

CHAPTER 1

The Evolution of Physical Therapy

Physical therapists and physical therapist assistants are a part of the health care team that includes physicians, nurses, occupational therapists, speech language pathologists, and other ancillary services. Physical therapy services are provided to patients every day within the United States and internationally. Included and critical to the health care team is the patient; although the patient is often overlooked or forgotten as an integral member of any health care team.

Physical therapists specifically evaluate patients and, along with physical therapist assistants, provide treatment to individuals that primarily focuses on movement, reduction of pain, restoration of function, and prevention of disability.¹ The population of patients evaluated and treated in physical therapy can vary in range of age from a newborn to the elderly. The most predominant clinical settings where physical therapists, physical therapist assistants, and students provide care include hospitals, outpatient clinics, private practices, nursing homes, assisted living facilities, home health, school systems and sport centers.

Traditionally, to receive an evaluation and/or treatment from a physical therapist or physical therapist assistant, the patient had to have a physician's order, which is also known as a referral. A *referral* is defined as "[a] recommendation that a patient or client seek service from another health care provider or resource."² However, today the practice of physical therapy has evolved such that in some states, the physician referral for physical therapy is no longer necessary or only is required at certain stages in the physical therapy treatment process. Consequently, as the physical therapist becomes an entry-level health care practitioner, his or her potential to be sued, for the very services the profession has sought to provide without the requirements of a physician's referral, grows.

The American Physical Therapy Association (APTA) is the one national organization recognized to speak for the profession of physical therapy. The association's

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members are physical therapists, physical therapist assistants, and students who voluntarily join. To join the association, an individual must be accepted, currently enrolled, or a graduate of an accredited physical therapy or physical therapist assistant program.

As the organization for physical therapists and physical therapist assistants, the APTA's leadership has developed a vision statement that by the year 2020, among other things, physical therapists will practice in every state without the necessity of a physician's referral, called *direct access*, and will practice without the necessity of physician consultation, called *autonomous practice*. Thus, as the profession of physical therapy approaches its centennial, it is once again undergoing major changes. This chapter will examine the evolution of physical therapy as a profession and how the current changes and vision of the association likely will lead to greater liability risk exposure for physical therapists and physical therapist assistants.

KEY CONCEPTS _____

Historical perspective of physical therapy

American Physical Therapy Association (APTA)

APTA specializations

Vision 2020

Six key elements of Vision 2020

Core values of professionalism

Entry-level health care practitioner

Education requirements for physical therapists and physical therapist assistants

Commission on the Accreditation of Physical Therapy Education (CAPTE)

Exposure to lawsuits

Misdiagnosed patient

WHAT IS PHYSICAL THERAPY? _____

Physical therapy is defined as “the treatment or management of physical disabilities, malfunction, or pain by exercises, massage, hydrotherapy, etc., without the use of medicines, surgery or radiation.”³ The APTA further defines physical therapy as follows:

- Physical therapists are experts in how the musculoskeletal and neuromuscular systems function.
- Physical therapist services are cost-effective. Early physical therapy intervention prevents more costly treatment later, can result in a faster recovery, and reduces costs associated with lost time from work.

- Patients pay less when they have direct access to physical therapy services. However, there can be a temptation under managed care to terminate services prematurely. A study conducted to determine whether direct access to physical therapy services was cost-effective found that patients who went directly to a physical therapist had fewer episodes of care, and services were ultimately less costly.⁴

Physical therapy is provided by physical therapists, physical therapist assistants, and sometimes physical therapy students. The qualifications of a physical therapist and physical therapist assistant will be discussed later in Chapter 4.

SERVICES PROVIDED IN PHYSICAL THERAPY _____

Depending on the clinical setting, the physical therapist or physical therapist assistant may provide treatment for:

- Back conditions
- Knee problems
- Shoulder/arm conditions
- Neck conditions
- Sprains and muscle strains
- Ankle/foot problems
- Carpal tunnel syndrome, hand/wrist problems
- Hip fracture
- Postsurgical rehabilitation
- Rehabilitation after a serious injury (e.g., broken bones, head injury)
- Stroke rehabilitation
- Problems with balance
- Disabilities in newborns
- Burn rehabilitation
- Pre-/postnatal programs
- Incontinence
- Women's health⁵

PHYSICAL THERAPY EVOLUTION _____

The profession of physical therapy in the United States developed during World War I between 1914 to 1917. This development was in response to the need to treat soldiers' injuries as a result of the war. The first (physical) therapists graduated from

Reed College and Walter Reed Hospital and were known as *reconstruction aides*. The original “reconstruction aides” were individuals degreed in other academic areas; subsequent to the degree, these individuals underwent additional training in order to perform physical therapy services.

As the profession developed, physical therapists primarily treated patients with poliomyelitis, which ravaged the United States between 1920 and 1930. Poliomyelitis was “an acute viral disease, usually affecting children and young adults, caused by any of three polioviruses, characterized by inflammation of the motor neurons of the brain stem and spinal cord, and resulting in a motor paralysis, followed by muscular atrophy and often permanent deformities.”⁶ In 1921, this new group of health care providers, physical therapists, decided to form a professional organization for physical therapists and called it the American Women’s Physical Therapeutic Association.⁷ The first president of the American Women’s Physical Therapeutic Association was Mary McMillan.⁸ Then in 1939 came World War II and because of advances in medicine, there were more survivors with injuries as a result of the war. These survivors with war disabilities required treatment, which was provided by the physical therapists. By the end of the 1930s, the American Women’s Physical Therapeutic Association changed its name to the American Physiotherapy Association.⁹

In 1946 the Hospital Survey and Construction Act, also known as the Hill Burton Act, led to more physical therapists practicing in hospitals. By the end of the 1940s, the professional organization representing physical therapists again changed its name, this time to the American Physical Therapy Association (APTA).¹⁰ The Korean War came with more soldier disabilities that required physical therapy treatment. The treatment of soldiers’ injuries likely prevented the extinction of physical therapy at this point in time because the Salk vaccine had been developed and essentially eliminated poliomyelitis from the United States.

Physical therapy continued to evolve and develop. This development was primarily due to injuries sustained by soldiers during wars and advances in medicine that kept the soldiers from dying from these injuries. This dynamic evolution made the physical therapists develop educational and training programs that lead to physical therapy becoming a profession. One of the greatest hallmarks in the physical therapy profession came in 1967 when amendments to the Social Security Act added definitions for outpatient physical therapy services. This meant the Social Security organization recognized physical therapy services as a health care provider for reimbursement. From that time forward, the physical therapy profession has continued to expand treatment areas, many of which are based on medical advances. This growth has led to the need for specializations.

The APTA currently recognizes the following specialty sections as part of the professional organization of physical therapy:

- Acute care
- Aquatic physical therapy
- Cardiopulmonary and pulmonary
- Clinical electro and wound management
- Education
- Federal
- Geriatrics
- Hand
- Health policy and administration
- Neurology
- Oncology
- Orthopedic
- Pediatric
- Private practice
- Research
- Sports physical therapy
- Women's health¹¹

Today, the profession of physical therapy has evolved to treat not only multiple types of diverse injuries, but also to prevent the debilitation associated with a multitude of disease processes. It also should be noted that the profession of physical therapy is international. Outside of the United States, the profession is referred to as *physiotherapy* and physical therapists are called *physiotherapists*. As history has demonstrated, physical therapists and physical therapist assistants have developed from the early days of essentially being technicians or extenders of prescribed health care, to today becoming entry-level health care practitioners.

TODAY'S PHYSICAL THERAPY _____

Today, it is common practice for physical therapists to receive physician referrals that simply prescribe: "Evaluate and treat as indicated." Thus, physicians no longer are dictating specifically what the physical therapists should do with a patient, but rather are leaving the evaluation and treatment decisions to the knowledge, judgment, and discretion of the physical therapists.

This growth and elevating responsibility in patient care has led the APTA to codify and develop a direction for this continual growth using a vision statement known as Vision 2020. Generally speaking, a *vision statement* is an organization's destination reduced to words; it usually is the organization's global goal. This global goal ultimately answers the question, "What will success look like for this organization?"¹² Other documents used in conjunction with a vision statement are mission statements and strategic plans. A *strategic plan* is the "blueprint" for an organization while the *mission statement* tells why the organization exists, the business it conducts, and the values of the organization that guide it.¹³

The year 2020, the year for accomplishing the APTA's current vision, is fast approaching, necessitating further changes in the preparation of students to become physical therapists and physical therapist assistants. In addition, it requires all physical therapists and physical therapist assistants to renew their commitment to the profession. Finally, the obtainment of Vision 2020 will require all physical therapists and physical therapist assistants to develop a greater understanding of risk management.

With this growth and development, understanding risk management is essential information every physical therapist, physical therapist assistant, and student must comprehend, because today's society has become extremely litigious. This growth and development, in combination with Vision 2020, and/or society's litigious nature, makes it even more important for physical therapists, physical therapist assistants, and students to understand risk management. Thus, with the combination of all these changes, it is imperative physical therapists, physical therapist assistants, and students understand, comprehend, and implement risk management techniques.

While some physical therapists and physical therapist assistants have heard of Vision 2020, it is disheartening and uncomfortable to realize that, as this book is written, many practicing physical therapists and physical therapist assistants are unaware and uninformed as to what Vision 2020 means and how progress toward its goals will impact each therapist's practice. Therefore, the following pages will review some of the highlights of Vision 2020, including its goals, which, although unintentional, will likely impact and lead to physical therapists, physical therapist assistants, and students having greater liability risk exposure.

VISION 2020

The APTA's current vision statement is that "[b]y 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as practitioners of choice to whom con-

sumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health."¹⁴ For the vision, there are six key elements articulated. The "six key elements" of Vision 2020 are:

1. Autonomous practice
2. Direct access
3. Doctor of physical therapy
4. Evidence-based practice
5. Practitioner of choice
6. Professionalism¹⁵

An examination of each key element is critical to understanding how this development and growth of the physical therapy profession will likely concomitantly lead to an increased risk of lawsuits from patients. Accordingly, an understanding of what is expected of a physical therapist under an entry-level health care practitioner standard of care as defined in Vision 2020, and how physical therapists may violate that expectation, resulting in a lawsuit, is essential.

Autonomous Practice

Autonomous practice essentially means practice without constraints from others. The "others" could be other health care practitioners or third-party payors of service. *Autonomous* is defined as "not controlled by others or by outside forces; independent in mind or judgment; [and] self-directed."¹⁶ As such, a physical therapist who evaluates a patient without input from any other health care practitioner, designs a treatment plan without any other health care practitioner's input, and reevaluates the effectiveness of the treatment plan without input from any other health care practitioner is surely considered to be practicing autonomously. What is imperative to understand from a legal perspective is that autonomous practice means the physical therapist is solely responsible for the patient's physical therapy diagnosis, evaluation, treatment(s), and outcome(s) from the treatment. No longer will a lawyer (plaintiff or defense) be able to include the physician in the chain of responsibility for the patient with regard to liability for a patient's outcome. Thus, the physical therapist will be 100 percent accountable for his or her decisions and actions if a patient decides to sue for what happened as a result of the physical therapy services. Consequently, with increasing autonomy comes increased liability exposure.

Direct Access

Direct access means a state's licensure laws allow the physical therapist to evaluate and treat a patient without the requirement of a physician's referral (also known as a physician's order). Based on the most recent data from the APTA, Nebraska was the first state to have some type of direct access, which occurred in 1957.¹⁷ Since that time, 43 states now have some type of direct access.¹⁸ Two of the greatest factors discussed when considering direct access for physical therapy services have been:

1. Whether physical therapists are qualified to deliver physical therapy services without the direction and oversight of a physician
2. Whether there would be an increase in costs for the delivery of physical therapy services

According to data from the APTA, physical therapists are qualified to deliver services without the necessity of a physician's referral because physical therapists recognize the parameters associated within their scope of practice.¹⁹ Further, in the same publication, the APTA promotes a study done by Jean Mitchell of Georgetown University and Gregory de Lissovoy of Johns Hopkins University wherein the authors found there were more physical therapy claims billed when the services were referred by a physician as compared to fewer claims billed when the physical therapist was working under a direct access scenario.²⁰

Thus, it appears physical therapy services may be overutilized by other health care practitioners who have the ability to bill for services under physical therapy codes. This realization is further supported by the Department of Health and Human Services' Office of Inspector General's (OIG) report in May 2006 that found approximately 91 percent of physical therapy services billed by physicians to Medicare beneficiaries in the first 6 months of 2002 did not meet program requirements, which resulted in improper payments of approximately \$136 million.²¹

This data supports the concept that physical therapists under direct access would not abuse the reimbursement system. However, at this time it is difficult to know the impact of direct access on liability claims because states with direct access still have some form of physician control over the services and not all practicing physical therapists and physical therapist assistants carry malpractice insurance. Hence, if a physical therapist or physical therapist assistant is sued and has no professional liability insurance, the likelihood that the claim would be reported for tracking statistics is slim to none.

Consequently, physical therapists, physical therapist assistants, and students should read the opinions that professional malpractice claims have not risen as a re-

sult of direct access to physical therapy with some skepticism. This is especially true in light of the 2006 CNA insurance claim study that was released. According to the CNA report, in 1995, 59 claims led to insurance payment for coverage of an alleged physical therapist's, physical therapist assistant's, or student's professional malpractice; and in 2004, there were 119 claims.²² In a span of nine years, physical therapy malpractice claims have at least doubled. Recall though, not all physical therapists, physical therapist assistants, or students carried professional malpractice insurance; therefore, it is likely employers of physical therapists, physical therapist assistants, and students may have paid more for claims not reported or accounted for in this study because this study only represents claims that were paid through CNA insurance.

Doctor of Physical Therapy

Doctor of physical therapy simply means that by the year 2020, practicing physical therapists will have obtained a doctoral degree in physical therapy. As many therapists know, there are currently two types of doctoral degrees available in physical therapy: (1) an academic doctoral degree from a university or institution accredited by the Commission on the Accreditation of Physical Therapy Education (CAPTE); or (2) a transitional doctoral degree in physical therapy from a transitional doctor of physical therapy program that may be CAPTE-accredited. The doctoral programs are referred to as a DPT (doctor of physical therapy) or tDPT (transitional doctor of physical therapy) program. This particular key element of Vision 2020 did not address the role or growth of the physical therapist assistant.

Evidence-Based Practice

Evidence-based practice means that the patient's treatment plan is based on research that has substantiated a likelihood that the treatment, based on the physical therapy evaluation findings, will be the most cost-effective and beneficial treatment. Thus, this type of practice means that physical therapists, physical therapist assistants, and students must constantly and continuously educate themselves and review research for evidence that the treatments being rendered to patients are actually beneficial and effective. To assist with obtainment of this goal, the APTA developed what is called "hooked on evidence." Hooked on evidence already has evolved into a program called "Open Door: APTA's portal to evidence-based practice" available to APTA members.²³

Practitioner of Choice

Practitioner of choice is probably the most intangible and theoretical element contained within Vision 2020. Essentially it means that physical therapists and physical therapist assistants will be the consumers' first choice for treatment of movement dysfunction, dysfunction related to pain, and restoration of function due to diseases and disabilities. There are other professionals who claim an ability to also treat many of the same problems physical therapy services treat, such as athletic trainers, massage therapists, exercise physiologists, chiropractors, and personal trainers, to name a few. These other professionals often market their provision of services as similar or akin to physical therapy. Thus, being the practitioner of choice means the consumer would choose physical therapists and physical therapist assistants for physical therapy services over these other professionals because of the recognition that physical therapists and physical therapist assistants are more educated, have greater skills and training, and utilize research to support treatment decisions.

Professionalism

Professionalism is defined as "professional character, spirit, or methods. [T]he standing practice or methods of a professional as distinguished from an amateur."²⁴ The APTA has identified seven "core values" of professionalism in physical therapy as:

1. Accountability
2. Altruism
3. Compassion/Caring
4. Excellence
5. Integrity
6. Professional duty
7. Social responsibility²⁵

Further, the APTA defined each core value and provided sample indicators of the value. These will be discussed in greater detail in Chapter 16. Although most individuals easily can recognize professional and unprofessional conduct, few can articulate a clear and concise definition.

As a result of this evolution in physical therapy toward the APTA's Vision 2020, physical therapists and physical therapist assistants undoubtedly will be exposed to more liability risk. This increased liability risk will be carried solo because no other health care practitioners will be overseeing or coordinating the care and treatment received by the patient. Hence, physical therapists and physical therapist assistants now

must develop methods and implement systems to enhance risk management as an entry-level health care practitioner.

ENTRY-LEVEL HEALTH CARE PRACTITIONER _____

What does being an entry-level health care practitioner mean? It means the patient is coming to the physical therapist first for an evaluation and diagnosis of whatever ails him or her. Based on the physical therapy evaluation, the physical therapist may need to refer the patient for further testing or refer the patient to another health care provider for evaluation. Remember, not every patient is appropriate for physical therapy services. If, at the conclusion of the physical therapy evaluation, the physical therapist believes the patient has a problem that is within the physical therapist's scope of practice or expertise, then the physical therapist likely will develop and implement a plan of treatment without any other health care provider's input. However, if the physical therapist is wrong, and the patient sues, the physical therapist could be held liable for his or her action(s) and/or omission(s).

In contrast, when a patient goes to physical therapy with a physician's referral, the physician's referral (prescription) implicitly "clears" the patient for physical therapy services. The same might be implied when the physician signs the plan of care for a patient's physical therapy treatment. In these situations, the physician also is responsible for the overall services delivered to the patient pursuant to the prescription. This schematic of liability responsibility has been attractive to plaintiffs' attorneys because usually a physician carries greater amounts of insurance than a physical therapist or physical therapist assistant.

In fact, there are cases that discuss factual situations involving a physical therapist or physical therapist assistant wherein the physical therapist or physical therapist assistant was not named as a defendant. This lack of individually naming the physical therapist or physical therapist assistant in the lawsuit despite the individual being intimately involved with the factual scenario is because the physical therapist or physical therapist assistant did not have professional malpractice insurance. However, when only the physical therapist is responsible for the services being delivered to the patient, then the physical therapist will be the only available individual to name as a defendant and will bear the complete and sole responsibility for liability for a patient's alleged harm.

Additionally, if the physical therapist delegates any provision of services to a subordinate, aide, or physical therapist assistant, which later becomes the issue of the lawsuit, then the physical therapist is going to not only be responsible for the overall delivery of

services, but the physical therapist also will be liable for the services delivered by the subordinate. To complicate the discussion even further, if a physical therapist was the owner of a clinic that employed other physical therapists and physical therapist assistants, then the owner of the clinic also is likely to be named as a defendant in the lawsuit because the owner ultimately is responsible for everything that occurs within the clinic regardless of whether he or she was the primary evaluating or treating therapist.

The entry-level health care practitioner likely will be the ultimate party responsible for the services delivered to a patient, and a clinic owner also will bear liability if the alleged conduct or omission for the care was rendered in his or her privately owned clinic. One of the most worrisome areas of potential professional physical therapy malpractice will be if the entry-level health care practicing physical therapist misdiagnoses a patient.

Example of a Misdiagnosed Patient

As an entry-level health care practitioner, there is no one overseeing the evaluation or services the physical therapist provides. As an example, recall the comfort associated with knowing, as a student of physical therapy, that there was always a clinical instructor overseeing and reviewing the physical therapy evaluations and the plans of care established.

Likewise the physical therapist assistant student always had the watchful eye of the clinical instructor. The clinical instructor was ultimately the actual responsible party for the provision of care that either the physical therapist or physical therapist assistant student provided. Further, whoever employed the clinical instructor also bore liability for the services the student provided. Thus, as an entry-level health care practitioner who is no longer a student, the layers of responsible persons will be gone and the physical therapist now will be standing alone on how he or she actually performed the evaluation, including what he or she decided to evaluate and what he or she omitted from the evaluation. A case that demonstrates how daunting this skill can be is *Wyckoff v. Jujamcyn Theaters, Inc.*, 784 N.Y.S.2d 26 (NY Sup. Ct. App. Div. 2004).

In the *Wyckoff* case, a consumer went to a New York theater and fell on the premises, sustaining personal injuries.²⁶ As with most cases, the issue being resolved by the appellate court was not directly on point for the discussion at hand. However, many cases that do not provide points directly on issues still contain useful information and language that can be beneficial in other cases. This useful information can then also provide a portal to areas of potential liability risk exposure. The *Wyckoff* case was ultimately decided on whether the theater was negligent in its premises mainte-

nance; however, in the body of the case were allegations that the consumer's injuries were exacerbated as a result of the failure to properly diagnose a cervical fracture.²⁷

The *Wyckoff* plaintiff not only sued the theater, but also sued the hospital and the physician for an alleged failure to diagnosis a neck fracture. As a result of the failure to diagnose, the consumer (patient) underwent physical therapy services for 1 week with an unstablized neck fracture.²⁸ Thus, the physical therapist who evaluated and treated this patient failed to identify there was an unstablized neck fracture and implemented a plan of care for the treatment of the patient's complaints. Thereafter, the patient suffered residual weakness, allegedly as a result of the failure to diagnose and stabilize the neck fracture and concurrent treatments with physical therapy.²⁹

In the *Wyckoff* case, the hospital and the physician were sued along with the theater.³⁰ There is nothing in this case to indicate the physical therapist was also sued. However, if this patient had presented to the physical therapist and the physical therapist was an entry-level health care practitioner, it is likely the physical therapist may have missed the same diagnosis as did the physician. If this latter scenario were true, the physical therapist as an entry-level health care practitioner would have missed the diagnosis and there would be no one to blame but the entry-level health care practicing physical therapist. As a result, the plaintiff would then directly sue the physical therapist only because the physician would not have even entered the picture as an evaluator or prescriber of treatment.

Looking at this last case further in a hypothetical situation, if the patient presented to a physical therapy clinic and the physical therapist conducted an evaluation of the patient, the likelihood is that during the evaluation, the physical therapist would ask the patient to move the cervical spine and obtain range-of-motion measurements. Perhaps the most astute clinician would gain enough information through the taking of a history and physical to avoid any evaluation and immediately refer the patient to a primary care physician or local emergency room for emergent evaluation. However, if, as appeared in this case, the instability of the cervical spine was difficult to ascertain, it is likely a physical therapist would complete the evaluation, as was done in this case, and implement a plan of treatment for any identified problems. Thus, had this case been as this hypothetical outlines, the entry-level health care physical therapist arguably would have just assumed liability for the exacerbation of whatever injury was sustained in the fall at the theater.

Now, does this mean as an entry-level health care practitioner that every patient who presents to a physical therapy clinic for evaluation and treatment should be referred for radiograph studies or to the primary care physician for clearance before treatment? No, but it does mean as the entry-level health care practitioner, the physical

therapist needs to be prepared to do a thorough health assessment and questionnaire and, if in doubt, refer. As this case illustrated, it is unfortunately common for even a physician to misdiagnose patients. The difference is when a physician misdiagnoses and the physical therapist treats the patient, the physician potentially has liability for the referral to physical therapy. Whereas the entry-level health care practitioner—the physical therapist—who misdiagnoses a patient and treats the patient in a contradictory fashion will bear full liability for a malpractice claim.

Another example of a case, this time where the physical therapist appropriately diagnosed and referred a patient, is *Bailey v. Haynes*, 856 So.2d 1207 (LA. 2003). As already explained, with most cases, the point, or in law called the issue of the case on appeal for this particular case was whether the cause of action had been brought within the applicable statute of limitations.³¹ The concept of statute of limitations will be discussed in Chapter 5. However, this case provides illustration of a physical therapist who accurately and appropriately diagnosed cerebral palsy in a child.³²

Based on the timing of the physical therapist's diagnosis of cerebral palsy, the court ruled it was the physical therapist's diagnosis that gave sufficient knowledge to the mother that there might have been negligence involved during the delivery of her baby.³³ To provide this kind of information to the mother, the physical therapist evaluated the child, diagnosed the child, and gave the mother sufficient information so that the mother could then bring a lawsuit for the alleged negligence of the physician involved in the delivery of the baby. This would also be an example of how a physical therapist could be utilized as an expert witness, which will be discussed later in Chapter 17.

EDUCATIONAL TRAINING FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

In order to practice as a physical therapist or physical therapist assistant, an individual must be licensed. (Note: There are still a few states where physical therapist assistants are not licensed.) Each state promulgates its licensure requirements for the physical therapists and physical therapist assistants who practice within its state. Hence, there is no national licensure, only licensure by a particular state. A physical therapist or physical therapist assistant may be licensed by as many states as he or she chooses.

Before someone even can apply for a physical therapist or physical therapist assistant license, he or she first must graduate from a school that has been accredited for the provision of physical therapy education. The body responsible for accrediting physical therapy and physical therapist assistant programs is the Commission on Accreditation in Physical Therapy Education (CAPTE).

Currently CAPTE accredits programs graduating physical therapists at the master's and doctoral level and programs graduating physical therapist assistants at the associate's degree level.³⁴ CAPTE's mission is "to serve the public by establishing and applying standards that assure quality and continuous improvement in the entry-level preparation of physical therapists and physical therapist assistants and that reflect the evolving nature of education, research and practice."³⁵

EVOLUTION IN EDUCATIONAL TRAINING

As discussed previously, the first physical therapists in the United States were reconstruction aides. The reconstruction aides had other degrees before receiving training in physical therapy. As the level of physical therapy practice evolved, the education evolved such that physical therapy was taught only at certain institutions. These institutions' programs were very specific and had limited admissions initially for an individual's junior and senior year of a baccalaureate degree. Over time, the APTA and the CAPTE promoted that the education of physical therapists needed to be elevated to a master's degree level; thus, the body of knowledge and skills to master required more academic time.

With the progression toward a master's-level educational standard, students would obtain a baccalaureate degree that included certain physical therapy prerequisites before entering physical therapy school for specialized education and skills training to graduate with a master's degree. Initially there was a delay in the implementation of physical therapists being master's-level prepared. Nonetheless, this progression was again undertaken and as of January 1, 2002, CAPTE was no longer accrediting baccalaureate physical therapy programs.³⁶ The rationale for this progression was that the amount of information a physical therapy program needed to impart on students was simply too voluminous to provide in a baccalaureate program. Today, most of the master's-level programs have or are now progressing to the doctoral level.

Lastly, physical therapist assistants are now educated at the associate's degree level. Just like physical therapy programs, physical therapist assistants programs are accredited through CAPTE. As physical therapists evolve toward APTA's Vision 2020, there is controversy over the future role of the physical therapist assistant and as this book is written, no real answers yet exist.

As of November 28, 2006, there were 43 institutions that offered master's-level physical therapy programs and 166 institutions that offered doctoral-level physical therapy programs.³⁷ There was also one institution under development of a doctoral

physical therapy program.³⁸ For physical therapist assistants there were 221 institutions supporting 233 programs.³⁹ There were also 13 institutions developing physical therapist assistants programs.⁴⁰ For a current listing of institutions offering the different programs, go to the APTA's Web site, www.apta.org.

AMERICAN PHYSICAL THERAPY ASSOCIATION _____

As the profession of physical therapy has evolved, so has the organization that represents physical therapists and physical therapist assistants. As previously discussed, the organization is the American Physical Therapy Association (APTA). This organization now has evolved to having a national office in Alexandria, Virginia, as well as a chapter office (now called a component of the organization) in almost every state.

To become a member of the APTA, an individual must have been accepted to, enrolled in, or graduated from an accredited physical therapy or physical therapy assistant program. If the physical therapy or physical therapy assistant program has been granted cadency status by the CAPTE and has been accredited by graduation, the physical therapist or physical therapist assistant is eligible for membership. Membership is voluntary and not mandatory for licensure. The cost of membership dues includes mandatory concurrent joining of the national association as well as the state association where the physical therapist or physical therapist assistant identifies as his or her residency. As of 2007, the national annual dues were as follows:

Physical therapists	\$280.00
Physical therapist assistants	\$185.00
Student (physical therapist or physical therapist assistant)	\$ 80.00
Physical therapy postprofessional student	\$150.00

To the national dues, the physical therapist, physical therapist assistant, or student must then add the dues for membership in his or her state association of the APTA. Then to that total the physical therapist, physical therapist assistant, or student must add the dues for any section he or she chooses to belong to for any given year. The state dues structure will be provided later with the addresses of each state's (component's) address. At the conclusion of this chapter, the dues for each section's membership will be provided. A physical therapist or physical therapist assistant also can belong to more than one chapter (component) by paying what is called *corresponding dues* to the second or additional chapters that the physical therapist or physical therapist assistant wants to join.

The operation of the APTA is beyond the scope of this book; however, the contact information for the APTA and each component, if it exists, is provided here as a reference:

American Physical Therapy Association

1111 North Fairfax Street
 Alexandria, Virginia 22314-1488
 (703) 684-2782
 (800) 999-2782
 Fax: (703) 684-7343
www.apta.org

Alabama

Alabama Physical Therapy Association
 P.O. Box 660551
 Birmingham, Alabama 35266-0551
www.ptalabama.org

Physical therapists	\$140.00 per year
Physical therapist assistants	\$ 65.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$ 5.00 per year
Corresponding dues	\$ 65.00 per year

Alaska

Alaska Physical Therapy Association
 P.O. Box 140351
 Anchorage, Alaska 99514-0351
 (907) 244-7463 (as of the writing of the book there is no website)

Physical therapists	\$ 75.00 per year
Physical therapist assistants	\$ 30.00 per year
Student (physical therapist or physical therapist assistant)	\$ 8.00 per year
Physical therapy postprofessional student	\$ 30.00 per year
Corresponding dues	\$ 75.00 per year

Arizona

Arizona Physical Therapy Association
 4035 East Fanfol Drive
 Phoenix, Arizona 85028-5103
www.aptaaz.org

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Physical therapists	\$140.00 per year
Physical therapist assistants	\$ 84.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$140.00 per year

Arkansas

Arkansas Physical Therapy Association

1401 West 6th Street

Little Rock, Arkansas 72201-2901

www.arpta.org

Physical therapists	\$115.00 per year
Physical therapist assistants	\$ 55.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 50.00 per year

California

California Physical Therapy Association

2880 Gateway Oaks Drive, Suite 140

Sacramento, California 95833

www.ccapta.org

Physical therapists	\$245.00 per year
Physical therapist assistants	\$156.00 per year
Student (physical therapist or physical therapist assistant)	\$ 23.00 per year
Physical therapy postprofessional student	\$100.00 per year
Corresponding dues	\$120.00 per year

Colorado

Colorado Physical Therapy Association

7400 East Arapahoe Road, Suite 211

Centennial, Colorado 80112-1281

www.aptaco.org

Physical therapists	\$140.00 per year
Physical therapist assistants	\$ 85.00 per year
Student (physical therapist or physical therapist assistant)	\$ 20.00 per year
Physical therapy postprofessional student	\$ 65.00 per year
Corresponding dues	\$ 65.00 per year

Connecticut

Connecticut Physical Therapy Association

Administrative Offices

15 North River Road

Tolland, Connecticut 06084-2705

www.ctpt.org

Physical therapists	\$120.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year
Corresponding dues	\$ 60.00 per year

Delaware

Delaware Physical Therapy Association

120 Churchill Lane

Wilmington, Delaware 19808-4319

www.dptaonline.com

Physical therapists	\$ 90.00 per year
Physical therapist assistants	\$ 40.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 15.00 per year
Corresponding dues	\$ 50.00 per year

District of Columbia

District of Columbia Physical Therapy Association

120 Irving Street, NW

Washington, DC 20010-2921

www.dcpta.com

Physical therapists	\$ 75.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 25.00 per year
Physical therapy postprofessional student	\$ 25.00 per year
Corresponding dues	\$ 25.00 per year

Florida

Florida Physical Therapy Association

2104 Delta Way, Suite 7

Tallahassee, Florida 32303-4236

www.fpta.org

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Physical therapists	\$160.00 per year
Physical therapist assistants	\$110.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$100.00 per year
Corresponding dues	\$125.00 per year

Georgia

Georgia Physical Therapy Association
 1260 Winchester Parkway, Suite 205
 Smyrna, Georgia 30080-6546
www.ptagonline.org

Physical therapists	\$105.00 per year
Physical therapist assistants	\$ 52.50 per year
Student (physical therapist or physical therapist assistant)	\$ 7.00 per year
Physical therapy postprofessional student	\$105.00 per year
Corresponding dues	\$ 70.00 per year

Hawaii

Hawaii Physical Therapy Association
 1360 Beretania Street, 301
 Honolulu, Hawaii 96814
www.hapta.org

Physical therapists	\$120.00 per year
Physical therapist assistants	\$ 50.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 75.00 per year
Corresponding dues	\$ 25.00 per year

Idaho

Idaho Physical Therapy Association
 4220 Bodenheimer Street
 Boise, Idaho 83703-4202
www.idaho.org

Physical therapists	\$ 95.00 per year
Physical therapist assistants	\$ 70.00 per year
Student (physical therapist or physical therapist assistant)	\$ 20.00 per year
Physical therapy postprofessional student	\$ 20.00 per year
Corresponding dues	\$ 10.00 per year

Illinois

Illinois Physical Therapy Association

1010 Jorie Boulevard, Suite 134

Oak Brook, Illinois 60523-4441

www.ipta.org

Physical therapists	\$150.00 per year
Physical therapist assistants	\$ 75.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 90.00 per year
Corresponding dues	\$150.00 per year

Indiana

Indiana Physical Therapy Association

P.O. Box 26692

Indianapolis, Indiana 46226-0692

www.inapta.org

Physical therapists	\$120.00 per year
Physical therapist assistants	\$ 65.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 0.00 per year
Corresponding dues	\$120.00 per year

Iowa

Iowa Physical Therapy Association

1228 8th South, Suite 106

West Des Moines, Iowa 50265-2624

www.iowaapta.org

Physical therapists	\$143.00 per year
Physical therapist assistants	\$ 69.00 per year
Student (physical therapist or physical therapist assistant)	\$ 20.00 per year
Physical therapy postprofessional student	\$ 65.00 per year
Corresponding dues	\$ 70.00 per year

Kansas

Kansas Physical Therapy Association

214 SW 6th Avenue, Suite 205

Topeka, Kansas 66603-3780

www.kpta.com

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Physical therapists	\$ 80.00 per year
Physical therapist assistants	\$ 45.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 30.00 per year
Corresponding dues	\$ 40.00 per year

Kentucky

Kentucky Physical Therapy Association
15847 Teal Road
Verona, Kentucky 41092-8229
www.KPTA.org

Physical therapists	\$105.00 per year
Physical therapist assistants	\$ 75.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$105.00 per year

Louisiana

Louisiana Physical Therapy Association
8550 United Plaza Boulevard, Suite 1001A
Baton Rouge, Louisiana 70809-2256
www.lpta.org

Physical therapists	\$125.00 per year
Physical therapist assistants	\$ 94.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 25.00 per year
Corresponding dues	\$ 50.00 per year

Maine

Maine Physical Therapy Association
P.O. Box 1783
Portland, Maine 04104-1783
www.maineapta.org

Physical therapists	\$ 70.00 per year
Physical therapist assistants	\$ 35.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 25.00 per year
Corresponding dues	\$ 15.00 per year

Maryland

Maryland Physical Therapy Association

1111 North Fairfax Street

Alexandria, Virginia 22314-1484

www.aptamd.org

Physical therapists	\$120.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 75.00 per year
Corresponding dues	\$ 60.00 per year

Massachusetts

Massachusetts Physical Therapy Association

34 Atlantic Street

Gloucester, Massachusetts 01930-1625

www.aptaofma.org

Physical therapists	\$120.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 24.00 per year
Physical therapy postprofessional student	\$ 60.00 per year
Corresponding dues	\$120.00 per year

Michigan

Michigan Physical Therapy Association

3300 Washtenaw Avenue, Suite 220

Ann Arbor, Michigan 48104-4292

www.mpta.org

Physical therapists	\$125.00 per year
Physical therapist assistants	\$ 65.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$100.00 per year
Corresponding dues	\$100.00 per year

Minnesota

Minnesota Physical Therapy Association

1711 West County Road B, Suite 102S

Roseville, Minnesota 55113-4036

www.mnapta.org

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Physical therapists	\$140.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year
Corresponding dues	\$ 50.00 per year

Mississippi

Mississippi Physical Therapy Association

P.O. Box 4195

Jackson, Mississippi 39296-4195

www.mpta.org

Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 50.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year
Corresponding dues	\$ 50.00 per year

Missouri

Missouri Physical Therapy Association

205 East Capitol, Suite 100

Jefferson City, Missouri 65101-3166

www.mopt.org

Physical therapists	\$110.00 per year
Physical therapist assistants	\$ 85.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 40.00 per year

Montana

Montana Physical Therapy Association

P.O. Box 8575

Missoula, Montana 59807-8575

www.MAPTA.org

Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 50.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 50.00 per year

Nebraska

Nebraska Physical Therapy Association

P.O. Box 540427

Omaha, Nebraska 68154-0427

www.npta.org

Physical therapists	\$ 75.00 per year
Physical therapist assistants	\$ 40.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 0.00 per year
Corresponding dues	\$ 75.00 per year

Nevada

Nevada Physical Therapy Association

8665 West Flamingo Road, Suite 131

Las Vegas, Nevada 89147-8663

www.NVapta.org

Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 80.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 50.00 per year

New Hampshire

New Hampshire Physical Therapy Association

P.O. Box 978

Manchester, New Hampshire 03105-0978

www.nhapta.org

Physical therapists	\$ 75.00 per year
Physical therapist assistants	\$ 40.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year
Corresponding dues	\$ 15.00 per year

New Jersey

New Jersey Physical Therapy Association

1100 US Highway 130, Suite 3

Robbinsville, New Jersey 08691-1108

www.aptanj.org

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Physical therapists	\$145.00 per year
Physical therapist assistants	\$ 80.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 75.00 per year
Corresponding dues	\$ 50.00 per year

New Mexico

New Mexico Physical Therapy Association
 c/o New Mexico Chapter Executive Office
 1111 North Fairfax Street
 Alexandria, Virginia 22314
www.nmapta.org

Physical therapists	\$ 60.00 per year
Physical therapist assistants	\$ 30.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$ 5.00 per year
Corresponding dues	\$ 30.00 per year

New York

New York Physical Therapy Association
 5 Palisades Drive, Suite 330
 Albany, New York 12205-6433
www.nypta.org

Physical therapists	\$180.00 per year
Physical therapist assistants	\$115.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$110.00 per year
Corresponding dues	\$180.00 per year

North Carolina

North Carolina Physical Therapy Association
 316 West Milbrook Road 105
 Raleigh, North Carolina 27609-4482
www.ncpt.org

Physical therapists	\$105.00 per year
Physical therapist assistants	\$ 70.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 0.00 per year
Corresponding dues	\$ 50.00 per year

North Dakota

North Dakota Physical Therapy Association
 University of North Dakota
 Department of Physical Therapy
 Grand Falls, North Dakota 58202
www.med.und.nodak.edu/depts/pt/ndpta/welcome.htm

Physical therapists	\$ 45.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 45.00 per year
Corresponding dues	\$ 23.00 per year

Ohio

Ohio Physical Therapy Association
 1085 Beecher Crossing North, Suite B
 Gahanna, Ohio 43230-4563
www.ohiopt.org

Physical therapists	\$170.00 per year
Physical therapist assistants	\$ 99.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 48.00 per year

Oklahoma

Oklahoma Physical Therapy Association
 P.O. Box 5354
 Edmond, Oklahoma 73083-5354
www.okpt.org

Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 65.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year
Corresponding dues	\$ 20.00 per year

Oregon

Oregon Physical Therapy Association
 147 SE 102nd
 Portland, Oregon 97216-2703
www.opta.org

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Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 55.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 50.00 per year

Pennsylvania

Pennsylvania Physical Therapy Association

4646 Smith Street

Harrisburg, Pennsylvania 17109-1525

www.ppta.org

Physical therapists	\$145.00 per year
Physical therapist assistants	\$105.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 75.00 per year

Rhode Island

Rhode Island Physical Therapy Association

Rhode Island Administrative Office

15 North River Road

Tolland, Rhode Island 06084-2705

www.riapta.com

Physical therapists	\$ 80.00 per year
Physical therapist assistants	\$ 40.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 25.00 per year

South Carolina

South Carolina Physical Therapy Association

3581 Centre Circle, Suite 104

Fort Mill, South Carolina 29715-9742

www.scapta.org

Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$100.00 per year
Corresponding dues	\$ 50.00 per year

South Dakota

South Dakota Physical Therapy Association

P.O. Box 91146

Sioux Falls, South Dakota 57109-1146

www.sdpta.org

Physical therapists	\$ 50.00 per year
Physical therapist assistants	\$ 406.00 per year
Student (physical therapist or physical therapist assistant)	\$ 25.00 per year
Physical therapy postprofessional student	\$ 25.00 per year
Corresponding dues	\$ 0.00 per year

Tennessee

Tennessee Physical Therapy Association

4205 Hillsboro Road, Suite 317

Nashville, Tennessee 37215-3336

www.tptaonline.org

Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 67.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 25.00 per year
Corresponding dues	\$ 25.00 per year

Texas

Texas Physical Therapy Association

701 Brazos Street, Suite 440

Austin, Texas 78701-3286

www.tpta.org

Physical therapists	\$135.00 per year
Physical therapist assistants	\$ 83.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$100.00 per year
Corresponding dues	\$100.00 per year

Utah

Utah Physical Therapy Association

1551 Renaissance Towne Drive, Suite 350

Bountiful, Utah 84010-7674

www.uapta.org

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Physical therapists	\$100.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$100.00 per year
Corresponding dues	\$ 0.00 per year

Vermont

Vermont Physical Therapy Association
 995 Dorset Street
 South Burlington, Vermont 05403-7503
www.vtapta.org

Physical therapists	\$ 60.00 per year
Physical therapist assistants	\$ 40.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 0.00 per year
Corresponding dues	\$ 20.00 per year

Virginia

Virginia Physical Therapy Association
 c/o APTA
 1111 North Fairfax Street
 Alexandria, Virginia 22314-1488
www.vpta.org

Physical therapists	\$ 85.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 50.00 per year
Corresponding dues	\$ 75.00 per year

Washington

Washington Physical Therapy Association
 208 Rogers Street, NW
 Olympia, Washington 98502-4940
www.ptwa.org

Physical therapists	\$125.00 per year
Physical therapist assistants	\$ 82.00 per year
Student (physical therapist or physical therapist assistant)	\$ 0.00 per year
Physical therapy postprofessional student	\$ 40.00 per year
Corresponding dues	\$ 50.00 per year

West Virginia

West Virginia Physical Therapy Association
2110 Kanawha Boulevard East, Suite 5220
Charleston, West Virginia 25311-2217

www.wvpta.org

Physical therapists	\$ 90.00 per year
Physical therapist assistants	\$ 60.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 25.00 per year
Corresponding dues	\$ 25.00 per year

Wisconsin

Wisconsin Physical Therapy Association
4781 Hayes Road, Suite 201
Madison, Wisconsin 53704

www.wpta.org

Physical therapists	\$156.00 per year
Physical therapist assistants	\$ 79.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 90.00 per year
Corresponding dues	\$ 45.00 per year

Wyoming

Wyoming Physical Therapy Association
1536 East 4th Street
Casper, Wyoming 82601-3048

www.wypta.org

Physical therapists	\$ 60.00 per year
Physical therapist assistants	\$ 38.00 per year
Student (physical therapist or physical therapist assistant)	\$ 30.00 per year
Physical therapy postprofessional student	\$ 0.00 per year
Corresponding dues	\$ 20.00 per year

Section dues are as follows:

Acute Care

Physical therapists	\$ 35.00 per year
Physical therapist assistants	\$ 17.00 per year
Student (physical therapist or physical therapist assistant)	\$ 6.00 per year
Physical therapy postprofessional student	\$ 6.00 per year

CHAPTER 1 / The Evolution of Physical Therapy**Aquatic Physical Therapy**

Physical therapists	\$ 45.00 per year
Physical therapist assistants	\$ 35.00 per year
Student (physical therapist or physical therapist assistant)	\$ 20.00 per year
Physical therapy postprofessional student	\$ 20.00 per year

Cardiopulmonary and Pulmonary

Physical therapists	\$ 40.00 per year
Physical therapist assistants	\$ 20.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year

Clinical Electro and Wound Management

Physical therapists	\$ 35.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$ 5.00 per year

Education

Physical therapists	\$ 50.00 per year
Physical therapist assistants	\$ 35.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 25.00 per year

Federal

Physical therapists	\$ 25.00 per year
Physical therapist assistants	\$ 18.00 per year
Student (physical therapist or physical therapist assistant)	\$ 8.00 per year
Physical therapy postprofessional student	\$ 15.00 per year

Geriatrics

Physical therapists	\$ 45.00 per year
Physical therapist assistants	\$ 35.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 15.00 per year

Hand

Physical therapists	\$ 35.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 21.00 per year

Health Policy and Administration

Physical therapists	\$ 50.00 per year
Physical therapist assistants	\$ 30.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 30.00 per year

Neurology

Physical therapists	\$ 40.00 per year
Physical therapist assistants	\$ 20.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 15.00 per year

Oncology

Physical therapists	\$ 35.00 per year
Physical therapist assistants	\$ 20.00 per year
Student (physical therapist or physical therapist assistant)	\$ 10.00 per year
Physical therapy postprofessional student	\$ 10.00 per year

Orthopedic

Physical therapists	\$ 50.00 per year
Physical therapist assistants	\$ 30.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 15.00 per year

Pediatric

Physical therapists	\$ 55.00 per year
Physical therapist assistants	\$ 35.00 per year
Student (physical therapist or physical therapist assistant)	\$ 20.00 per year
Physical therapy postprofessional student	\$ 35.00 per year

Private Practice

Physical therapists	\$175.00 per year
Physical therapist assistants	\$105.00 per year
Student (physical therapist or physical therapist assistant)	\$ 50.00 per year
Physical therapy postprofessional student	\$150.00 per year

Research

Physical therapists	\$ 35.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 5.00 per year
Physical therapy postprofessional student	\$ 5.00 per year

CHAPTER 1 / The Evolution of Physical Therapy**Sports Physical Therapy**

Physical therapists	\$ 50.00 per year
Physical therapist assistants	\$ 40.00 per year
Student (physical therapist or physical therapist assistant)	\$ 15.00 per year
Physical therapy postprofessional student	\$ 15.00 per year

Women's Health

Physical therapists	\$ 50.00 per year
Physical therapist assistants	\$ 25.00 per year
Student (physical therapist or physical therapist assistant)	\$ 25.00 per year
Physical therapy postprofessional student	\$ 25.00 per year

PROFESSIONAL DESIGNATOR _____

The professional designator for physical therapists is currently under debate. In the 1970s and 1980s, the professional designator was RPT (Registered Physical Therapist) or LPT (Licensed Physical Therapist) and for the physical therapist assistants it was RPTA (Registered Physical Therapist Assistant) or LPTA (Licensed Physical Therapist Assistant). However, in the late 1980s and early 1990s, a movement of change occurred for the professional designator for physical therapist or physical therapist assistant to be PT or PTA. One of the primary rationales for this change was that an individual could not practice as a physical therapist or physical therapist assistant without being licensed or registered; hence, the additional letters made no difference and actually created some confusion because some therapists were using an "R" and some were using the "L."

Today the debate concerns whether to change the physical therapist designator to DPT in recognition of the doctoral degree. Much time, energy, and some cost are being spent to perhaps change the designator once again. However, from a historical perspective, the current debate seems to make a fallacy of the arguments that successfully changed the designator in the 1980s. Just like an "R" or "L" was unnecessary to communicate someone was a licensed physical therapist, it seems a "D" adds nothing to the communication that someone is a physical therapist and may actually create more confusion with consumers as personal trainers want to use the designator PT. When and how the debate will end is unknown as this book is written.

SUMMARY

In summation, the profession of physical therapy started as health care extenders or reconstruction aides to physicians in the delivery of treatment to soldiers injured as a result of wars. The education preparation of physical therapists has progressed from being a baccalaureate to master's to now most physical therapy programs are at the doctoral level. Only 20 percent of programs remain at the master's level and no programs remain at the baccalaureate level.⁴¹

The physical therapist assistant evolved to assist the physical therapist and play a vital role in the delivery of physical therapy services. With the evolution of the profession also has come the evolution of the organization representing physical therapists, physical therapist assistants, and students, the American Physical Therapy Association. Today the physical therapy profession is guided under the direction of the APTA and is working toward obtaining goals established under Vision 2020. One of the major goals is for the physical therapist to become an entry-level health care practitioner, which also will likely cause an increase in the frequency of professional malpractice claims. The malpractice claims will not only be brought against the physical therapist, but also physical therapist assistants and students.

DISCUSSION QUESTIONS

1. What is physical therapy?
2. Explain how physical therapy developed.
3. What were the key reasons physical therapy developed as a profession?
4. What is a vision statement?
5. What is Vision 2020?
6. What are the key elements of Vision 2020?
7. Explain each key element of Vision 2020.
8. Why is there a greater chance a physical therapist, physical therapist assistant, or student might be sued by his or her patient?
9. Discuss the two factors considered in granting direct access to physical therapy services.
10. Identify and discuss the core values of professionalism in physical therapy.
11. Explain the difference in liability exposure between treating a patient with a physician's referral or as an entry-level health care practitioner.

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12. How has the educational preparation of physical therapists changed from the initial physical therapist to today?
13. What is the significance of the educational change to the physical therapy profession?
14. What, in your opinion, should the physical therapist professional designator be and why?

NOTES

¹ The American Physical Therapy Association web page at www.apta.org.

² *Guide to Physical Therapy Practice*, 682 (American Physical Therapy Association, 2nd ed., 2003).

³ www.dictionary.com.

⁴ The American Physical Therapy Association web page at www.apta.org, Areas of Interest, Professional Resources, Reimbursement, Info for Consumers, Physical Therapy & Your Insurance: A Patient's Guide to Getting the Best Coverage.

⁵ *Id.*

⁶ www.dictionary.com.

⁷ The American Physical Therapy Association web page www.apta.org, Home, About APTA, History.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² Alliance for Nonprofit Management web page at www.allianceonline.org, Frequently Asked Questions, What Is a Vision Statement?

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *The American Heritage Dictionary of the English Language*, (Houghton Mifflin Co., 4th Ed., 2000).

¹⁷ American Physical Therapy Association, *Direct Access to Physical Therapist Services*, www.apta.org.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ Jean Mitchell and Gregory de Lissovoy, Cost Effectiveness of Direct Access to Physical Therapy, *Phys. Ther.* 77: 10–18 (1997).

²¹ Department of Health & Human Services, Office of Inspector General, *Physical Therapy Billed by Physicians* OEI-09-02-00200 (May 1, 2006).

²² Physical Therapy Claims Study, CNA HealthPro, 13 (December 4, 2006).

²³ The American Physical Therapy Association web page at www.apta.org, Research.

²⁴ www.dictionary.com.

²⁵ The American Physical Therapy Association web page at www.apta.org, Professionalism in Physical Therapy: Core Values.

²⁶ *Wyckoff v. Jujamcyn Theaters, Inc.*, 784 N.Y.S.2d 26, 27 (NY Sup. Ct. App. Div. 2004).

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ *Baily v. Haynes*, 856 S.2d 1207 (La. 2003).

³² *Id.*

³³ *Id.* at 1210.

³⁴ The American Physical Therapy Association web page at www.apta.org, Education, Accreditation (CAPTE), § 2.3.

³⁵ *Id.* at § 2.2.

³⁶ *Id.* at Education programs, Professional Physical Therapy.

³⁷ *Id.* at Accreditation (CAPTE), PTA Programs, PT & PTA Programs.

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ The American Physical Therapy Association web page at www.apta.org, Education, Accreditation (CAPTE), § 2.3.

