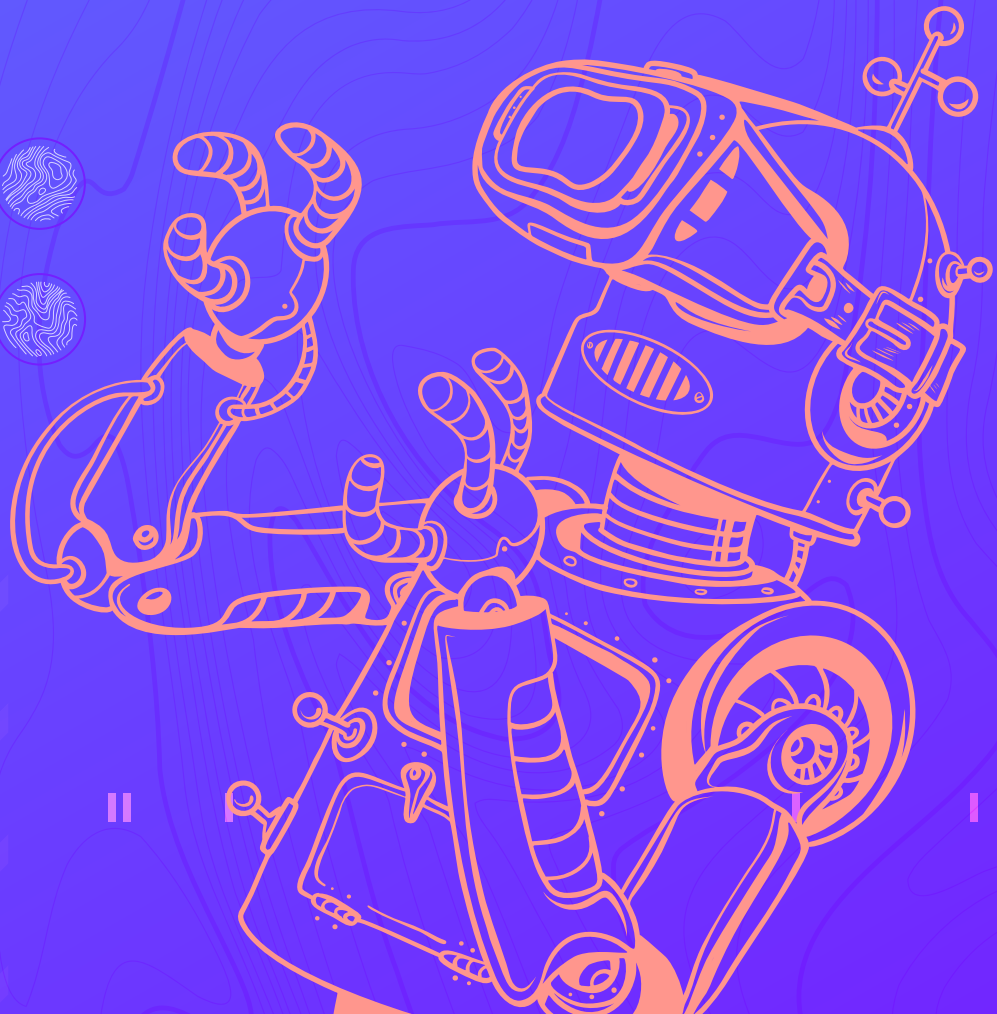
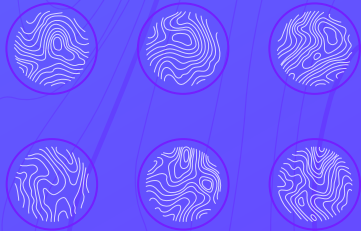




2024

The State of Rehab Therapy

l|l webpt.





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Every year, WebPT publishes the much anticipated, often-cited State of Rehab Therapy report. Although rehab therapy as a field, including Physical, Occupational, and Speech-Language Pathology, is quite large and diverse, there isn't much data that accurately captures broader knowledge about the associated professions outside of a few governmental statistics and the occasional nod from reports on the greater healthcare community. Thus, the State of Rehab Therapy report seeks to gather the data rehab therapists need to understand where the industry is going and what challenges and opportunities lie ahead. This year, we look toward the practice of the future, offering insights on what the industry can do now to be ready for what's to come.

Foreword

When we started WebPT 16 years ago, the goal was to empower therapists to achieve greatness in practice with an effective and efficient documentation system. At the time, I didn't fully grasp how a web-based electronic medical record (EMR) would change the trajectory of rehab therapy. Fast forward to today, and the EMR and technology are staples of almost every healthcare facility you walk into, and the clinical scene in a rehab therapy clinic is markedly different from that of 2008.

The EMR alone is no longer the sole piece of software needed to help clinicians be effective and efficient, but remains the foundation for a whole suite of offerings that is a near necessity for successfully running a clinical practice. At WebPT, we evolved our software platform beyond singular, siloed pieces into an end-to-end platform meeting all of the technology needs to successfully run a rehab therapy practice. We call it Practice Experience Management (PXM) to define how software can be an asset at nearly every touch point in both clinical and business practice. In many ways, PXM was an endorsement of the future of rehab therapy. Looking to the future and leading the charge with technology innovation, WebPT continues to strive to help clinicians achieve greatness in practice.

Thus, this year's State of Rehab Therapy report comes to you with a slightly different look and feel. We wanted to use the huge volume of responses we received from this year's survey data to help paint the picture of what the practice of the future looks like. We use current trends and challenges, past lessons, and forward-thinking goals to weave a tapestry of what we can expect to see in the years to come as rehab therapy continues to cement its place in the greater health and wellness community.

In an industry that endures rapid change, practices must be ever-ready to embrace and adapt to those modifications. Blending lessons learned from the past with trends that could affect rehab therapy practices hereafter, this year's State of Rehab Therapy report focuses on "The Practice of the Future." With evolving patient demands, payment pressure, and regulatory uncertainties that yield both opportunity and challenge for all practices, the industry heralds technological advancements, including the acceleration of AI, machine learning, and technology adoption. It's not just a report but a clarion call for professionals within the industry to embrace innovation, adaptability, and a patient-centric approach.

So, get your robot rock on, buckle into your Jetsons-inspired flying car, and embark on this journey with us as we look to tackle the state of rehab therapy with an air of optimism, a dose of realism, and a commitment to the future of our industry.

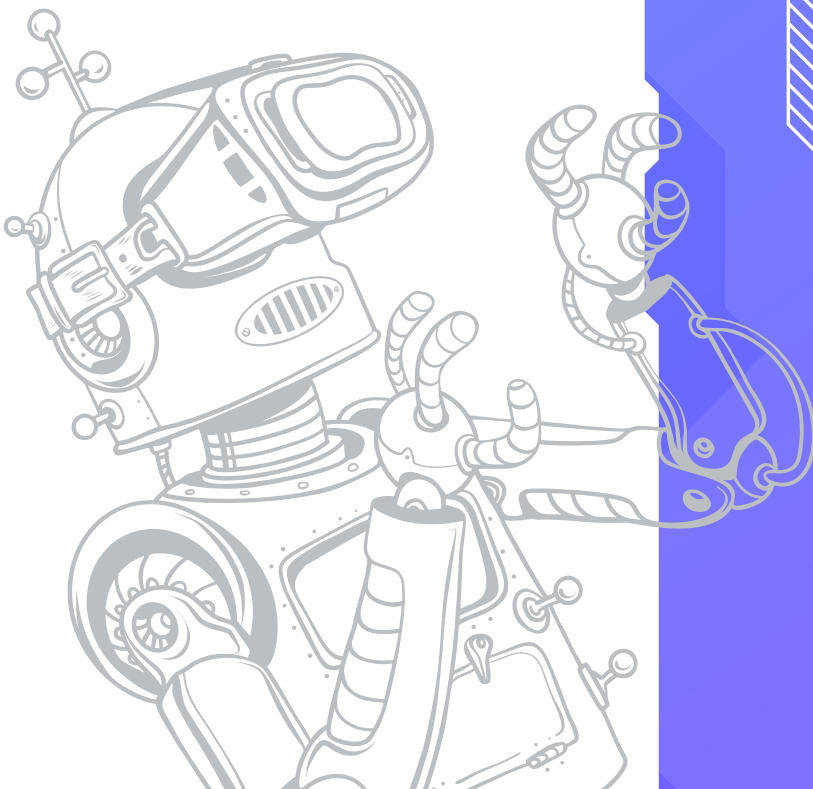


Dr. Heidi Jannenga, PT, DPT, ATC
Co-Founder and Chief Clinical Officer
of WebPT

The Practice of the Future



Although many have tried to peer into their crystal balls and describe what the future would look like, few have done so with complete success. Sure, space tourism has become a thing, and the VR glasses Michael J. Fox donned in *Back to the Future II* look eerily similar to the VR glasses seen today, but no one can truly know every detail the future holds. With this in mind, we have used this year's results—paired with some outside input—to craft the most accurate picture of what the practice of the future entails for rehab therapy.





When Walt Disney opened Tomorrowland, he likened it to,

“A vista into a world of wondrous ideas, signifying man’s achievements...a step into the future, with predictions of constructive things to come.”

Rehab therapy must also soar above with the Astro Orbiter to meet the demands of its customer base as well as that of regulatory bodies. Thus, the practice of the future must first look to be a one-stop-shop for musculoskeletal (MSK) care, as well as the many other specialties in rehab therapy.

In 2022, the [US spent nearly \\$500 billion on direct MSK care](#). Thus far, rehab therapy has been a piece of that puzzle, but the lion’s share has remained fragmented with patients inundated by a variety of options all purporting to have the answers they need for MSK care. By 2030, the entirety of the Baby Boomer generation will be Medicare age. That means the largest generation of Americans on record will be seeking more and more care—especially MSK—and fragmentation will no longer cut it.

If rehab therapy hopes to lead the way in offering primary care for MSK—or being the first thought for Parkinson’s Disease management, after-stroke care, or emergency medicine—creating a practice that offers convenience, top-level care, and optimal outcomes is paramount. This cannot be done without embracing the technological advancements that exist today—and the ones currently on the horizon. Practices will need a [Practice Experience Management](#) (PXM) platform that enables all the technology and human interactions to be seamless and effortless for patients and clinicians alike.

A practice that offers a one-stop-shop for the patients of tomorrow must also be one that is financially agile and efficient. That means the practice must be prepared to tackle any rule changes by Medicare or other insurance payers while also offering a suite of payment options that cater to the needs of every patient. Providers can expand their reach while guarding against financial headwinds by adopting cash-pay offerings, direct-to-employer programs, or out-of-network insurance contracts.

Technology will become an ever more present factor in the success of practices. We’ve already arrived at a point where artificial intelligence (AI) and machine learning (ML) can streamline clinical, clerical, and front office workflows, and remote therapeutic monitoring (RTM) and telehealth allow clinicians to reach beyond their clinic walls to supplement patient care and increase their reach. The coming years should also see huge steps in the drive to create adjuncts to treatment like biomedical technology and VR. We may soon reach a point where the only limit to treatment options is our imagination.

While providing optimal care and leading the charge in healthcare delivery remains a top priority for the practice of the future, it cannot be done without a healthy workforce. At present, the rehab therapy industry—similar to the rest of health care—remains burdened by a labor shortage and the ongoing threat of clinician burnout. To meet these challenges, the practice of the future must find a way to marry work/life balance with patient expectations, salary expectations, and regulatory weights. Leveraging technology to improve workflows for clinicians, front office staff, and management will factor heavily into the practice of the future.

To [quote](#) Doc Brown,

“The future has finally arrived. Yes, it is different than we all thought, but don’t worry, it just means your future hasn’t been written yet. No one’s has. Your future is whatever you make it, so make it a good one.”

So let’s hop in our Deloreans, take a look at the years that were, and jump forward to view rehab therapy’s industry-leading practice of the future.

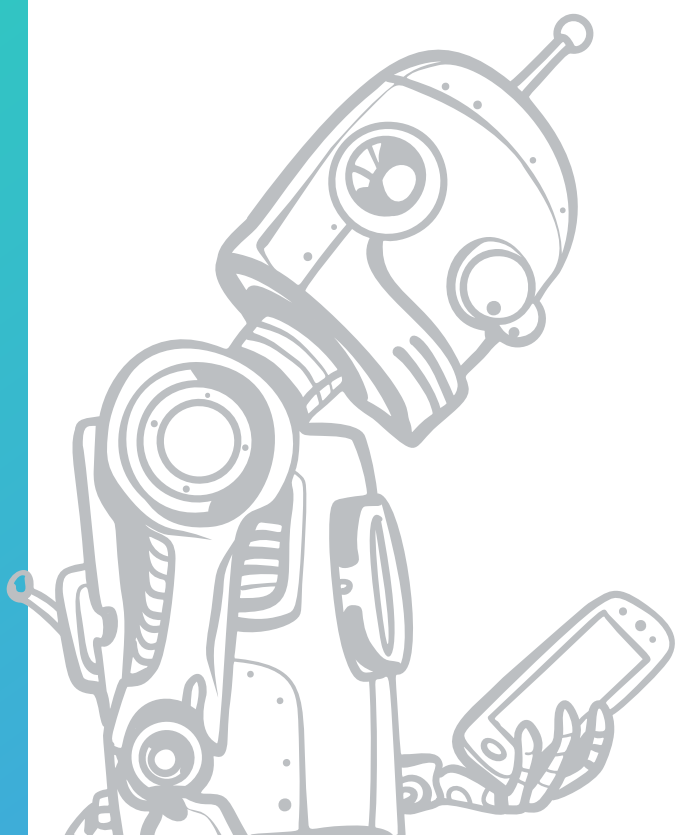
I believe there are two key factors that will lead to greater adoption of AI. The first is the need for further development of AI tools to be able to improve the reliability and accuracy of information capture, processing, and output. Secondly, the ability to demonstrate a clear return on investment. With continued pressure on reimbursement, for most practices, adoption of AI tools will be dependent upon being able to support clinicians without increasing costs.

Richard Leaver | CEO | Alliance Physical Therapy Partners

Challenges and Opportunities Facing the Practice of the Future



At present, the practice of the future remains a bit nebulous, but to Doc Brown's credit, it is indeed shaped by what rehab therapy chooses to make it. It must be part of the solution rehab therapy needs to excel and push forward in the healthcare industry, breaking the healthcare hierarchy and playing rehab therapists top-of-mind for consumers everywhere. But what are the hurdles that currently exist—and the new opportunities that have arisen?





The Top Concerns for Rehab Therapists

Like a prophetic dream out of a sci-fi novel, many rehab therapy managers, owners, and clinicians have spent many sleepless nights worrying about the future of rehab therapy. The main concerns keeping rehab therapy awake in 2023 were some age-old boogymen from years past:

- ↘ **Steadily declining insurance reimbursements,**
- ↗ **The increasing threat of burnout, and**
- ↘ **Salaries that failed to keep pace with expectations.**



These three factors have long held the top three spots among concerns about the future of the profession in our annual report, and this year was no different. If the practice of the future is going to be successful, we've got to find a way to deal with these ongoing issues.

Interestingly, when the data is broken down at a more granular level, providers also have angst over their ability to remain an independent practice (ranked number four for the provider and other groups) and not be swallowed by the bigger fish. On the other hand, executives ranked increasing regulatory burdens as their number three concern—something that is married closely with insurance reimbursements, salary, and burnout.

Burnout Remains a Problem

There cannot be a thriving practice of the future if the threat of burnout and the ongoing labor shortage are not addressed. Although these are separate problems, they are closely related to one another. Workplace exhaustion can often be attributed—in part—to limited clinician assistance. Solving for burnout will reduce some of the attrition seen in the current labor market pertaining to seasoned clinicians.

In the ongoing fight to solve these top concerns, last year did see a small reprieve in resignations, which dropped from over 11% in 2022 to 9.2% in 2023. The top three reasons why staff resigned included relocating to a new city or state, looking for a new challenge, and looking for better compensation; burnout fell to fourth this year by a narrow margin. Although there is not much that can be done if someone physically relocates, [providing growth and a new challenge for employees](#) and addressing pay concerns can certainly be effective in combating burnout.

Resignations Dropped

>11%

2022

9.2%

2023

Reasons for Staff Resignation

1

Relocation to a new city or state

2

New challenges

3

Better compensation

4

Burnout



The Top Drivers of Staff Burnout

Administrative harm has been an oft-mentioned term to describe many of the non-clinical strains placed on rehab therapists (increasing documentation requirements and prior authorizations among them), and it has often been attributed as a top factor for clinician burnout. A published paper from [Federal Practitioner](#) went so far as to rename burnout as clinician distress, stating, “As clinicians, we are increasingly forced to consider the demands of other stakeholders—the electronic medical record (EMR), the insurers, the hospital, the health care system, even our own financial security—before the needs of our patients.”

A much-anticipated part of each State of Rehab Therapy Report is the patients per day statistic. A measure of how many patients clinicians are seeing per day and how this breaks down across sectors. This year, the magic median number was 10. At face value, this number may seem a bit low when many clinicians report having to see twenty or more patients at some of the larger maligned corporate practices.

But peering at this number a bit more closely, Larry Benz, DPT, OCS, MBA, MAPP, FAPTA, Founder and Operating Director at Confluent Health states,

“The ten-patients-per-day productivity statistic is more of a reflection of reimbursement and payer mix—like Medicare and Medicare Advantage putting strict limits on the ability for a PT to operate at the top of their license. The greatest constraint to limiting our effectiveness and the rising PT demand by consumers continues to be payers, their limitations, and an inconsistent fee-for-service environment.”

Can any rehab therapist think of a more restrictive practice than insurance authorizations, regulatory checkboxes, or health care directed by managed care? One study found that healthcare professionals spend [13.5 hours on non-clinical work](#). And this year’s study found that 85% of clinicians¹ were documenting at home in some regard, which means even more non-clinical work is spilling over into the personal lives of clinicians further exacerbating a sense of burnout and clinician distress.

Alignment of mission, vision, and values is perhaps the most important workforce engagement piece that is widely underrepresented in our industry. This data mirrors the results of UpDoc’s own reports which found that over 50% of the reasons an employee would stay are not due to compensation. Instead, workplace culture, balance, concerns of autonomy, and complaints of mediocrity being tolerated within the ranks were cited.

Ben Fung | Founder and COO | Updoc Media

Don’t Forget About Culture

It’s not just about the Benjamins, or the hours, or even patients per day; today’s rehab therapists are looking for more, and you can count on that in the future, too. Among those considering a professional change, the top two answers were that they were no longer aligned with their employer’s values or that they were seeking a new challenge. And while burnout was the third-most common answer, salary only rated seventh. That’s not to say that the practice of the future should forego better salaries and smoother workflows—just that a strong company culture, a positive work environment, and professional growth opportunities can make all the difference when compared to your competitors.

13.5 Hours

Non-clinical work

85%

Documenting at home in some regard





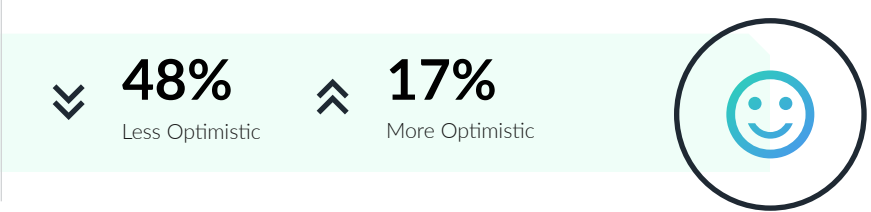
Answering the Call for Change

Tackling these concerns will not be answered in one fell swoop, nor can one person take on so many headwinds themselves. However, this year’s report revealed several trends that have emerged as a viable answer. And previously inherited stakes—like advocacy efforts—appear to have renewed interest across professional segments.

Advocacy’s Renewed Efforts

Taking into consideration that two of the top three concerns revolve directly around payment for services by skilled rehab therapy professionals, it is advocacy that’s likely to play a direct role in driving change. Without legitimate congressional and state-level action, reimbursements will continue to decline year over year. Medicare is not to blame for annual rate cuts—they are doing what is [required by law](#) in an attempt to achieve a budget-neutral program.

The challenges ahead seem daunting. That feeling is reflected in this year’s data, where 48% of respondents were less optimistic overall about the future of rehab therapy compared to a paltry 17% feeling more optimistic.¹ That’s why starting locally can be so much more effective.



To quote Dr. Jane Goodall,

“Think locally, and then you have the courage to act globally. If you only think globally to start with, you won’t have the energy to act.”

As of March 2024, the American Physical Therapy Association (APTA) has [168 state-backed bills on record](#), representing 35 out of 50 states.

If physical and occupational therapists hope to change the minds of Congress and national leaders, they must first change the narrative around rehab therapy. Starting locally to tackle the 90% problem and change the public’s perception of rehab therapy will inevitably lead to a stronger sentiment that regulators need to invest more heavily in rehab therapy services.

Fortunately, despite the current sense of pessimism, rehab therapists are willing to put the work in to build a better future. This year’s report found that 36% of respondents rated advocacy efforts as good, and 48% rated them fair. Furthermore, 61% of respondents have participated in some form of advocacy in the last year.

I simply think our profession needs a rebrand. We must move beyond siloed physical deficit management and reactive care, constrained by the brick-and-mortar, traditional reimbursement model. Instead, we need to leverage and advertise our skills for direct-to-consumer solutions. Rather than optimism (positive thoughts), we need hope—a knowledge that we can bring change by taking action.

Julie Wiebe, PT, DPT | President |
Julie Wiebe Physical Therapy

Future Goals for Advocacy

To create the practice of the future that benefits rehab therapy and its patients, respondents are looking for a distinct set of initiatives. Overwhelmingly, increasing public awareness of PT was the most desired initiative for advocacy to tackle.² A distant second and third were increasing public awareness of direct access and improving the clinical readiness of new-graduate clinicians. Interestingly, executives had a slightly different take, where their preference was for advocacy to address reimbursement cuts via Congressional action. Nevertheless, this year’s report lent credence to the current workforce’s desire to use advocacy to bolster the financial strength of rehab therapy.



Circumventing Insurances

Perhaps some of the pessimism noted in the future of rehab therapy can be traced back to the relative inaction of Congress to pass meaningful legislation to improve healthcare. Outside of a pandemic that necessitated immediate action, lasting changes to the healthcare framework have been slow to occur and frankly devoid of future thought. So, to better prepare themselves for the practice of the future, many rehab therapists have embraced alternative payment models or even tackled insurance payers head-on to fight for fair reimbursement.¹

You may have heard the quote, “If one keeps doing what they’re doing, they will keep getting what they’ve got.” Just look at our outdated “fee-for-service” business model, which has been gradually failing our profession—especially in the outpatient PT private practice sector. If we change the paradigm to be more of a retail model where we reward top performers and seek to provide the best patient care experience possible, then we no longer need to wear the conditions that third-party payers have been imposing on us.

Brian Gallagher, PT | Founder and CEO | MEG Business Management

Cash-Pay Continues to Grow and Reshape the Future

Cash-pay offerings are by no means new to rehab therapy, but the practice has often been regarded in its infancy until recent years. More practices are leveraging this alternative revenue stream to diversify revenue and circumvent the burdensome demands of health insurance providers.

In years past, the idea of cash-pay rehab practices was labeled isolationist for fear of cutting out a large swath of the population dependent upon health insurance, but that trend has since been debunked. Going the cash-pay route does not have to mean “no insurance allowed;” instead, it can yield out-of-network contracts or a diversity of choices for patients seeking care.

As Keaton Ray, PT, DPT, OCS, ATC, Cert. MDT, CSCS, co-founder and COO of MovementX states,

“The concept of “cash pay” has evolved far beyond simply bypassing insurance companies and exchanging cash for physical therapy services. Today, practices have a wide array of opportunities to reach consumers directly by offering higher profit margins, reduced administrative burdens, and—most importantly—less financial strain on patients.”

The specter of Medicare’s rules for its beneficiaries still looms over this revenue stream, but practices of the future will continue to leverage this burgeoning revenue stream for the freedom it provides and the practice success it promises.



**Learn how cash-pay is
reshaping the future.**



Rehab Therapists are Finally Saying No to Bad Insurance Contracts

Although cash-pay continues to grow and thrive, another avenue for increased revenue has grown in popularity. In this year's report, 56% of practices composed of 17-124 providers have leaned into contract negotiations with bad payers. Furthermore, nearly a quarter of all respondents reported going out-of-network with poorly paying insurance providers.

Looking at this trend and its future implications a bit more, nearly half of all respondents reported being out-of-network with at least one provider. Additionally, 26.7% of respondents reported being out-of-network with 20-30% of their insurance payers.

The report also obtained insight into which insurance companies tend to have the worst contracts. Although this specific question was not posed in the survey, the results do show which insurance companies respondents were leaving most often. Perhaps unsurprisingly, United Healthcare took the top spot at 38.9%, followed by Elevance (formerly Anthem) at 32.9%, and Blue Cross Blue Shield (BCBS) at 30.6%.¹

In an era where the headwinds can, at times, appear insurmountable, rehab therapists are using cash-pay services and out-of-network contracts as a path forward to defining the practice of the future.

Alternative Payment Models

Another growing sector of payment reform and revenue diversification is in the field of alternative payment models, perhaps more commonly referred to as value-based care (VBC). This term is not new to rehab therapy, and has often been remarked upon as the solution to archaic fee-for-service payment models, but adoption has been slow over the years. Intermountain Health—a leader in the VBC space—[recently announced that they would no longer describe these programs as value-based, but rather proactive care models.](#)

This is a direct reflection that while value does mean reducing costs for the healthcare system, the overall goal for the future of health care is a system that uses the best methods to help patients achieve long-term optimal health situations. And in a report that reflects the rehab therapy practice of the future, Intermountain Health's initiative speaks directly to the value, stating, "What we found is there are approaches that yield lower costs that actually provide better outcomes, that put people in a better health situation."

It should come as no surprise that this year's data saw a slight uptick in the adoption of alternative payment models, with less than 25% of respondents reporting no participation (this is down from 29% last year). Furthermore, this year's report saw an increase in participation in the Merit-Based Incentive Payment System (MIPS)—growing from 20.9% to 25.3%. As MIPS has been heralded as Medicare's gold standard of VBC, we dug deeper into MIPS participation and found that over 70% of MIPS participants were doing so through the traditional method and another 19.8% through the MIPS Value Pathway (MVP)—a surprising change given how new MVPs are in the rehab therapy space.

All this is to say that as the healthcare market evolves, so too, does rehab therapy. Participation in an alternative payment model is yet another way that will define the practice of the future as rehab therapy continues to forge ahead in its ability to show value to the greater community.

26.7%

of providers are out-of-network with **20-30%** of their insurance payers

Insurance companies practices are leaving most often:

38.9%

United Healthcare

32.9%

Elevance (formerly Anthem)

30.6%

Blue Cross Blue Shield (BCBS)



Adoption of alternative payment models

<25%

No participation

25.3%

Merit-Based Incentive Payment System (MIPS)

19.8%

MIPS Value Pathway (MVP)



The Practice of the Future and Its Workforce

In years past, the State of Rehab Therapy report has sought to get students' pulse on their feelings toward the profession. This year the report took students' sentiments, but also those of current clinicians and their thoughts on new graduates of rehab therapy institutions.

The State of Rehab Therapy's Education

There are certain aspects of clinical care that will never be the same after the COVID-19 pandemic (i.e., telehealth, remote care, workforce shortages, and more). The same can be said for how education is delivered to rehab therapists. Physical therapy, occupational therapy, and speech-language pathology, all demand a level of in-person contact to provide care. The question these days is, how much contact is necessary in instruction?

Respondents to this year's report remain mostly enrolled in traditional in-person class structures (59.7%), while 32.5% are enrolled in some form of accelerated hybrid program. This was a decrease from last year where hybrid program enrollment of some form accounted for 48.5% of student respondents. Admittedly, there is some variability and inconsistency in comparing these two results as the questions were not verbatim year over year, and there still remains a great deal of variability in how the industry defines a hybrid program. Regardless, the industry has seen a wide swath of growth in hybrid education, with some supporting research suggesting it's on level footing with traditional programs when using the [Physical Therapist Clinical Performance Instrument to measure student efficacy on first, full-time clinical affiliations](#).

Combined with the current trends in rehab therapy education, you might assume that students prefer the hybrid remote programs seen post-COVID—but the report reflected a stark contrast. An overwhelming 74% of students preferred in-person instructional formats.¹ This cannot be too surprising if the in-person nature of rehab therapy and the [rebuken to reliance on telehealth \(or other digital care formats\) alone](#) are taken into consideration.

74%

Preferred in-person instructional formats



Clinical Readiness of Incoming New Graduates

This year's data suggests that students feel their instruction is lacking in several non-clinical fields.² If these areas are better addressed, it can reduce the threat of burnout and improve the overall clinical readiness of new graduates. Students are feeling least prepared for salary understanding and negotiation (42.1%), clinical technology/software use (36.8%), and best business practices (32.8%).

Students feeling least prepared for

42.1%

Salary understanding and negotiation

36.8%

Clinical technology/software

32.8%

Best business practices

And students are not alone. When asked if they felt newly graduated clinicians were ready for full-time clinical work, respondents overall felt that today's students are less prepared than they were five years ago. If the practice of the future is going to thrive, then these gaps in readiness must be closed.

Education's Cost on the Practice of the Future

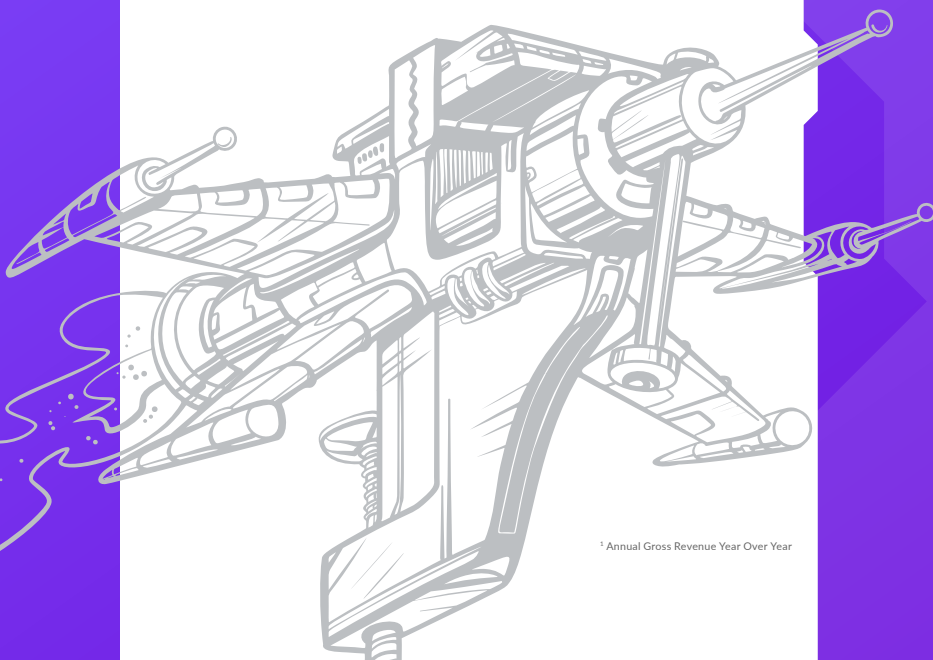
Last year's report yielded a positive turn in the fight against overburdensome student debt. Perhaps last year saw a reprieve due to the assistance of federal aid in the form of COVID-19 relief, but this year's report fell back in line with similar years and outside reports where over half the student respondents owe \$70,000 or more.

Digging deeper into the outlook of student debt, a study in the [Journal of Physical Therapy Education](#) drew a dichotomy between public and private Doctor of Physical Therapy program debt and found that graduates of public institutions had an average of \$103,482 in debt compared to \$138,361 in debt for private school graduates. As of yet, there is no empirical evidence to suggest that a private or public institution delivers the best student outcomes. If the practice of the future is going to be a successful one, there must be a balance between educating for the future of rehab therapy and reducing the burden of debt in a profession with already tight profit margins.

Growing the Industry and Navigating the Practice of the Future



Speaking of profit margins, the money coming into a practice is a direct reflection of what practices are able to pay their clinicians and remains the staple for how rehab therapy practices define their business success. As such, the state of rehab therapy can often be viewed on a macro level through the mergers and acquisitions (M&A) market and the growth of various rehab therapy sectors. Overall, the industry continues to grow—even in the face of burnout, regulation, and a tight labor market—and this year's report reflects a continued upward trend in overall revenue.¹



¹ Annual Gross Revenue Year Over Year





Mergers and Acquisitions Continue to Thrive

Even with the relative economic uncertainty that came in 2023 with inflation and high interest rates, the M&A market has continued to thrive in rehab therapy. For the last two years, the State of Rehab Therapy report data has shown ongoing reliance on mergers and acquisitions as a top-two strategy for growth among larger practices, and this is reflected in plans for future practice growth, as well. This is coupled with expansion into additional de novo practices, where expansion accounted for 28.1% overall and a higher proportion among larger practices.

Looking more closely at revenue generation by practice size, the two brackets that comprise 17–124 providers are mostly clustered between \$1–10 million, while practices of 125 or more providers reported in the \$50 million-plus range.¹ Take these numbers and look at the ongoing year-over-year trend, where over \$5 million represents the steepest curve, and the M&A market appears to be the closest link to these trends.

The reliance on larger practices in the M&A market reflects the ongoing trends seen in healthcare nationally. The old saying remains true that there is strength in numbers. When reimbursement rates continue to decline, smaller or individual practices can be left with little bargaining power to mammoth-sized insurance companies. When a large practice provides care to a large portion of a particular insurance company's beneficiaries, on the other hand, then the insurance company has to listen. This is mirrored in this year's report, where over 55% of practices with 17–124 providers renegotiate contracts compared to under a third of small practice respondents.²

State of the Rehab Therapists' Salaries

Henry Ford is [quoted as saying](#),

"If it is right for the manager of a business to try to make it pay a larger dividend, it is quite as right that he should try to make it pay higher wages...Such are the fundamental truths of wages. They are partnership distributions."

Although there is some debate as to his motivations, Henry Ford is credited with increasing assembly line wages to boost work productivity, decreasing vacancies, and—probably intentionally—opening the door for workers to afford personal transportation.

Occasionally, what's old is new again, as the things Ford strove to achieve for his workers are exactly what rehab therapists are looking for right now. Building this vision of the future requires the practice of the future to offer sustainable and equitable wages for its workforce. Let's see where the industry stands presently.

The M&A market has continued to thrive in rehab therapy

Close-up revenue generation by practice size

\$1–10M

17–124 providers

\$50M+

125 or more providers

Renegotiated insurance contracts

>55%

17–124 providers

1/3

small practices



Female Representation in Everything but Salary

Women have outnumbered men in the rehab therapy workforce for as long as this report has been written (this year's distribution was 59.3% female to 40.3% male). And women have long been considered—and shown—to have the highest representation perhaps since the field of rehabilitation got its start. Unfortunately, women have often been underpaid relative to their male counterparts. In this year's report, women held the largest representation for wages under \$60K per year, while men outpaced women in annual wages from \$70–150K. Interestingly, more women than men were making more than \$150K; presumably, some of that has to do with women markedly closing the gap to men in the executive ranks.

Although women have come a long way in finding equity in pay distribution, there remains as much as a 10% gap in equitable pay (according to a 2022 study in PT Journal). The practice of the future must promote equitable wages that can support a diverse workforce.

Relative Stagnation in Salaries Overall

Looking at the overall breakdown in the salaries of rehab therapists, there was a marked decline in therapists making more than \$70K per year. In 2022, 67.9% of providers reported making more than \$70K, but in 2023, this figure declined to 60.2%. For the specific charts and data breakdown on salaries, check out the Appendix at the end of this report.

Growing the Service Offerings of the Practice of the Future

No one can truly know what the future holds for the healthcare industry, or more specifically, rehab therapy. But getting a pulse on what industry leaders are looking to add to their current practices certainly helps paint a clearer picture.^{1,2}

Looking to the future of rehab therapy, 28.5% of respondents in this year's report want to add to their current service offerings.

The top five services mentioned were:

1

Cash-based services

2

Wellness services (i.e., massage, dry needling, cupping, or acupuncture)

3

Remote therapeutic monitoring

4

Concierge/subscription services

5

Health screenings

Cumulatively, cash-based services and wellness services accounted for over half of all respondents in the report. This cannot be too surprising, considering the aforementioned challenges facing the practice of the future and what that entails for clinics to find financial security and success—with or without medical insurance providers.

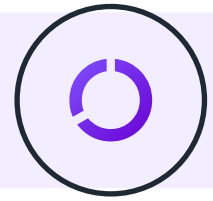
Female to male distribution

59.3%

female

40.3%

male



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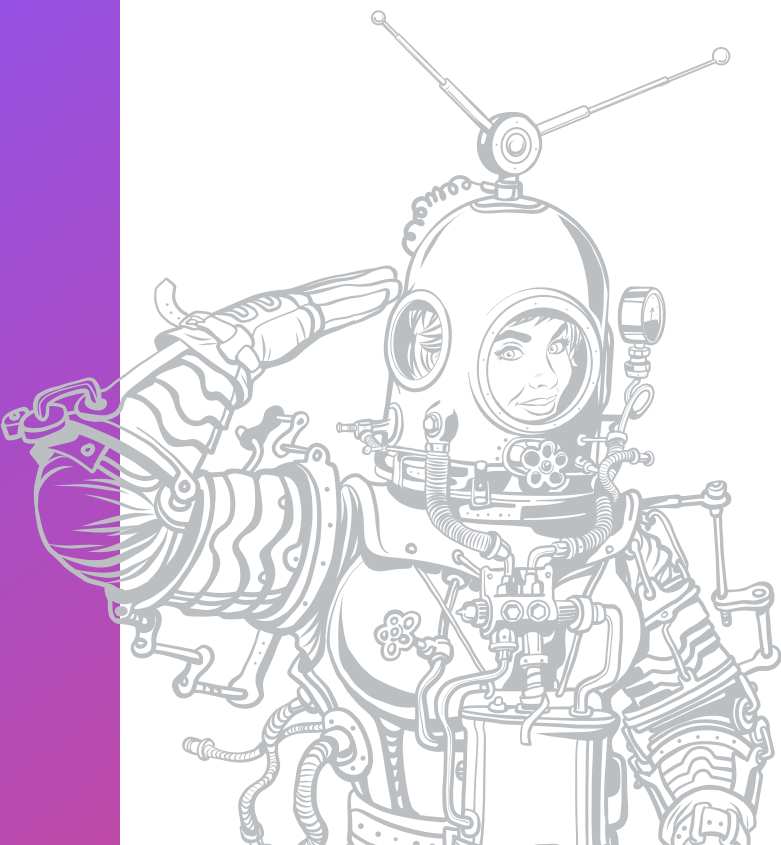
We have seen a decrease in the number of patients per therapist per day within our company over the past year, and it was an intentional and concerted effort to make that happen. We felt that remote therapeutic monitoring (RTM) created an opportunity to allow both our patients and our therapists to have a better experience. Our patients have gotten improved access and convenience, while our therapists have used RTM to create more autonomy and flexibility within their schedules.

Craig Phifer, PT, MHA | Owner and CEO |
Rehabilitation & Performance Institute

Technology's Place in the Practice of the Future



Renowned management consultant, educator, and author Peter Drucker once said, "The best way to predict the future is to create it." Perhaps no phrase in this report is more poignant than this one if the stakes of technologies placed in the rehab therapy practice of the future are taken into account. Never before have there been so many technologies on the precipice of change in healthcare, but if rehab therapy wants to thrive in the years to come, we must take that technology and use it to create the future we desire.



Current Technologies

Although practices in today's rehab therapy industry use more than just an EMR, it remains the entry point for technology into the clinic. With the EMR as a starting point, a whole host of adjunct programs can be utilized to improve patient outcomes and streamline business workflows. But are all pieces of software created equal? And are there any detriments to clinical practice that can arise from the state of current technology in rehab therapy workplaces?

Software Pain Points and Healing Salves

As clinics grow in clinician size and service offerings—or choose to improve additional workflows—software services are added to each practice's platform. What often occurs is a fragmented viewpoint for clinicians, owners, and administrators trying to leverage all the available software as best as possible. The issue of integration has become increasingly large, and this year's report showed many clinicians continue to be non-integrated with their full suite of software offerings—approximately 43% of respondents with partial integration and 28% with full integration.¹ Getting to a more granular level, most respondents (52.4%) reported either an all-in-one solution or full integration of their billing and EMR software.



Telehealth Usage May Be at a Plateau

It's been roughly five years since the onset of the COVID-19 pandemic in the United States, when necessity opened the door for widespread telehealth adoption nearly overnight. Rehab therapy's telehealth usage was quite high in 2021, but, since then, telehealth utilization has trended downwards. Over the last three reports, respondents currently using telehealth have gone from 50% to 30% to now 27.6%.² The trend line appears to have leveled somewhat and this could possibly be a reflection of telehealth's place in rehab for certain patients.



Larger practices were more likely to offer telehealth services. When a practice did use telehealth, 35.7% of respondents reported using telehealth for seven or more visits per week (up from 22.8% in 2023), and nearly 57% of the respondents currently using telehealth plan to do so in the future.

PT Software Buyer's Guide

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Access new ways to best serve your patients.

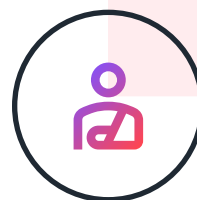
Addressing Front Office Workflows

Much attention and consternation gets poured into the clinician staff shortage, but there is another part of rehab therapy that suffers from its own issues with attrition and staffing: the front office. A report from the [Medical Group Management Association](#) (MGMA) found that turnover rates in front office staff were 40% in 2022, and 33% for business operations support staff. Looking for ways to address this shortage and reduce the burden placed on employees, many respondents have sought out digital solutions.

PXM tools like online scheduling, electronic benefits verification, and digital patient intake were the top three mechanisms respondents reported using to streamline the front office. For larger practices seeking to use an all-in-one front office solution, the patient portal has become the standard for patient entry and communication.¹

Over half of the respondents using a patient portal reported using these four features:

- Patient access to records,
- Appointment scheduling and check-in,
- Self-service payment options, and
- Patient-to-provider messaging.



It is through integration and an interconnected PXM platform that practices can best utilize technology to solve many clerical pain points seen in rehab therapy. When asked to rank digital product features that were most important, respondents ranked ease of use, documentation capabilities, and data security as their top three.²

1

Ease of use

2

Documentation capabilities

3

Data security





Emerging Technologies

There's a common sentiment that healthcare tends to lag behind in innovation. Silicon Valley may have written the script on being a tech innovator and entrepreneur, but thus far, they (nor anyone else) have been able to crack the code when it comes to health care. But within the confines of the healthcare sphere, there is no shortage of innovators and entrepreneurs. If you need proof, simply walk through the exhibit halls of any rehab therapy conference.

Again this year, respondents were asked what they were most excited about in terms of future tech and innovation. For the second year in a row, biomedical technology took the top spot, followed by data informatics and analytics for patient care and engagement, with the third spot going to VR-based exercise and patient interaction.¹ These results are not terribly surprising given the wealth of recent data to support [biomedical innovation](#) and [VR-based modalities](#) as an adjunct to patient care.

Although biomedical technology advancements are somewhat broad terms, one area that has a direct relationship is that of regenerative medicine. Imagine that the practice of the future's patient population has a larger proportion of meniscus and cartilage repairs of the knee and fewer total knee arthroplasties. Patient care must change from a reactive plan of care based on prosthetic hardware to proactive care to aid in the healing of organic tissue that promises a better quality of life. Or, imagine smart implants in the prosthetics of joint replacement surgeries. Now, prosthetics can communicate with surgeons and rehab therapists to tell a part of the patient's story, promising optimal outcomes post-operatively and for years to come.

Executive Focus on Future Tech

Another notable piece of data for future tech in rehab therapy is evident in executives' ranking of data informatics as their number one area of interest, followed by biomedical tech and, lastly, wearable technology. Wearable technology fell to number four overall, but it also presents an interesting adjunct to the practice of the future; imagine a day when PTs have real-time insights into patients' daily activities, and they can relay how these activities directly affect their health.

Take, for example, instances when a PT will tell a patient that their lifestyle is too sedentary. Patients will refute that with the number of times they get up from the couch to do chores A, B, or C. With wearable technology, it doesn't have to be a matter of debate; the PT and patient will have direct insight into how much a patient is or isn't moving—this is just one example of what is possible in the practice of the future.

Overall most excited about in future tech and innovation

1

Biomedical technology

2

Data informatics and analytics for patient care and engagement

3

VR-based exercise and patient interaction

4

Wearable technology

Executives most excited about in future tech and innovation

1

Data informatics and analytics for patient care and engagement

2

Biomedical technology

3

Wearable technology



The Era of Artificial Intelligence

When asked about future technology that respondents were particularly excited about, artificial intelligence (AI) or machine learning only cracked the top three for managers—which is surprising given how AI has dominated the technology headlines over the past year. The reason for the relatively low ranking could be that the era of AI has already arrived. The last two years have seen the entrance of generative AI into the greater population's head spaces, but other forms of AI exist.

A few other types of AI that will influence the practice of the future are:

Machine learning;
Predictive AI;
Reactive AI; and
Neural networks.



As such, this year's State of Rehab Therapy report asked some more pointed and in-depth questions concerning AI in rehab therapy practices. Of the many possible opportunities AI poses to rehab therapy practices, over a quarter of all respondents were interested in seven of the twelve options.¹

In order, these AI opportunities are:

1

Outcomes data analysis

2

Automated assessments

3

VR patient training

4

Motion tracking

5

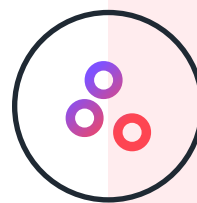
Coding and billing

6

Evidence-based practice

7

Plan of care development



All seven of these options pose an exciting opportunity for the practice of the future, but to paint a picture of how they fit into any clinic, a more in-depth analysis is required.



Outcomes Data Analysis

Just the phrase “outcomes data analysis” sparks a sense of fatigue and monotony—the type of practice that, for most clinicians, means extra time spent outside of work hours scrubbing data and cross-checking patient medical records. Regardless of who does it, there is inevitably a level of human error. And everyone will likely agree that outcomes data analysis is important. To date, it is the single best form of concrete evidence that rehab therapy has to say it is the best choice for primary care MSK conditions—and probably more. So what if an AI assistant did the analysis and scrubbing?

Currently, most clinics must go through each patient on a respective clinician’s caseload to scrub and cross-check that an episode of care is a complete one, and, if it is not, the clinician must go through additional hurdles to complete the necessary check so as not to corrupt outcome reporting metrics. In the practice of the future, AI will be constantly at work behind the scenes scrubbing each piece of outcomes data and linking it to a start of care, progress note(s), and discharge to complete an episode of care that can be used for a multitude of reporting purposes.

This is just one possibility of what AI can do for outcome data reporting, and it cannot happen soon enough. In this year’s report, many clinicians continue to struggle with clear, concise, and accurate outcomes data reporting, with less than half (48.5%) of respondents using outcomes data at all (followed closely by 43.5% using marketing data).¹ When polled as to what sort of hurdles prevented better data collection, the top response was that there was no clear guidance on what to collect or how often—something an AI assistant can clearly do more for than just outcomes data.²

Motion Tracking

Motion tracking has already entered many homes; if you’ve ever enjoyed a round of Wii Sports, you know the video game industry has had motion-tracking capabilities worked into its consoles for a number of years. That rudimentary technology has helped pave the way for what could be endless possibilities for the practice of the future. In a busy clinic with patients resistant to counting to 30 seconds for a stretch or completing three sets of variable repetitions, wouldn’t an AI assistant with motion capture capabilities be just the ticket?

Picture a friendly robot sitting next to the clinician’s computer that can visualize a patient’s movement and relay audible prompts for the patient to follow. And remember one of the cardinal rules of physical therapy, “Never lose count, or else you will start over at one.” Now, neither the patient nor the clinician have to sit, count, and keep track; the AI robot will do it and document it for the clinician.

Don’t expect the AI assistant to merely stop at motion tracking, though. Instead, imagine a practice of the future where biofeedback, motion capture, and other data points are compiled and interpreted into easily understandable information for clinicians and patients alike.

Not using data in running a business is like doing an open-water swim without checking to see if you’re on course. It’s possible you could still end up at your destination, but your chance of a safe arrival is much higher if you look up regularly to take in some information.

Craig Phifer, PT, MHA | Owner and CEO | Rehabilitation & Performance Institute

Outcomes data reporting

48.5%

Use outcomes data

43.5%

Use marketing data

Top hurdle preventing better data collection?

No clear guidance on what to collect or how often





Evidence-Based Practice

[Seventeen years](#); that is the length of time researchers conclude that clinics take to fully acclimate and use research in practice. Unfortunately, many clinicians do not practice for 17 years—and for those that do, it is certainly not the same for the full span of time. Using AI to comb the latest and best research available as an adjunct to clinical practice not only makes clinicians' lives easier but also improves the outcomes for patients. This will also provide added value to the claim that PT is necessary and a great choice for patients.

Go a step further and imagine an AI tool that takes a patient's diagnosis, or perhaps subjective reports, and recommends the right tests and measures for a patient. Patty Scheets, PT, MHS, DPT, NCS—former president of the Neurological Academy of Physical Therapy—said it best when she said that the EMR was a teacher of physical therapy students. In fact, this mantra can be taken a step further to state that the EMR drives clinical practice and teaches clinicians based on what it offers most easily and intuitively for the clinician to use.

The idea of AI impacting practice sooner than later is intriguing. Imagine a clinical practice guideline that is alive and can be modified as new evidence is provided over time. Imagine then if the interface of the EMR system also changed as practice changes.

Dr. Amy Yorke, PT | Professor | University of Michigan-Flint

An EMR that Helps Guide Practice

Take, for example, balance tests for a geriatric patient with a possible risk for falls. The average clinician may or may not have a strong background in fall prevention for geriatric patients and may be more likely to resort to the EMR for the best tests for balance. But if the EMR's first choice for balance measures is static and dynamic sitting and standing balance based on a rating system of poor, fair, and good, then there is a possibility of an epic failure in best practice. This is made possible by the clinician's choice to use these poor measures and the EMR's reliance on simplicity for the sake of simplicity.

Instead, imagine an AI-backed EMR that siphons out tests, measures, and interventions that have little clinical and empirical usefulness in today's rehab setting. The result is a practice of the future led and backed by a PXM platform that relies on intuitive technology to streamline clinical workflows and yield optimal patient care.

With the many windows technology and AI promise to open for rehab therapy, these are only adjuncts to care. Overwhelmingly patients have asserted that they prefer to meet and interact with their providers in person, and so do clinicians. A study published in [Health Affairs](#) mirrors this sentiment. Looking forward to the practice of the future, in-person patient-centered care will continue to be the hallmark of care while technology provides the necessary lifts to attain optimal outcomes for the patients and their therapists.

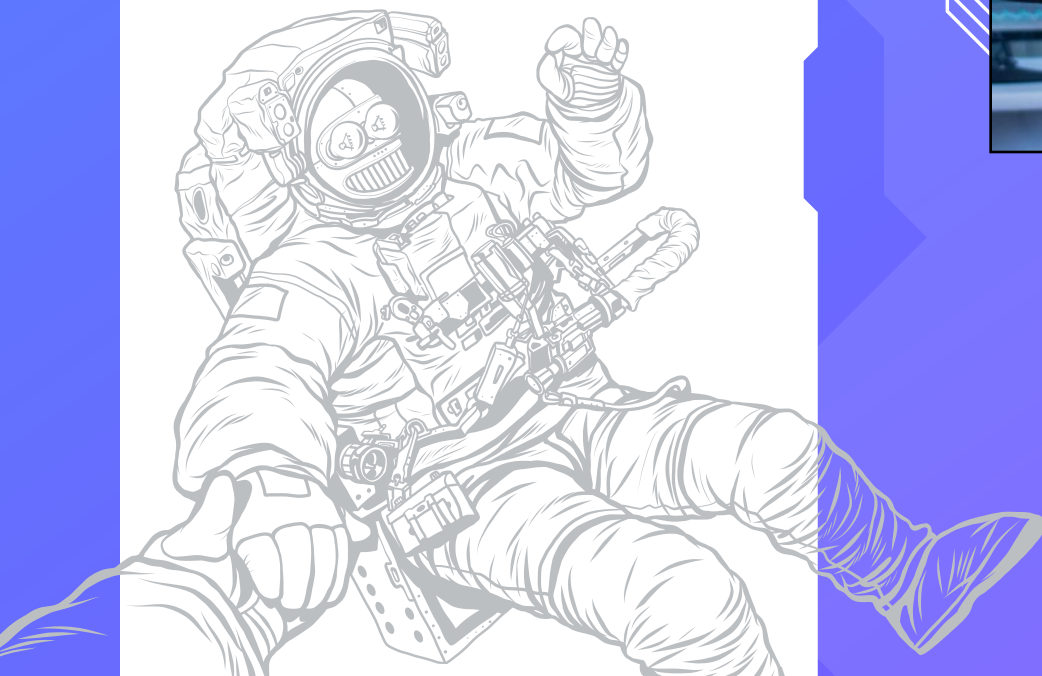
One of the most under-assessed facts when it comes to telehealth use is patient preference. When you dig into the data, you quickly find the majority of Americans—regardless of age—still want hands-on care when it comes to PT. This is why, even when offered, there is a low adoption rate post-pandemic. That said, individuals do want better integration of telehealth into the course of care, which today doesn't always make sense under the current fee-for-service financial model in PT. Add them together and we're still missing the mark when it comes to telehealth use. Changing financial models, however, such as direct contracts with case rate contracts, open up very interesting opportunities for telehealth in the future, solving the incentive problem on both sides.

Scott Hebert, PT, DPT | CEO | Second Door Health

Elevating the Practice of the Future



When looking to guide and direct what the practice of the future will look like, Socrates said it best when he said, “The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” The headwinds and tailwinds facing the rehab therapy industry will continue to offer the promise of change, but this is not change that necessarily spells doom. There remains an air of uncertainty around how revenue and regulations will affect the outlook of the practice of the future, but that is also an opportunity for the best practices—and the practice best equipped to embrace change—to take advantage of whatever changes may come.





In order for the practices of today to be present and help shape the practice of the future, there are some key strategies that must be acted upon today.

Interconnectivity will define the practice of the future.

The practice of the future is hurtling forward at breakneck speed. Will it be defined tomorrow or in ten years? The answer is that it is being defined everyday. Currently, health care is becoming more and more connected. In fact, the patients served by the rehab therapy community are seeking out better connections, as well. This is why the practice of the future will need to use tools like online scheduling, in-app messaging, video-conferencing, telehealth, and robust medical communication tools like Direct Secure Messenger, to communicate with patients and other healthcare professionals.

Leaders must be intentional in developing the practice of the future.

Burnout, administrative burden, and professional optimism are not new headwinds, but industry leaders must finally grapple with and address them if the practice of the future is to be a true success. But how can these issues be corrected, when they continue to come up in the report year after year?

The answer might come from leadership and its intentions, as well as educational barriers. Are clinic leaders looking for a warm body to see patients or a clinician invested in the community, the practice, and the profession? Is the cost of DPT education commensurate with the salary potential of a therapist? Finding and striking a balance in the clinic will be hard, but by blending diversified benefits and salary packages that reflect the clinicians' values, practices can take an intentional step forward. Specialization, embracing clinical outcomes, and VBC models will help drive increased earning potential for high-performing therapists.

Payment from insurance providers can no longer be the assumed only form of revenue.

Speaking of cash-pay services, the archaic insurance reimbursement systems of old continue to reign supreme in most facets of rehab therapy. Payment models will continue to evolve as patients and insurers reward impact and value delivered. Cash-pay and alternative payment models will forge a larger dent in the payer mix of the practice of the future. As premiums, deductibles, and copays continue to rise, the argument that cash-pay or out-of-network coverage disenfranchises a sect of the population is losing water. Essentially, all patients are now becoming cash-pay patients.

Embrace and leverage technology now to define what the practice of the future will become.

There can be no practice of the future without some amount of technology sprinkled in—and that's not just software. This has been true since the founding of the rehab therapy professions when Mary McMillan used traction for war veterans or the simplistic yet integral sock aides and zipper ties employed by occupational therapists for decades. Thus, as technology evolves, so must the rehab therapy profession evolve to use the best tools that benefit the patient and the clinician.

This will undoubtedly come with current trends like wearables, virtual reality, AI-powered diagnostics, motion capture, and ambient documentation, but it will also coincide with the abilities of a practice to effectively manage these tools. A Practice Experience Management platform will streamline clinical, clerical, and all other workflows to boost the productivity of all staff members for long-term business success.

Human touch remains our differentiator as healthcare providers and in a world that is moving at light speed to add more technology to every aspect of our lives, images of retro-futurism come to mind. There are many areas of our practice that must and will evolve with emerging technology like PXM, especially in business and operations. However, there are some things that robots and software simply cannot do—at least not in our lifetime.

What can be done is the use of tools available today to future-proof your practice—one with a strong workforce, less administrative harm, powerful advocacy message, and a better healthcare community overall.

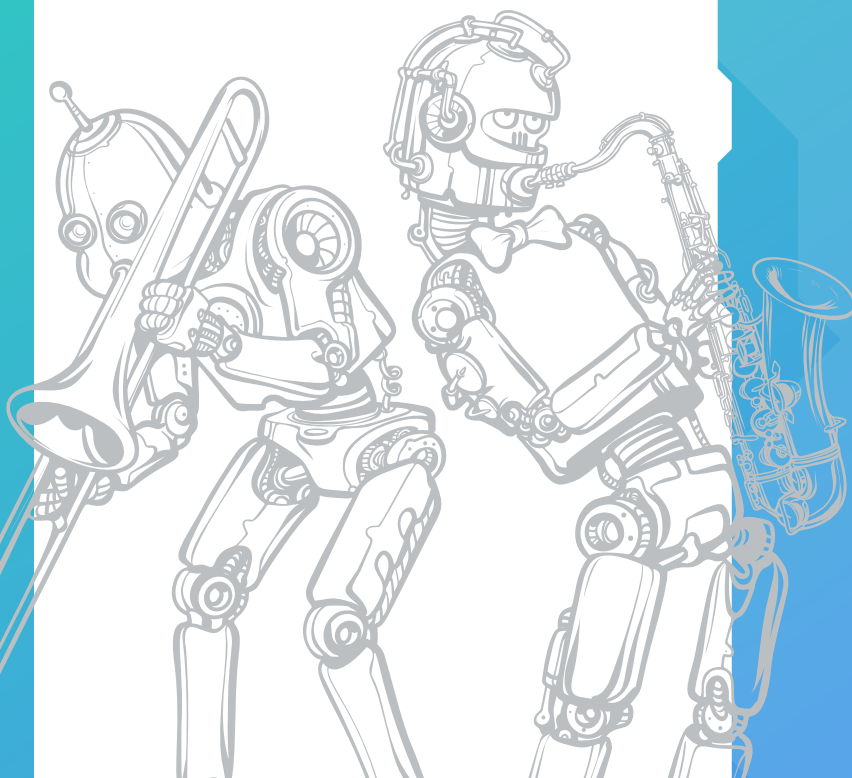
Dr. Heidi Jannenga, PT, DPT, ATC
Co-Founder and Chief Clinical Officer
of WebPT

About WebPT



WebPT empowers rehab therapists to better engage patients, improve care, and achieve scalable growth with solutions to help manage every aspect of their practice. As the industry's most innovative, comprehensive, and secure Practice Experience Management (PXM) platform, WebPT unifies marketing, front office, clinical, billing, and administrative tools on one platform with one trusted partner.

Learn more at webpt.com.





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Challenges and Opportunities Facing the Practice of the Future

Documenting Outside of Business Hours

	Overall	Physical Therapist	Occupational Therapist	Speech-Language Pathologist	Physical Therapist Assistant (PTA)	Occupational Therapy Assistant (OTA)	Speech-Language Pathologist Assistant (SLPA)
Yes; often	27.7%	33.6%	23.2%	12.3%	18.9%	15.9%	4.8%
Yes; about half the time	28%	23.7%	37.5%	38.5%	22.2%	26.1%	23.8%
Yes; but less than half the time	16.4%	16.7%	14.7%	20%	16.5%	13.6%	26.2%
Yes; but rarely	12.9%	13.7%	9.5%	13.1%	19.8%	15.9%	31%
No	15%	12.4%	15.2%	16.2%	22.6%	28.4%	14.3%

Optimism About Industry

	Overall	Executive	Manager	Provider	Other
More optimistic	17.4%	15.4%	8.1%	19.8%	14.7%
Equally optimistic	30.1%	24.5%	31.2%	30.6%	35.6%
Less optimistic	48.4%	56.1%	58.1%	46%	40%
I'm not sure	4.1%	4.1%	2.6%	3.6%	9.7%

Initiatives Respondents Would Like to See to Address Problems Facing Rehab Industry

	Overall	Executive	Manager	Provider (Non Assistant)	Assistants	Other
Reducing educational costs for students	34.9%	34.9%	28.8%	39.5%	33.6%	44.6%
Increasing preparedness of new graduates entering the workforce	43.5%	34.8%	53.9%	40.4%	44.5%	41.9%
Increasing public awareness of rehab therapy	61.2%	49.3%	66.7%	64%	54.8%	63.1%
Increasing public awareness of direct access	43.8%	42.4%	43.9%	45.9%	52.4%	56.2%
Congressional advocacy efforts around reimbursement cuts	42.3%	57.3%	38.9%	49.1%	37%	59.3%
State legislature advocacy efforts to pass pro-rehab therapy legislation	33.2%	44.6%	27.9%	37.8%	37%	52.6%
Other	2.7%	5.5%	1.9%	3.2%	1%	5.2%



Challenges and Opportunities Facing the Practice of the Future

Strategies Employed to Combat Declining Insurance Reimbursement Rates

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
Gone out-of-network with low paying insurances	23.4%	31.5%	16.1%	27%	30.1%	16.9%	13.4%	27.4%	14.2%
Negotiated rate and insurance contracts	39.6%	32.5%	34.4%	36.3%	54.9%	57.5%	34.1%	42.2%	38.6%
Increased cash-pay offerings	45.8%	43.3%	42.3%	50.8%	49.9%	55%	37.2%	42.9%	50%
Merged or got acquired	18%	9.6%	14.5%	20.1%	23.3%	36.3%	15.2%	20.8%	22.8%
Cut front office staff	12.7%	8.9%	11.7%	15.2%	15.9%	11.9%	7.9%	13.9%	11%
Hired more assistants	8.4%	3.4%	8.8%	8.8%	9.1%	14.4%	11%	5.3%	9.3%
Other	5.2%	7%	4.8%	5.4%	3.6%	5.6%	8.5%	2%	3.7%
My practice hasn't implemented any strategies.	13.1%	13.7%	13%	15.2%	12.1%	10%	14%	13.4%	9.3%

Out-of-Network Payers

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
UnitedHealthcare	38.9%	44.5%	32.1%	41.2%	49.8%	19.6%	15.5%	52.3%	5.8%
Elevance/Anthem	32.9%	23.3%	26.5%	27.5%	52.7%	23.9%	43.7%	34.6%	40.7%
BCBS	30.6%	41.5%	19.3%	31.6%	38.4%	30.4%	17.5%	36.3%	43%
Aetna	26%	28%	28%	29.6%	21.6%	19.6%	17.5%	15.2%	24.4%
Optum	19.3%	28%	19%	20.2%	15.6%	15.2%	8.7%	18.4%	17.4%
Cigna	16.2%	21.6%	22.9%	16.4%	8.9%	8.7%	7.8%	4.6%	8.1%
Other	20.2%	22%	31.5%	18.1%	9.2%	28.3%	14.6%	8.6%	14%

Learning Environment Preferred

All in-person lectures, labs, and testing	74%
Hybridized environment with synchronous virtual lectures and in-person labs	9.1%
Mostly remote with blocks of in-person learning for experiential labs	6.5%
Hybridized environment with asynchronous virtual lectures and in-person labs	4.5%
Fully remote with synchronous/asynchronous virtual lectures and labs (with in-person labs for testing only)	3.9%
I'm not sure	1.9%

Least Prepared For Area of Study

Best business practices	43.5%
Salary understanding/negotiation	43.5%
Clinic technology use (e.g., EMR, billing software, HEP software)	37%
Clinical skills	31.2%
CMS and Medicare compliance/regulations	28.6%
Understanding all possible settings and specialties	27.9%
Continuing education (e.g., certifications, residencies, fellowships)	22.1%
Healthcare advocacy/legislation	21.4%
Other	1.9%



Growing the Industry and Navigating the Practice of the Future

Annual Gross Revenue Year Over Year

	2018	2019	2020	2021	2022	2023	2024
<\$100,000	14.9%	16.6%	15.9%	17.8%	14.9%	8.8%	7.6%
\$100,001-\$250,000	16.5%	16%	17.8%	18.2%	18.3%	11.7%	10.4%
\$250,001-\$500,000	18.2%	17%	16.2%	17.8%	15.4%	16.6%	10.7%
\$500,001-\$1 million	20.5%	18.3%	19.2%	18.2%	15.7%	15.7%	12%
\$1,000,001-\$5,000,000	23.4%	23.5%	22.2%	18.5%	20.6%	17.5%	22.7%
>\$5,000,000	6.4%	8.8%	8.7%	9.4%	15.1%	29.6%	36.7%

Annual Gross Revenue

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
<\$100,000	7.6%	27.7%	4.6%	1.7%	1.4%	3.1%	1.2%	1.9%	1.1%
\$100,001-\$250,000	10.4%	13.3%	25.4%	9.6%	0.3%	0%	0%	1.9%	6.8%
\$250,001-\$500,000	10.7%	8.4%	23.6%	17.8%	0.7%	1%	0%	2.6%	18.2%
\$500,001-\$1,000,000	12%	11.2%	23.9%	15.7%	5.1%	1%	0%	12.6%	3.4%
\$1,000,001-\$,000,000	22.7%	19.3%	9.9%	37.8%	24.7%	41.7%	6.1%	23.5%	15.9%
\$5,000,001-\$10,000,000	17.2%	13.3%	3.2%	6.5%	40%	30.2%	11%	21.9%	20.5%
\$10,000,001-\$25,000,000	6.9%	1.2%	4.6%	3%	16.6%	11.5%	2.4%	7.1%	23.9%
\$25,000,001-\$50,000,000	4.9%	1.6%	2.5%	3.9%	8.5%	5.2%	12.2%	10%	8%
\$50,000,001-\$100,000,000	5.2%	4%	1.4%	0.4%	2.4%	1%	50%	13.9%	2.3%
\$100,000,001-\$200,000,000	1.9%	0%	0.7%	2.2%	0.3%	3.1%	14.6%	3.5%	0%
>\$200,000,000	0.6%	0%	0.4%	1.3%	0%	2.1%	2.4%	1%	0%

Gross Annual Salary By Role

	Overall	Executive	Manager	Provider (Non Assistant)	Assistants	Other
\$0-\$30,000	8.2%	4.3%	1.6%	11.3%	4.9%	14.1%
\$30,001-\$40,000	8.4%	6.9%	5.3%	6.7%	13.4%	18.1%
\$40,001-\$50,000	12.2%	6.9%	31.4%	6.1%	14.8%	14.8%
\$50,001-\$60,000	9.4%	6.6%	15.8%	7.3%	15.1%	8.9%
\$60,001-\$70,000	7.1%	5.8%	3.3%	8.4%	10.9%	7.4%
\$70,001-\$80,000	8.7%	6.6%	3.9%	12.5%	3.9%	7.6%
\$80,001-\$90,000	10.4%	6.8%	4.9%	15.3%	8.8%	6.9%
\$90,001-\$100,000	7.9%	8%	5.9%	9.4%	4.2%	6.9%
\$100,001-\$110,000	6.8%	6.2%	6.4%	7.2%	10.6%	4.5%
\$110,001-\$120,000	3.9%	4.4%	1.5%	4.8%	4.9%	2.7%
\$120,001-\$130,000	2.4%	3.2%	2.5%	2.3%	2.5%	1.6%
\$130,001-\$140,000	2.6%	4.6%	2.3%	2.2%	1.4%	2%
\$140,001-\$150,000	1.6%	2.8%	1.5%	1.2%	1.1%	1.8%
>\$150,000	10.5%	26.7%	13.7%	5.3%	3.5%	2.7%





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Gross Annual Salary By Role (Breakout)

	Owner	C-Level Executive	VP/Director	Manager	PT	OT	SLP
\$0-\$30,000	6.3%	2.3%	0.5%	1.6%	8.6%	13.5%	23%
\$30,001-\$40,000	4.9%	10%	8.6%	5.3%	5.7%	7.8%	10.3%
\$40,001-\$50,000	3.1%	8.5%	13.4%	31.4%	6.5%	5.6%	8.7%
\$50,001-\$60,000	4%	12.3%	8.1%	15.8%	7%	8.2%	7.9%
\$60,001-\$70,000	7.2%	3.1%	5.4%	3.3%	6.9%	11.3%	7.1%
\$70,001-\$80,000	8.1%	4.6%	4.3%	3.9%	15.6%	6%	11.9%
\$80,001-\$90,000	7.4%	6.2%	6.5%	4.9%	11.8%	23.1%	7.9%
\$90,001-\$100,000	7.9%	13.8%	4.3%	5.9%	11.3%	6.6%	4.8%
\$100,001-\$110,000	6.7%	6.9%	4.3%	6.4%	8.6%	4.8%	5.6%
\$110,001-\$120,000	4.9%	1.5%	4.8%	1.5%	5.2%	4.6%	3.2%
\$120,001-\$130,000	3.1%	3.1%	4.3%	2.5%	2.6%	1.6%	2.4%
\$130,001-\$140,000	3.6%	2.3%	8.1%	2.3%	3.1%	0.8%	0%
\$140,001-\$150,000	2.9%	1.5%	3.2%	1.5%	1.5%	1%	1.6%
>\$150,000	29.7%	23.8%	24.2%	13.7%	5.6%	5.4%	5.6%

Gross Annual Salary By Role (Breakout) (Continued)

	PTA	OTA	SLPA	Billr	Administrator	Clerical	Educator	Other
\$0-\$30,000	6.2%	3.8%	5.3%	11.4%	11.5%	22.5%	2.8%	21.6%
\$30,001-\$40,000	13.9%	10.1%	10.5%	22%	11.5%	30.6%	5.6%	9.8%
\$40,001-\$50,000	17.5%	12.7%	10.5%	17.9%	18%	15.6%	4.2%	15.7%
\$50,001-\$60,000	18.6%	8.9%	5.3%	11.4%	9.3%	8.1%	7%	3.9%
\$60,001-\$70,000	10.3%	10.1%	18.4%	13%	9.8%	6.4%	5.6%	7.8%
\$70,001-\$80,000	3.1%	3.8%	5.3%	6.5%	8.7%	4%	16.9%	7.8%
\$80,001-\$90,000	7.7%	8.9%	10.5%	6.5%	6%	2.9%	15.5%	5.9%
\$90,001-\$100,000	3.6%	7.6%	5.3%	3.3%	7.1%	2.9%	16.9%	3.9%
\$100,001-\$110,000	10.3%	11.4%	7.9%	4.1%	3.8%	0.6%	12.7%	5.9%
\$110,001-\$120,000	3.6%	7.6%	7.9%	0.8%	3.3%	0%	7%	5.9%
\$120,001-\$130,000	1%	6.3%	2.6%	0.8%	2.2%	2.3%	0%	2%
\$130,001-\$140,000	1.5%	1.3%	2.6%	0.8%	3.3%	1.2%	1.4%	2%
\$140,001-\$150,000	0.5%	0%	5.3%	1.6%	2.7%	0.6%	1.4%	2%
>\$150,000	2.1%	7.6%	2.6%	0%	2.7%	2.3%	2.8%	5.9%





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Gross Annual Salary By Gender

	Woman	Man	Nonbinary
\$0-\$30,000	9.4%	7%	0%
\$30,001-\$40,000	9.4%	7.9%	33.3%
\$40,001-\$50,000	16.4%	9.8%	25%
\$50,001-\$60,000	11.9%	7.8%	16.7%
\$60,001-\$70,000	7.5%	6.7%	8.3%
\$70,001-\$80,000	7.7%	9.5%	8.3%
\$80,001-\$90,000	8.5%	13.1%	8.3%
\$90,001-\$100,000	6.3%	7.9%	0%
\$100,001-\$110,000	4.6%	7.8%	0%
\$110,001-\$120,000	2.9%	5%	0%
\$120,001-\$130,000	1.5%	3.1%	0%
\$130,001-\$140,000	1%	3.1%	0%
\$140,001-\$150,000	0.9%	1.6%	0%
>\$150,000	12%	9.7%	0%

Gross Annual Salary Year Over Year Overall (Breakout)

	2018	2019	2020	2021	2022	2023	2024
\$0-\$30,000	8%	7.5%	8%	9.9%	8%	5.1%	8.5%
\$30,001-\$40,000	7.4%	6.8%	7.8%	10.3%	8.8%	8.9%	8.9%
\$40,001-\$50,000	8.5%	8.6%	9.1%	8.8%	8.7%	9.3%	13.6%
\$50,001-\$60,000	9.8%	9.6%	9.2%	9.3%	8.4%	10.2%	10.2%
\$60,001-\$70,000	14%	13.7%	12.4%	11.3%	10.1%	9.3%	7.1%
\$70,001-\$80,000	17.2%	14.7%	14.8%	14.5%	14.6%	12%	8.6%
\$80,001-\$90,000	12%	11.8%	13%	12.1%	11.8%	11%	10.3%
\$90,001-\$100,000	8.7%	9.8%	8.8%	8.2%	8.5%	9.2%	6.9%
\$100,001-\$110,000	5.2%	6.4%	6%	5.3%	6.9%	6.5%	5.9%
\$110,001-\$120,000	2.6%	3.4%	3.3%	3.2%	4.5%	3.9%	3.7%
\$120,001-\$130,000	2%	2.1%	2.3%	1.5%	3.3%	3.9%	2.2%
\$130,001-\$140,000	0.7%	1.1%	1%	1.1%	2%	2.8%	1.9%
\$140,001-\$150,000	0.7%	1%	0.8%	1.1%	1.3%	3.1%	1.2%
>\$150,000	3.3%	3.4%	3.5%	3.4%	3%	4.8%	10.9%





Growing the Industry and Navigating the Practice of the Future

Gross Annual Salary with Over \$70k Representation per Year by Role

	2018	2019	2020	2021	2022	2023	2024
Overall	52.3%	53.8%	53.5%	50.4%	56%	57.1%	51.6%
Executive	71.9%	75.3%	76.9%	71.5%	70.6%	62.8%	69.4%
Manager	40.4%	42.9%	43.7%	47.3%	50.9%	62.2%	42.6%
Provider	64.7%	65.6%	68.1%	62.6%	72.1%	67.9%	60.2%
Assistant	9.6%	10.4%	10.8%	12.9%	30.2%	50.4%	40.8%
Other	23.4%	36.6%	31.5%	18.9%	20%	30.4%	36.7%

Salary by Employment Type

	Full-time clinician	Part-time clinician in one organization	Part-time clinician in more than one organization	PRN therapist	Educator	Travel therapist	Other non-clinical role	None of the above
\$0-\$30,000	11.6%	11.2%	7%	22.7%	5.9%	0%	25%	33.3%
\$30,001-\$40,000	6.5%	25.7%	4.7%	10.6%	11.8%	8.7%	0%	16.7%
\$40,001-\$50,000	5.8%	13.4%	10.5%	19.7%	5.9%	17.4%	0%	0%
\$50,001-\$60,000	9.1%	9.5%	18.6%	4.5%	5.9%	13%	0%	0%
\$60,001-\$70,000	8.8%	10.1%	20.9%	10.6%	0%	13%	0%	16.7%
\$70,001-\$80,000	13.8%	8.4%	7%	3%	0%	4.3%	50%	0%
\$80,001-\$90,000	18.4%	7.3%	7%	13.6%	23.5%	8.7%	0%	0%
\$90,001-\$100,000	8.3%	5%	5.8%	3%	5.9%	8.7%	0%	16.7%
\$100,001-\$110,000	6.4%	3.4%	7%	4.5%	23.5%	0%	25%	16.7%
\$110,001-\$120,000	4.7%	3.9%	1.2%	1.5%	5.9%	13%	0%	0%
\$120,001-\$130,000	1.9%	0%	2.3%	4.5%	5.9%	0%	0%	0%
\$130,001-\$140,000	0.9%	1.7%	1.2%	0%	5.9%	0%	0%	0%
\$140,001-\$150,000	0.6%	0%	0%	0%	0%	0%	0%	0%
>\$150,000	3.2%	0.6%	7%	1.5%	0%	13%	0%	0%





Growing the Industry and Navigating the Practice of the Future

Salary by Practice Setting

	Outpatient private practice	Outpatient hospital-based rehab facility	Physician-owned/orthopedic practice (POP)	Home health	Mobile therapy	Outpatient cash-based practice	Inpatient hospital
\$0-\$30,000	11.4%	3%	13.2%	11.4%	8.9%	15.1%	1.5%
\$30,001-\$40,000	7.6%	4%	22.2%	7.1%	15.6%	16.1%	3.9%
\$40,001-\$50,000	16%	9.5%	11.9%	7.1%	8.9%	21.4%	11.7%
\$50,001-\$60,000	9.9%	11.1%	16.5%	5.7%	4.4%	11.4%	6.1%
\$60,001-\$70,000	7%	6.7%	7%	8.6%	8.9%	8.4%	6.4%
\$70,001-\$80,000	9.3%	8.7%	6.6%	15.7%	15.6%	5.7%	6.4%
\$80,001-\$90,000	9.8%	7.5%	2.1%	10%	11.1%	4.3%	25.7%
\$90,001-\$100,000	7.5%	7.1%	8.2%	7.1%	11.1%	6%	3.2%
\$100,001-\$110,000	5.9%	7.1%	5.8%	8.6%	4.4%	3%	4.6%
\$110,001-\$120,000	3.4%	3.2%	1.2%	4.3%	0%	4.7%	5.1%
\$120,001-\$130,000	2.1%	1.4%	2.1%	8.6%	2.2%	1.3%	2.7%
\$130,001-\$140,000	2.1%	2.8%	1.2%	1.4%	0%	1%	1.7%
\$140,001-\$150,000	1.6%	1.4%	0%	0%	4.4%	0%	1.2%
>\$150,000	6.5%	26.5%	2.1%	4.3%	4.4%	1.7%	19.8%

Salary by Practice Setting (Continued)

	SNF (skilled nursing facility)	School/academic/student	Pro bono clinic	Applied Behavioral Analysis (ABA) clinic	Educational institution	Other
\$0-\$30,000	0%	27.3%	0%	0%	6.7%	5.4%
\$30,001-\$40,000	4.4%	0%	25%	21.8%	6.7%	8.9%
\$40,001-\$50,000	0%	0%	0%	7.3%	30%	7.1%
\$50,001-\$60,000	8.9%	0%	0%	21.8%	3.3%	10.7%
\$60,001-\$70,000	8.9%	9.1%	0%	7.3%	6.7%	10.7%
\$70,001-\$80,000	15.6%	18.2%	0%	9.1%	13.3%	8.9%
\$80,001-\$90,000	8.9%	27.3%	0%	9.1%	6.7%	5.4%
\$90,001-\$100,000	8.9%	9.1%	25%	1.8%	10%	12.5%
\$100,001-\$110,000	15.6%	9.1%	12.5%	0%	3.3%	14.3%
\$110,001-\$120,000	6.7%	0%	12.5%	5.5%	6.7%	8.9%
\$120,001-\$130,000	4.4%	0%	12.5%	3.6%	3.3%	0%
\$130,001-\$140,000	2.2%	0%	12.5%	3.6%	0%	0%
\$140,001-\$150,000	4.4%	0%	0%	0%	0%	1.8%
>\$150,000	11.1%	0%	0%	9.1%	3.3%	5.4%





Growing the Industry and Navigating the Practice of the Future

Strategies Employed to Combat Declining Insurance Reimbursement Rates

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
Increased cash-pay offerings	45.8%	43.3%	42.3%	50.8%	49.9%	55%	37.2%	42.9%	50%
Negotiated rate and insurance contracts	39.6%	32.5%	34.4%	36.3%	54.9%	57.5%	34.1%	42.2%	38.6%
Gone out-of-network with low paying insurances	23.4%	31.5%	16.1%	27%	30.1%	16.9%	13.4%	27.4%	14.2%
Merged or got acquired	18%	9.6%	14.5%	20.1%	23.3%	36.3%	15.2%	20.8%	22.8%
My practice hasn't implemented any strategies.	13.1%	13.7%	13%	15.2%	12.1%	10%	14%	13.4%	9.3%
Cut front office staff	12.7%	8.9%	11.7%	15.2%	15.9%	11.9%	7.9%	13.9%	11%
Hired more assistants	8.4%	3.4%	8.8%	8.8%	9.1%	14.4%	11%	5.3%	9.3%
Other	5.2%	7%	4.8%	5.4%	3.6%	5.6%	8.5%	2%	3.7%

Growth Strategies Considered

	Overall	Single	2-5	6-16	17-49	50-149	150+	Hospital - Community	Hospital - Regional	POP
Expand into more locations	31.8%	16.9%	23.1%	26.4%	40.9%	43.1%	42.6%	47.6%	40.1%	31.8%
Add or increase service offerings	28.5%	36.4%	29.4%	30.9%	25.6%	33.3%	23.5%	13.4%	28.7%	28.5%
Hire additional staff	28.3%	29.2%	36.9%	30%	29.6%	29.9%	29.4%	6.1%	22.8%	28.3%
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%	23.1%
Go into a specialized area	20.1%	17.5%	18.3%	21.1%	24.1%	23.6%	16.9%	12.2%	25.2%	20.1%
Acquire another practice or group	16.3%	4.5%	7.8%	12.5%	21.2%	27.1%	27.9%	24.4%	20.3%	16.3%
Take on a partner (i.e., partial ownership)	14.7%	13.6%	13.2%	14.5%	12.8%	12.5%	14%	17.1%	14.9%	14.7%
Get acquired	13.7%	6.5%	13.2%	15.7%	13.3%	13.9%	12.5%	11%	10.9%	13.7%
Merge with another practice or group	13.6%	5.2%	8.4%	13.6%	20.7%	17.4%	9.6%	14.6%	18.3%	13.6%
Accept investment funding (i.e., venture capital)	12.1%	4.5%	7.2%	11.3%	12.3%	12.5%	25%	15.9%	14.9%	12.1%
Enter into a direct-to-employer contract	11.1%	4.5%	9%	9.5%	11.8%	14.6%	22.1%	1.2%	13.9%	11.1%
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%
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%	9.3%
Franchise	8.8%	0.6%	5.7%	6.2%	13.8%	11.8%	11.8%	12.2%	10.4%	8.8%
None of the above	8.1%	16.2%	11.7%	8.3%	2%	6.9%	3.7%	2.4%	7.9%	8.1%
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%	7.8%
Other	1.7%	2.6%	1.8%	2.4%	2%	2.1%	2.2%	0%	0%	1.7%



Growing the Industry and Navigating the Practice of the Future

Services Planning to Add

Cash-based services	54.9%
Wellness services (i.e., massage, acupuncture, cupping, dry needling)	46.1%
Remote therapeutic monitoring (RTM) services	29.4%
Concierge/subscription-based services	26.6%
Health screenings	20.5%
Telehealth services	19.8%
Advanced diagnostic testing (e.g., MSK ultrasound, electromyography (EMG), and nerve conduction studies (NCS))	15%
Home-based services	13.3%
Medically-oriented gym (MOG) programming	12.3%
Retail programming	11.9%
Nutrition counseling	11.3%
Other	9.2%

Technology's Place in the Practice of the Future

Software Integration

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
Some, but not all	42.8%	42.5%	40.4%	43.5%	47%	46.4%	33.3%	45.7%	41.4%
Yes, all	28%	32.8%	26.4%	27.3%	26.3%	19.3%	46.4%	34.6%	20.3%
No	19.1%	16.1%	20.9%	17%	21.3%	28.2%	12%	14.9%	27.1%
I'm not sure	10.1%	8.7%	12.4%	12.2%	5.5%	6.1%	8.2%	4.8%	11.2%

Telehealth Service Offerings

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
We do not currently offer telehealth rehab therapy services, and we do not plan to add these services in the next year	42.9%	55.7%	58.4%	41.9%	20%	28.5%	38.2%	35.7%	58.3%
We currently offer telehealth rehab therapy services	27.6%	19.1%	18.8%	31.6%	37.2%	32.6%	47.3%	33.8%	7.2%
We do not currently offer telehealth rehab therapy services, but we plan to add these services in the next year	19.8%	15.9%	11.8%	15.4%	34.4%	23.3%	7.2%	22.8%	25.1%
I'm not sure	9.8%	9.3%	11%	11.1%	8.5%	15.5%	7.2%	7.7%	9.4%





Technology's Place in the Practice of the Future

Patient Portal Features

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
Patient access to records	60%	70.7%	53.3%	53.1%	73.6%	59.5%	65%	78.3%	63.4%
Appointment scheduling and check-in	55%	65.5%	54%	48.6%	60.4%	54.1%	60%	61.9%	41.5%
Self-service payment options	52.1%	50%	46%	55.4%	54.9%	56.8%	60%	65.1%	43.9%
Messaging with provider	53.2%	53.4%	53.3%	51.4%	52.7%	56.8%	60%	60.3%	63.4%
Personalized content	31.3%	39.7%	24.7%	30.9%	35.2%	35.1%	32.5%	32.8%	31.7%
Online forms	50.7%	56.9%	52%	41.7%	56%	48.6%	62.5%	45.5%	41.5%
Other	7.5%	6.9%	8.7%	7.4%	3.3%	10.8%	12.5%	3.7%	9.8%

Product Feature Importance vs Performance

Ease of use	1
Documentation capabilities	2
Customization	3
Billing software integration	4
Reporting and analytics	5
Digital patient intake	6
Data security	7
Regulatory compliance	8
Clinical outcomes tracking	9
Interoperability capabilities	10
Appointment scheduling	11
Home exercise program (HEP)	12
Patient engagement/patient relationship management (PRM)	13
Appointment reminders	14
Mobile accessibility	15

Technology Trends Most Excited About

	Overall	Executive	Manager	Provider	Other
Biomedical technology (regenerative medicine, smart implants, etc.)	1	2	1	1	3
Data informatics and analytics for patient care and engagement	2	1	2	2	1
Virtual reality based exercise and patient interaction	3	4	4	3	6
Wearable technology	4	3	5	4	5
Rehabilitation robotics (e.g. an exoskeleton for spinal cord injury)	5	8	7	5	2
Remote therapeutic monitoring	6	6	9	6	4
Artificial intelligence/machine learning (i.e., predictive analysis)	7	5	3	8	8
Augmented reality based exercise	8	7	6	7	9
Telehealth-enabled exercise equipment	9	9	8	9	7
3D printing	10	10	10	10	10



Technology's Place in the Practice of the Future

Artificial Intelligence Applications

	Overall	Executive	Manager	Provider	Other
Motion tracking	32.3%	27.3%	30.4%	35.5%	28.4%
Automated assessments	36.6%	25.2%	44.8%	37.7%	24.3%
VR patient training	33.6%	20.4%	44.4%	33.1%	24.8%
Outcomes data analysis	37%	28%	41.4%	40.2%	28.1%
Coding and billing	31.2%	35.9%	31.3%	32.3%	38.3%
Evidence-based practice	27.3%	27.6%	23.5%	32.9%	28.5%
Plan-of-care development	26.7%	27.3%	23.2%	28.4%	34.3%
Compliance	20.8%	24.6%	19.3%	21.8%	28.1%
Patient engagement	23.9%	25%	20.8%	26.2%	31.5%
Authorizations	18.4%	26.1%	21.1%	16.2%	35.1%
Other	1.3%	2.2%	1.2%	1.4%	2.8%
None of the above	7.2%	8.9%	7%	6.1%	14.7%

Data Practice is Leveraging

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
Outcomes data	48.5%	39.9%	40.9%	45.1%	64.7%	70.7%	45.3%	57%	50.2%
Marketing data	43.5%	41.7%	36.2%	41.6%	54.4%	65.9%	36%	46.1%	45.8%
Financial data	42.3%	34.6%	32.2%	46.1%	53.7%	40.7%	57.6%	53.4%	25.1%
Patient satisfaction	35.7%	30.6%	34.1%	41.4%	29.9%	44.9%	40.7%	35.4%	19.5%
Clinical data	35.2%	25.8%	34.3%	43.1%	29.3%	49.1%	37.2%	38.8%	23.1%
Front office operations (point of service payments, scheduling waitlist, scheduling per plan of care)	24.6%	20.5%	26.1%	30.6%	17.3%	24%	22.7%	20.6%	12.4%
Other	4.9%	5.3%	5.4%	4.4%	3.8%	1.8%	8.1%	2.3%	4.8%

Biggest Challenge Collecting & Sharing Data

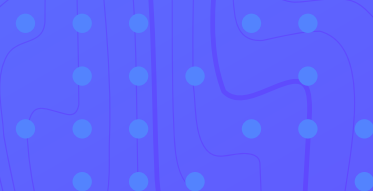
	Executive	Manager	Provider	Other
There is no clear guidance on what to collect and how often	27.3%	30.4%	35.5%	28.4%
Poor data collection processes	25.2%	44.8%	37.7%	24.3%
I'm not sure.	20.4%	44.4%	33.1%	24.8%
A lack of integrated software	28%	41.4%	40.2%	28.1%
No one is responsible for managing data collection efforts/processes	35.9%	31.3%	32.3%	38.3%
There are no incentives attached to it	27.6%	23.5%	32.9%	28.5%
Other	8.9%	7%	6.1%	14.7%



Technology's Place in the Practice of the Future

Biggest Challenge Collecting & Sharing Data

	Overall	Single	2-5	6-16	17-49	50-124	125+	Hospital	POP
There is no clear guidance on what to collect and how often	32.6%	37%	32.3%	28.3%	34.9%	42.5%	29.2%	34.3%	35.1%
Poor data collection processes	16.1%	12.6%	15.6%	16.2%	18.9%	13.8%	19.9%	19.5%	16.3%
I'm not sure.	16.1%	14.9%	20.4%	17.1%	8%	12.6%	19.3%	7%	11.6%
A lack of integrated software	12.6%	10.8%	8.6%	15.8%	16.2%	9%	14.6%	17.4%	12.4%
No one is responsible for managing data collection efforts/processes	12%	14.5%	13.3%	12.5%	10.1%	9.6%	7%	11.6%	19.1%
There are no incentives attached to it	8.5%	7.4%	7.5%	8.7%	10.8%	10.8%	6.4%	9.9%	4.8%
Other	2%	2.8%	2.3%	1.3%	1.1%	1.8%	3.5%	0.2%	0.8%



**Thank you
for reading!**

ljl webpt.

