Utah's Physical Therapist Workforce, 2016

Utah Medical Education Council

UTAH'S PHYSICAL THERAPIST WORKFORCE, 2016

The Utah Medical Education Council

State of Utah

www.utahmec.org

2016

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Utah's Physical Therapist Workforce, 2016

Printed in the United States of America

Internet Address: www.utahmec.org

Suggested Citation:

Utah Medical Education Council (2016). Utah's Physical Therapist Workforce, 2016. Salt Lake City, UT.

THE UTAH MEDICAL EDUCATION COUNCIL

The Utah Medical Education Council (UMEC) was created in 1997 out of a need to secure and stabilize the state's supply of healthcare clinicians. This legislation authorized the UMEC to conduct ongoing healthcare workforce analyses and to assess Utah's training capacity and graduate medical education (GME) financing policies. The UMEC is presided over by an eight-member board appointed by the Governor to bridge the gap between public/private healthcare workforce and education interests.

Core Responsibilities – Healthcare Workforce

- Assess supply and demand.
- Advise and develop policy.
- Seek and disburse Graduate Medical Education (GME) funds.
- Facilitate training in rural locations.

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ACKNOWLEDGEMENTS

The Utah Medical Education Council (UMEC) is proud to present the first comprehensive report focused on the Physical Therapist workforce in Utah. The report below is a product of collaboration with Physical Therapist stakeholders across numerous organizations throughout the state. The UMEC would like to extend a special thanks to several individuals for their considerable contribution to this report:

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EXECUTIVE SUMMARY

The national Physical Therapist (PT) workforce has been in an ongoing process of professional transformation that is impacting both the capacity and market demand for its services. Specifically, the PT workforce has grown over the last century into a health care profession that focusses on maintaining, restoring, and improving the movement, activity, and overall quality of life of patients. The ongoing integration of PTs into the overall promotion of health, wellness, and fitness of patients has led to increased demand for their services across numerous healthcare settings. Accordingly, the market for PT services over the last two decades has been strong and typically characterized by a shortage of PTs to meet the ever growing demand for their services. Like their national counterparts, Utah PTs have experiences these same role changes and demand.

The following report is the first comprehensive report that seeks to capture various supply and demand characteristics of the Utah PT workforce. Specifically, the report explores work setting distribution, demographic and geographic dispersal, general workforce activities and capacity, and various trends that will influence the future supply and demand of PTs in Utah.

At the time of this survey, the PT workforce in Utah was estimated to be in high demand. A marginal portion (0.2%) of the workforce was unemployed, the average hours worked for full-time PTs was 46, and 17.5% of the workforce was transitioning work settings for reasons outside of compensation and family. These indicators suggests that PTs are currently in high demand in Utah.

Moving forward, the supply of PTs by in-state programs will grow; however, this growth rate may entail an increasing reliance on out of state PT programs as the demand for PTs in Utah is estimated to increase at a rate above what in-state programs are producing. Approximately 48% of Utah's PT workforce graduated from outside programs – thus a reliance on out-of-state programs is not a new strategy. However, demand for PTs nationwide is projected to continue into the future which means that Utah may have a harder time acquiring these out-of-state PTs. Nevertheless, Utah's in-state programs may be able to offset this risk by increasing their retention rates of graduates. In doing so, Utah can become more self-sustaining despite the ongoing national vying for PTs.

RECOMMENDATIONS

The UMEC, in conjunction with the Utah Physical Therapist (PT) Workforce Advisory Committee, makes the following recommendations to ensure an adequate PT workforce in Utah:

1. **Promote a more diverse workforce.**
   Only 5% of the PT workforce in Utah self-identifies as being a racial or ethnic minority, compared to 8.4% of the state's population. The PT workforce in Utah also lags behind the PT workforce in the US which is composed of 20.1% racial and/or ethnic minorities.
   - Engage with local high schools and organizations to help minorities understand the requirements and opportunities of becoming a PT in Utah.

2. **Continue to strengthen the rural workforce.**
   The geographic dispersion of the PT workforce in Utah is over-represented in urban areas and under-represented in rural areas. Specifically, 86.9% of the PT workforce is in Metropolitan Core areas, while only 79.9% of Utah's population lives in these areas. Conversely, only 0.8% of the PT workforce works in rural areas, whereas 3.4% of Utah's population lives in these areas. By strengthening the rural workforce, the PT population in Utah will be able to improve access to PT services in various rural areas.
   - Encourage programs to target applicants who come from a rural background as they are more likely to practice in a rural setting after graduation.
   - Develop pipelines for helping PT students and graduates find exposure and career opportunities in rural areas around Utah.

3. **Improve Data Collection.**
   - Develop a demand study for the PT workforce in Utah. This study should survey PT employers around the state to help gauge the magnitude and facility-types that are in high demand for PT services.
   - Develop and maintain a database of PTs who graduated from Utah programs. Use this database to understand the retention and dispersion of PTs from these programs. Monitoring the retention and dispersion of these PTs can help identify trends and opportunities for encouraging PTs to work in Utah.
   - Develop a survey to study Physical Therapist Assistants (PTAs) and how their work influences and contributes to the productivity of PTs.

4. **Support the development of an interstate PT compact.**
   - This compact would allow easier migration of PTs across Utah's borders which would help bring in additional supply when demand in the state is high.
   - Develop a way to track PTs who come into Utah to practice.

OVERVIEW OF REPORT

INTRODUCTION

One of the Utah Medical Education Council's principal responsibilities is to determine the current number and mix of healthcare professionals in Utah. An integral part of this process involves determining the supply and demand of specific healthcare professionals. The UMEC conducts periodic workforce surveys to 1) help gauge the current active workforce in Utah; 2) assess the future supply and demand for specific healthcare workforces; and 3) develop strategies with stakeholders to ensure that the healthcare workforce requirements of Utah are met.

Utah's Physical Therapist Workforce Report, 2016 is UMEC's first report on the state's physical therapist workforce. In line with other UMEC publications, this report focuses on capturing the demographic and practice characteristics of Utah's physical therapist workforce. In addition, the report explores the capacity of and specific services provided by Utah's current active physical therapists. The report also captures national, regional, and state-specific trends that will impact the future supply and demand for physical therapist services in Utah.

METHODOLOGY

The data used for this report was collected using a survey instrument crafted by UMEC and the Physical Therapist Advisory Committee (see Appendix B for survey). Consisting of 24 questions, the survey instrument was sent out to all 2,127 licensed physical therapists in Utah in the Spring of 2015.[1]

After one email and three standard mailings, 1,294 surveys were returned – 1,019 surveys from respondents who reported providing services in Utah, and 266 indicating that they do not provide physical therapy related services in Utah. The final response rate for the survey was 61.5%.[2] A weight factor of 1.644 has been applied to each case in the analysis.[3] All analyses have used this weight factor unless otherwise specified.

SCOPE AND LIMITATIONS

While UMEC's survey received a high overall response rate, alongside a high item-response rate, some data issues still emerged. For instance, self-reported data on work status (i.e. full-time or part-time) did not always line up precisely with total hours worked per week provided by the same individuals. As such, the survey reports on both total hours worked as well as work statuses of active PTs. In addition, educational debt for physical therapy degrees is difficult to analyze given that the survey cannot delineate physical therapy degree debt from total educational debt in pursuant to a physical therapy degree. Finally, categorical data utilized to measure yearly compensation was not the best metric to use as almost 20% of respondents fell below the bottom category or above the top category. These limitations should be addressed in any proceeding physical therapist workforce reports for the state.

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[1] Licensed physical therapist data was provided by the Utah Division of Occupational and Professional Licensing (DOPL). An email was sent out to 1,386 individuals and 125 responded. An additional three standard mailings were sent to the remaining 2,002 licensed individuals.

[2] 23 licensed Utah physical therapists had "bad" mailing addresses which disallowed them to participate in the survey. Accordingly, including them in the denominator would suggest a non-response rate higher than the actual population who had an opportunity to take the survey. The final response rate then is 1,294 divided out of 2,104 (2,127 – 23 = 2,104) = 61.5%

[3] The weight factor is calculated by taking the response rate of the entire population (1,294/2,127) - which is .6084. Dividing this number from one gives a weight factor of 1.644 for each case.

NATIONAL PHYSICAL THERAPIST WORKFORCE

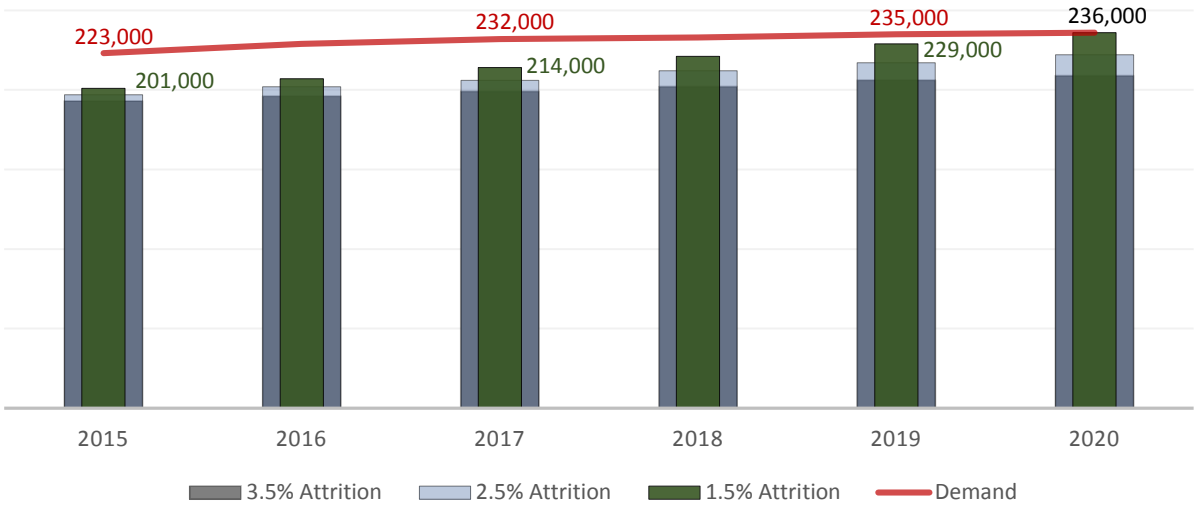
"During the past 25 years, the physical therapy workforce typically has been characterized by a shortage of providers." – American Physical Therapy Association[i]

The Physical Therapist (PT) workforce has grown over the last century into a health care profession that focusses on maintaining, restoring, and improving the movement, activity, and overall quality of life of patients.[i] The PT profession has evolved to be "involved in promoting health, wellness, and fitness through risk factor identification and the implementation of services to reduce risk, slow the progression of or prevent functional decline and disability, and enhance participation in chosen life situations."[i] To ensure that new entry-level PTs are competent to provide these services, national accreditation standards will be requiring a doctor of physical therapy (DPT) degree for all graduates starting in 2016.[i]

The market for highly trained PTs has been strong for the last several years, and there is no current indicator that demand for these services will be slowing over the next decade. For instance, physical therapy has been touted as a recession-proof job, and PTs ranked as the 44th best job in America in 2013.[ii,iii] Moreover, PTs are currently cited as being the 8th highest demand job in the U.S., with a projected workforce increase of 36% from 2012-2022.[iv,v] The high increase in demand over the next decade is a result of a) a decreasing number of uninsured individuals (due to the passage of the Patient Protection and Affordable Care Act) who will likely demand many of these services, b) an aging population, and c) the continued integration of PTs into health care teams.[i]

The American Physical Therapy Association developed a model in 2011 to help better understand the supply and demand of PTs over the next decade.[vi] This model is focused on trying to ascertain the number of physical therapists needed to meet demand given three possible attrition rates[4]. Each attrition rate (1.5%, 2.5%, 3.5%) projected a shortage of PTs by 2020. The highest attrition rate projects a shortage of almost 27,000 PTs by 2020, with the lowest attrition rate projecting a shortage of only 600 by 2020. Accordingly, the projected increase in demand for PTs services over the next decade is estimated to outpace the growth in PT graduates over the same period.[vi]

Figure 1: Estimating National Demand and Supply Projections for Physical Therapists



[4]This model defines attrition as "the number of licensed physical therapists permanently leaving the profession."

UTAH'S PHYSICAL THERAPIST WORKFORCE

BACKGROUND

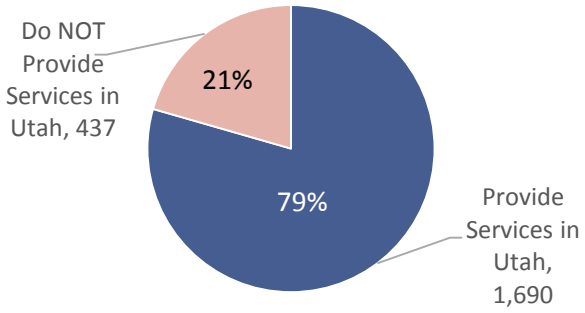
The physical therapist (PT) workforce has grown in both size and scope over the last decade. While their role in promoting health and well-being has remained constant, the depth and utilization of their services has expanded. The recent expansion in demand for PT services is not expected to taper off over the next decade. Indeed, increased insurance coverage, an aging population, and expanded utilization of physical therapist services are all contributing to the high future demand for physical therapists. Utah, like its national counterpart, is also expected to experience an ongoing increase in demand for its PT workforce.

ACTIVE PT WORKFORCE

In 2005, the Utah Division of Occupational and Professional Licensing (DOPL) had issued a total allotment of 1,376 PT licensed in Utah. By the beginning of 2015, DOPL had a total active PT license pool of **2,127**. Since 2000, total PT licenses have grown 4.7% annually; however, since 2005 the annual growth rate has been 6.0%, and since 2010 is has been 9.9% annually. This increased growth in total active licenses over the last decade is indicative of the increased demand for PT services in Utah.

The UMEC's PT survey estimates that approximately **1,690** (79%) of the 2,127 license Utah physical therapists are currently providing services in Utah (Figure 2).

Figure 2: Licensed Physical Therapists in Utah: Distribution by Service Provision



These 437 individuals are licensed in Utah, but provide services elsewhere. The top three most important factors in these PTs choosing to work outside of Utah are Family, Wage/Pay Scale, and "Other". A majority of these PTs who chose "Other" also clarified that they are currently working outside of the state but intend/hope to move back and provide services in Utah in the future. The other 437 licensed PTs rank the following factors as being the most important influencers in them practicing outside of Utah:

Table 1
Factors Influencing Decision to Practicing Elsewhere

Factor	Rank
Family	1
Wage/Pay Scale	2
Other	3
Lifestyle	4
Work Environment	5
Climate	6

ACTIVE PT-per-100,000 POPULATION RATIO

The UMEC estimates that the current active PT workforce of 1,690 PTs provides a ratio of 56.0 active physical therapists-per-100,000 Utahns. This estimate places Utah's physical therapist-to-100,000 population above the average of the Western Region, but below the national average (Figure 3, Table 2).

Figure 3: Utah Physical Therapists-to-100,000 Population Ratio (2014-2015)

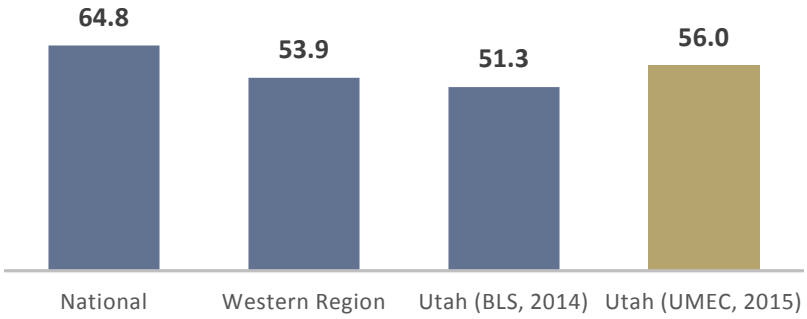


Table 2
Utah, Western, and National Physical Therapist Comparison, 2014-2015

Western Region (BLS)	Physical Therapist Employed	Population*	Physical Therapist-per-100,000 ratio
Arizona	3,820	6,731,000	56.8
California	17,200	38,800,000	44.3
Colorado	4,440	5,356,000	82.9
Idaho	1,020	1,634,000	62.4
Montana	1,000	1,024,000	97.7
Nevada	1,500	2,839,000	52.8
New Mexico	1,150	2,086,000	55.1
Oregon	2,550	3,970,000	64.2
Washington	4,750	7,062,000	67.3
Wyoming	350	584,000	59.9
National	**206,670**	**318,900,000**	**64.8**
Utah (UMEC, 2015)	**1,690**	**3,017,547**	**56.0**

Source: U.S. Department of Labor, Bureau of Labor Statistics, "Occupational Employment and Wages, May 2014: Physical Therapists," Occupational Employment Statistics, 2014. Available at: http://www.bls.gov/oes/current/oes291123.htm

* Estimate using Utah "Governor's Office of Planning and Budget, 2012 Baseline Projections".

DEMOGRAPHICS

The race/ethnicity composition of Utah's PT workforce is similar to the make-up of the state's population. Like the national workforce, the vast majority of active PTs in Utah identify themselves as Caucasian, followed by Hispanic and Asian. However, Caucasians are over-represented in Utah's PT workforce, while the other races are under-represented. Hispanics are the largest under-represented population in the PT workforce in Utah; although they are similar to national workforce percentages.

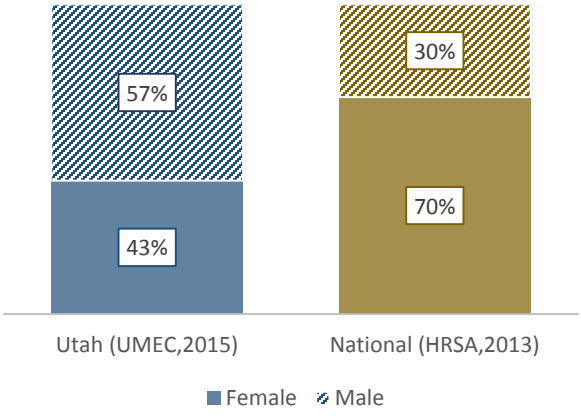
Table 3
Race/Ethnicity Comparison: Utah's Physical Therapist Workforce vs Utah's Population

Race/Ethnicity	Utah's Physical Therapist Workforce (UMEC, 2015)*	Utah's Population (2013)**	National Physical Therapist Workforce (HRSA,2014)***
Caucasian	95.0%	91.6%	79.9%
Asian/Pacific Islander	1.7%	2.3%	10.7%
Hispanic****	2.0%	13.4%	4.3%
African American	.3%	1.3%	3.9%
American Indian	.2%	1.5%	.2%
Other	.8%	2.3%	1.0%

* Total does not equal 100% due to non-response
** Numbers gathered from U.S. Censes. See http://quickfacts.census.gov/qfd/states/49000.html
*** See U.S. Department of Health and Human Services "The U.S> Health Workforce Chartbook – Part IV"[vii]
**** Hispanic ethnicity asked separately from race. An individual could therefore identify as Hispanic alongside a race category.

Currently, **725** (43%) females and **965** (57%) males provide PT services in Utah. The female proportion of Utah's PT workforce is currently below the national percentage of 70.1%. However, Utah's PT gender composition will likely shift over the coming years as 1) older males (over 10% of the male workforce) retire, and 2) females continue to enter the workforce in increasing numbers. Indeed, females averaged 43 new licenses from 2000-2005, 50 new licenses from 2006-2010, and 89 from 2011-2015.

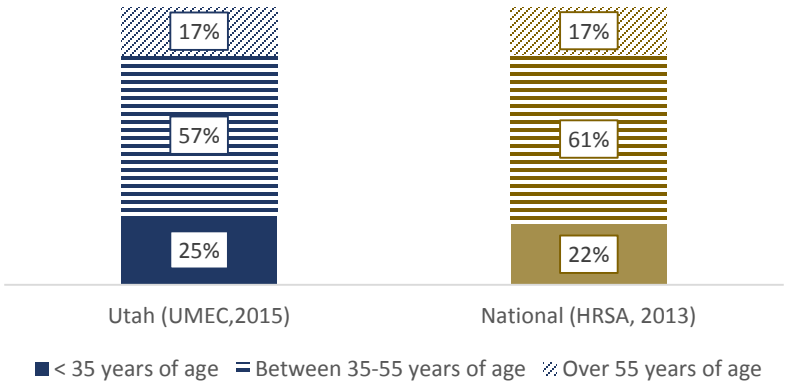
Figure 4: Gender Composition in PT Workforce: Utah vs. USA



AGE

The average age of active PTs in Utah is currently **44.9** years old. The PT workforce in Utah is slightly older than the national workforce. Nationally, 32% of the PT workforce is under the age of 35, with 58% being between the ages of 35 – 55, and 10% being above the age of 55.[vii] In Utah, 25% of active PTs are under the age of 35, with 57% being between the ages of 35 – 55, and 17% are over the age of 55.

Figure 5: Age Distribution in PT Workforce: Utah vs USA



The average age of active male and female PTs in Utah is similar. For females, the average age is **43.9** years old, and for males it is slightly higher at **45.7** years old. Active females are slightly younger with 29% being under the age of 35, 56% being between 35 -55 years of age, and 15% being over the age of 55. Active males have an age distribution of 22% under the age of 35, 59% between the ages of 35 – 55, and 19% being over the age of 55.

Figure 6: Age Distribution of Utah's PT Workforce: Count by Gender

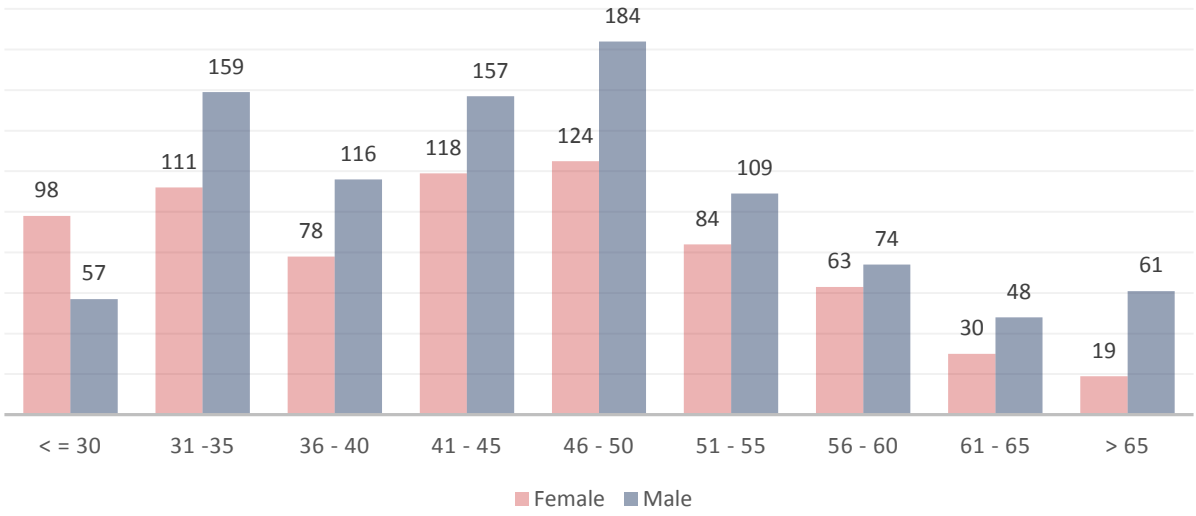


Figure 7: Age Distribution of PTs in Utah by Gender: Total of Age Cohort by Gender

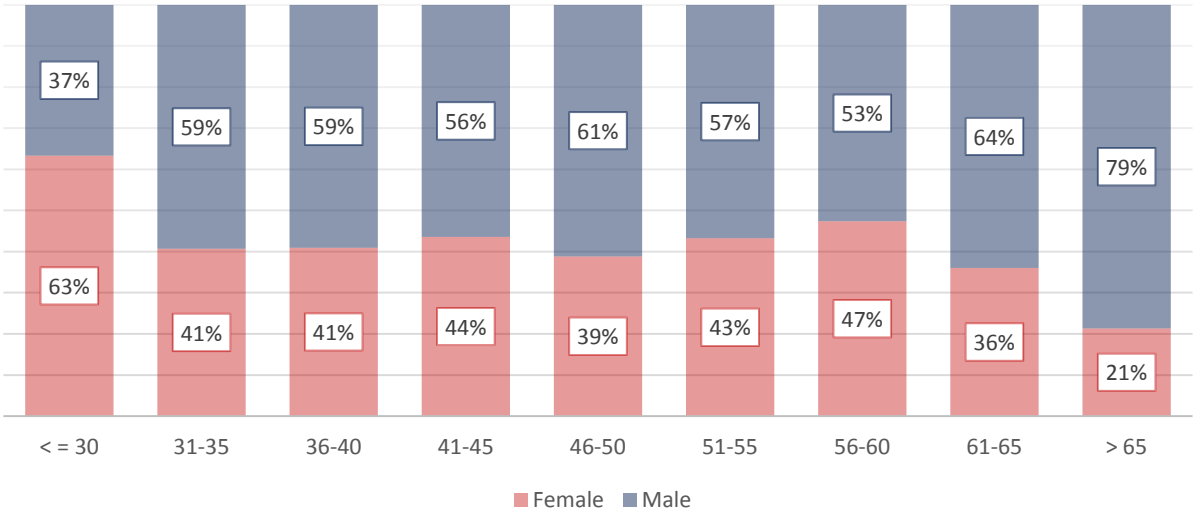
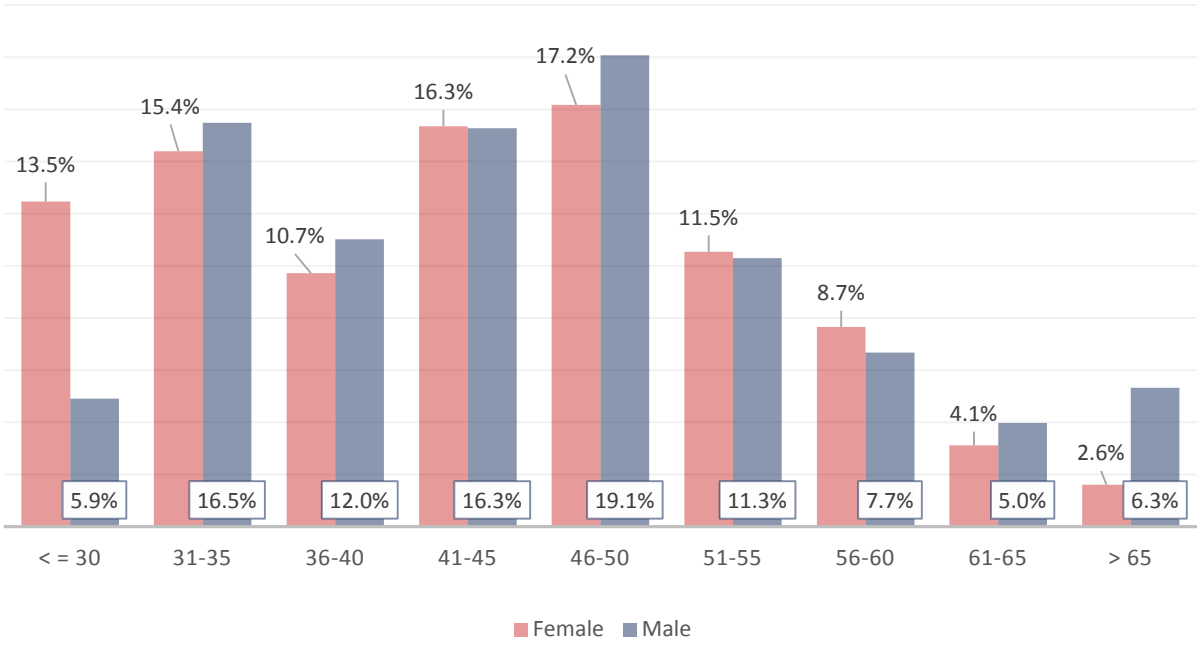


Figure 8: Age Distribution of Utah's PT Workforce: Percentage of Gender by Age Cohort



EDUCATION AND ADDITIONAL TRAINING

The Doctor of Physical Therapy (DPT) degree will be the new entry-level degree for all graduating physical therapists in January of 2016.[i] Utah currently has two DPT programs in the state. As expected, the entry-level degree for younger age cohorts is strictly DPT degrees, with the entry-level degree of the oldest age cohorts being BPT degrees. There has been a noticeable shift in 40 – 60 year olds who entered the PT profession with a BPT or MPT degree and have gone back to school to obtain either a MPT or DPT degree.

Table 4
PT Degree by Age Cohort: Entry-Level vs. Highest Obtained

	Entry-Level PT Degree			Highest PT Degree		
Age Group	**BPT**	**MPT**	**DPT**	**BPT**	**MPT**	**DPT**
Under 30 years old	<1%	< 1%	99%	<1%	<1%	98%
Ages 30 – 39 years old	---	18%	82%	---	11%	88%
Ages 40 – 49 years old	28%	62%	10%	23%	52%	25%
Ages 50 – 59 years old	70%	30%	---	53%	29%	18%
Over 60 years old	92%	8%	---	80%	12%	8%

Currently, there are an estimated 739 PTs in the state with a DPT – 70% of these individuals are under the age of 40. In addition, there are an estimated 473 PTs who are practicing with an MPT as their highest PT degree, and 467 PTs practicing with a BPT as their highest PT degree. As expected, the older PT population (ages 40 and up) hold the vast majority of MPT licenses (89%) and BPT licenses (99%) as their highest PT degree.

An estimated 855 (52%) PTs practicing in the state graduated from one of Utah's PT programs. Utah programs have trained half of Utah's PT workforce, with the remaining PTs coming from other states around the U.S. The top states that have trained PTs in Utah are California, Idaho, Texas, and Arizona.

Table 5
Top PT Training Locations for Utah's PT Workforce

State	Count (% Workforce)
Utah	863 (51.1%)
California	130 (7.9%)
Idaho	54 (3.2%)
Texas	54 (3.2%)
Arizona	44 (2.6%)
Western Region	327 (19.3%)

Many active PTs in Utah have gone on to obtain additional education and certifications. Of the 1,690 active PTs, **123** (7.3%) have completed a fellowship/residency. The majority of these fellowships/residencies have been in the areas of Orthopaedics, Neurology, and Sports Medicine. In addition, PTs identified specific areas where they are currently board certified in. The areas with the most PTs having passed the board are the same areas where the most fellowships/residencies have been completed (see Table 6). Portions of the PT workforce in Utah have also gone on to obtain credentials in areas outside of the direct PT education. These areas include athletic training, strength and conditioning, and neurodevelopmental treatment (see Table 7).

Table 6
Board Certifications of PT Workforce by Area

Specialty/Area	Count (% Workforce)
Orthopaedics	154 (9.1%)
Neurology	31 (1.8%)
Sports Medicine	30 (1.8%)
Wound Care	25 (1.5%)
Geriatrics	25 (1.5%)
Lymphedema	18 (1.1%)

Table 7
Credentials Outside of Direct PT Education

Specialty/Area	Count (% Workforce)
Athletic Training	94 (5.6%)
Certified Strength and Conditioning Specialist	21 (1.2%)
Neurodevelopmental Treatment	20 (1.2%)
Pilates	18 (1.1%)

PRACTICE SETTINGS AND HOURS WORKED

Roughly **16%** of the active PT workforce is currently licensed in another state outside of Utah. Many of these individuals hold licenses in more than one state outside of Utah. In total, active PTs in Utah have a sum of **328** licenses outside of Utah. Roughly three-quarters (**72.6%**) of these licenses are for states within the Western Region (see Table 8).

Table 8
Where Active PTs are Licensed Outside of Utah

State	Count (% Total)
Idaho	58 (18.1%)
California	49 (15.3%)
Nevada	40 (12.5%)
Arizona	23 (7.2%)
Colorado	21 (6.5%)

The geographic composition of Utah's physical therapist workforce mimics the estimates provided by the BLS. However, the UMEC was able to capture working PTs in three economic regions that the BLS currently does not identify as having PTs (Table 9).

Table 9
Geographic Distribution of Physical Therapists in Utah: UMEC vs. BLS

Utah Economic Regions (BLS)	Physical Therapists Employed (UMEC,2015)	Workforce Proportion	Physical Therapists Employed (BLS,2014)	Workforce Proportion
Salt Lake City	819	53%	810	55%
Ogden-Clearfield	272	18%	270	18%
Provo-Orem	219	14%	210	14%
St. George	81	5%	70	5%
Logan	48	3%	60	4%
West Central	20	1%	NR*	---
North	18	1%	NR*	---
Eastern	52	3%	50	3%
South Western	15	1%	NR*	---
TOTAL	***1,690**	**100%**	**1,510***	**100%**

NR* represents "Non-reportable" information.

Source: U.S. Department of Labor, Bureau of Labor Statistics, "Occupational Employment and Wages, May 2014: Physical Therapists," Occupational Employment Statistics, 2014. Available at: http://www.bls.gov/oes/current/oes291123.htm

Counties in Regions: Eastern (Daggett, Wasatch, Duchesne, Uintah, Carbon, Emery, Grand, San Juan); Ogden-Clearfield (Weber, Davis, Morgan); Salt Lake City (Tooele, Salt Lake, Summit); Provo-Orem (Juab, Utah); South Western (Iron, Kane, Garfield, Beaver); St. George (Washington); Logan (Cache); North (Box Elder, Rich), West Central (Millard, Sanpete, Sevier, Wayne).

--- = Non-reportable information

* Totals in table don't add up to totals due to item non-response on work location questions.

RUCA CODES

Given Utah's unique geography and population dispersion, another meaningful way to look at the distribution of the PT workforce is by Rural-Urban Commuting Area Codes (RUCAs). These codes utilize a classification scheme that helps illuminate trends beyond the traditional urban/rural dichotomy. Specifically, these codes are used to help break down areas into more defined areas like "Small Urban", "Small Rural", "Isolated Rural", and "Large Urban". The purpose of this method is to highlight meaningful distinctions between areas that may share a similar geography. This metric is particularly helpful given that Utah's unique geography doesn't lend itself to be easily understood with a mere urban/rural distinction.

Table 10
Major RUCA Codes, Definitions, and Utah Examples

RUCA CODE	DEFINITION	EXAMPLES
1. Metropolitan Core	Flow within urbanized area (**UA**)	Wasatch Front
1.1 Metropolitan Core	Secondary flow 30% to 50% to larger UA	NA
2. Metropolitan High Commute	Flow 30% or more to UA	Park City, Payson
3. Metropolitan Low Commute	Flow 10% to 30% to UA	Grantsville, Mona
4. Micropolitan Core	Flow within urban cluster of 10,000-49,999 (**Large UC**)	Cedar City, Price
4.1 Micropolitan Core	Secondary flow 30% to 50% to a UA	Tooele
4.2 Micropolitan Core	Secondary flow 10% to 29% to a UA	Brigham City, Willard
5. Micropolitan High Commute	Flow 30% or more to Large UC	East Carbon
5.1 Micropolitan High Commute	Secondary flow 30% to 50% to a UA	NA
6. Micropolitan Low Commute	Flow 10% to 30% to Large UC	NA
7. Small Town Core	Flow within urban cluster of 2,500-9,999 (**Small UC**)	Heber City, Dugway,
7.1 Small Town Core	Flow 30% to 50% to a UA	Hurricane, La Verkin
7.2 Small Town Core	Flow 30% to 50% to a Large UC	NA
7.3 Small Town Core	Secondary flow 10% to 29% to a UA	Park City, Nephi
7.4 Small Town Core	Secondary flow 10% to 29% to Large UC	Garland, Tremonton
8. Small Town High Commute	Flow 30% or more to Small UC	Monroe, Sevier
8.1 Small Town High Commute	Flow 30% to 50% to a UA	NA
8.2 Small Town High Commute	Flow 30% to 50% to a Large UC	NA
8.3 Small Town High Commute	Secondary flow 10% to 29% to a UA	NA
8.4 Small Town High Commute	Secondary flow 10% to 29% to Large UC	NA
9. Small Town Low Commute	Flow 10% to 30% to Small UC	NA
9.1 Small Town Low Commute	Secondary flow 10% to 29% to a UA	NA
9.2 Small Town Low Commute	Secondary flow 10% to 29% to Large UC	NA
10. Rural Areas	Flow outside UA or UC	Duchesne, Beaver
10.1 Rural Areas	Secondary flow 30% to 50% to a UA	New Harmony
10.2 Rural Areas	Secondary flow 30% to 50% to Large UC	Parowan, Summit
10.3 Rural Areas	Secondary flow 30% to 50% to Small UC	Neola, Bluebell
10.5 Rural Areas	Secondary flow 10% to 29% to Large UC	Castle Dale
10.6 Rural Areas	Secondary flow 10% to 29% to Small UC	Kamas, Fillmore

Source: United States Department of Agriculture, Economic Research Service, *Rural-Urban Commuting Area Codes*. www.ers.usda.gov

Table 11
PT Distribution by RUCA Code

RUCA CODE	PT POPULATION	UTAH POPULATION*
1	86.9%	79.9%
2	2.8%	4.7%
3	0.1%	0.5%
4	4.1%	5.8%
5	0.0%	0.1%
6	0.0%	0.0%
7	5.2%	5.3%
8	0.1%	0.3%
9	0.0%	0.0%
10	0.8%	3.4%

* U.S. Census Bureau, Population Division. Annual Estimates of Resident Populations: Utah, 2014.

Table 12
PT Distribution by County

County	PT POPULATION	UTAH POPULATION*
Beaver	0.1%	0.2%
Box Elder	1.0%	1.8%
Cache	3.2%	4.0%
Carbon	1.0%	0.7%
Daggett	0.0%	0.0%
Davis	8.7%	11.1%
Duchesne	0.5%	0.7%
Emery	0.1%	0.4%
Garfield	0.0%	0.2%
Grand	0.3%	0.3%
Iron	1.0%	1.6%
Juab	0.3%	0.4%
Kane	0.0%	0.3%
Millard	0.1%	0.4%
Morgan	0.1%	0.4%
Piute	0.0%	0.1%
Rich	0.1%	0.1%
Salt Lake	49.3%	37.2%
San Juan	0.2%	0.5%
Sanpete	0.6%	1.0%
Sevier	0.5%	0.7%
Summit	2.8%	1.3%
Tooele	1.2%	2.1%
Uintah	0.5%	1.2%
Utah	13.7%	19.0%
Wasatch	0.7%	0.9%
Washington	5.2%	5.1%
Wayne	0.0%	0.1%
Weber	8.9%	8.2%

* U.S. Census Bureau, Population Division. Annual Estimates of Resident Populations: Utah, 2014.

The distribution of Utah's PT workforce mimics the distribution of Utah's population within major metropolitan/small town areas. For instance, 79.9% of Utah's population lives within "Metropolitan Core" areas, while 86.9% of the PT workforce practices in these areas. In addition, 5.8% and 5.3% of Utah's population lives within a "Micropolitan Core" and "Small Town Core", respectively. The PT workforce has 4.1% and 5.2% of its workforce in these two geographic areas. However, the PT distribution in rural areas consists of only 0.8% of the PT workforce, while 3.4% of the Utah population lives within these areas.

Figure 9: PT Distribution by RUCA Code

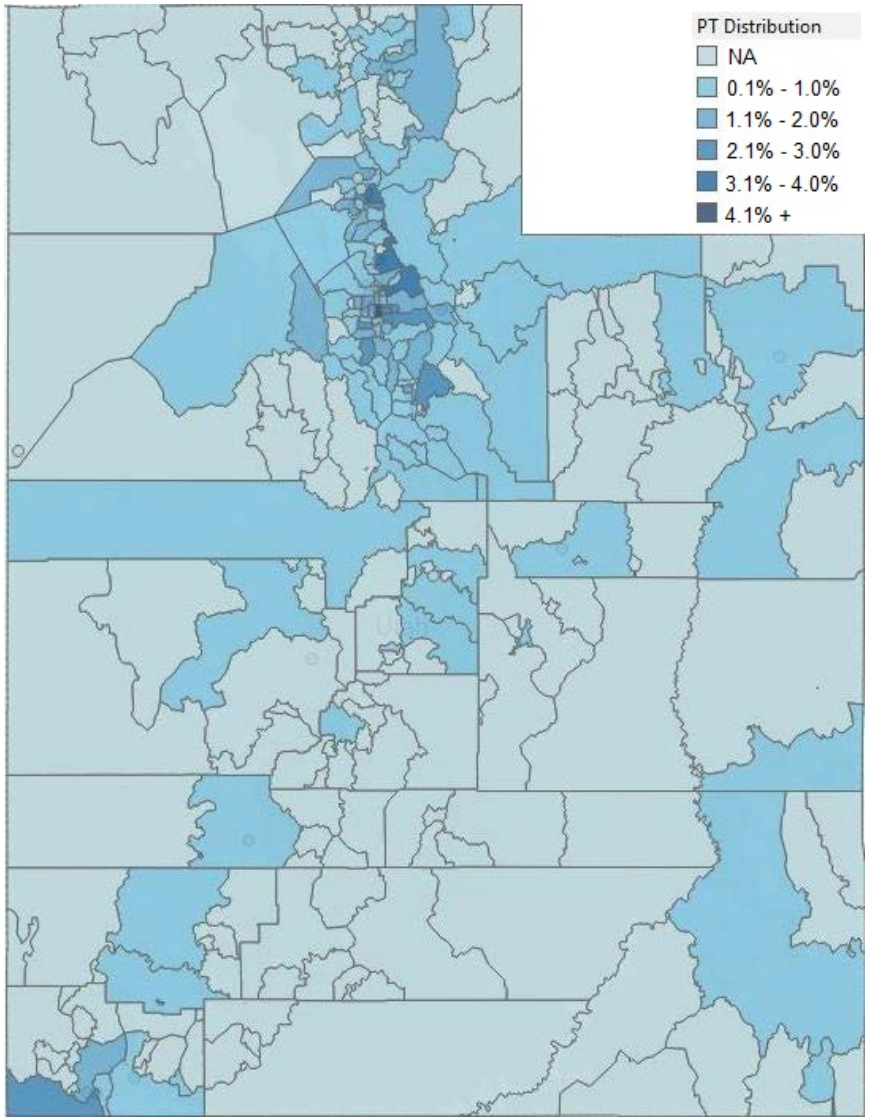
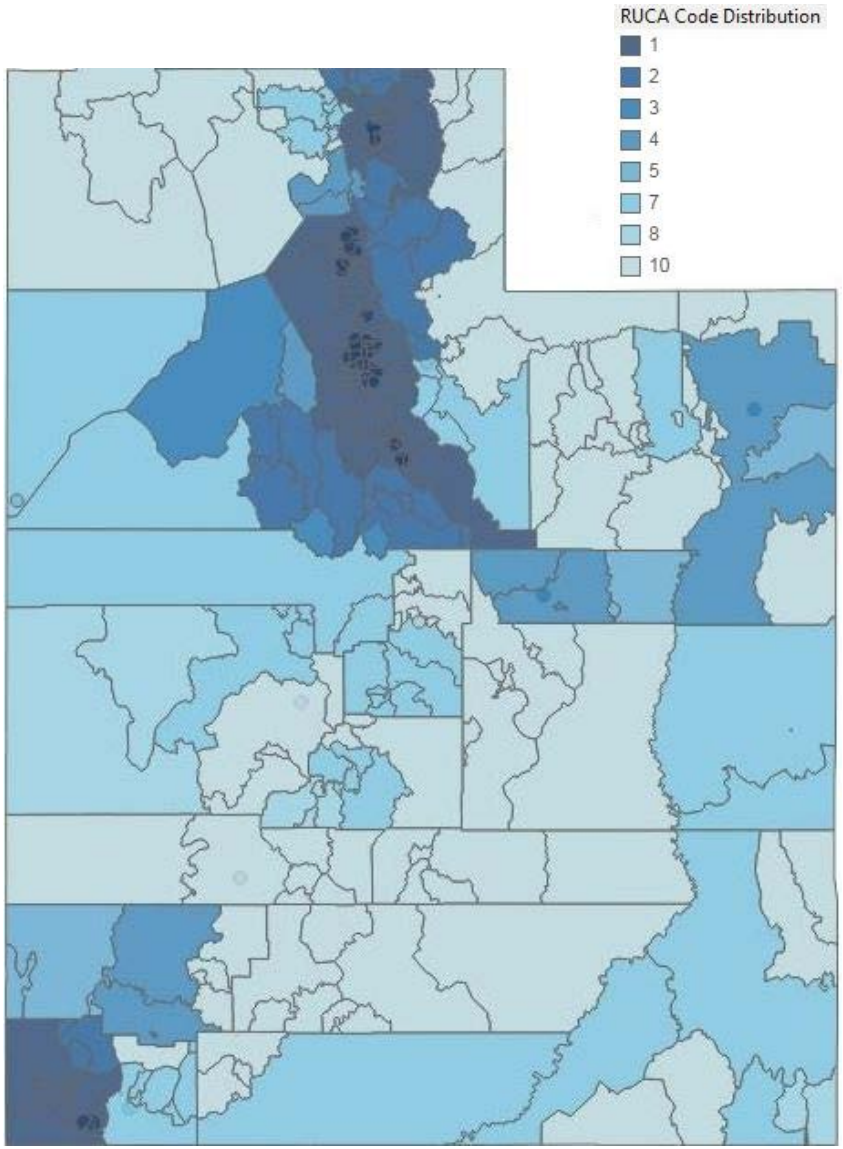


Figure 10: Utah Population by RUCA Code



HOURS WORKED

Full-time PTs work an average of **46.1** hours per week, while part-time PTs work an average of **26.2** hours per week. Of all active PTs, **72.4%** are working over 36 hours per week. However, as explained in the limitations section, identifying PT work status is difficult given that some part-time PTs are working more than one PT job. Given that, the following numbers are intended to help illuminate this discrepancy.

The majority of PTs are working at least one full-time job (**65.7%**). An estimated **22.7%** of active PTs are working one part-time job, with **11.6%** of PTs working two part-time jobs. In terms of hours worked per week, **72.4%** of the PT workforce works over 36 hours per week.

Table 13
Hours Worked per Week

Hours/Week	Count	Percent
20 or fewer	215	13.0%
21-35	241	14.6%
36-40	535	32.3%
41-50	457	27.6%
51-60	156	9.4%
61+	51	3.1%

The proportion of PTs working full-time and part-time hours is noticeably dissimilar across gender. For instance, **81.8%** of all males are working in full-time positions, and of all full-time positions, **70.4%** are filled by males. In contrast, **54.4%** of all females are working in part-time positions, and of all part-time positions, **68.7%** are filled by females.

Table 14
Hours Worked per Week by Gender

Hours/Week	Male Count	Male Percent	Female Count	Female Percent
20 or fewer	55	5.8%	156	22.1%
21-35	55	5.8%	186	26.3%
36-40	325	34.5%	206	29.2%
41-50	347	36.8%	110	15.6%
51-60	129	13.7%	27	3.8%
61+	31	3.3%	21	3.0%

The male PT workforce is composed of a majority of full-time employment across each age cohort below the age of 65. Conversely, the female PT workforce is composed of a majority of part-time employment across five of the nine age categories.

Figure 11: Work Status of PT Workforce by Age Cohort

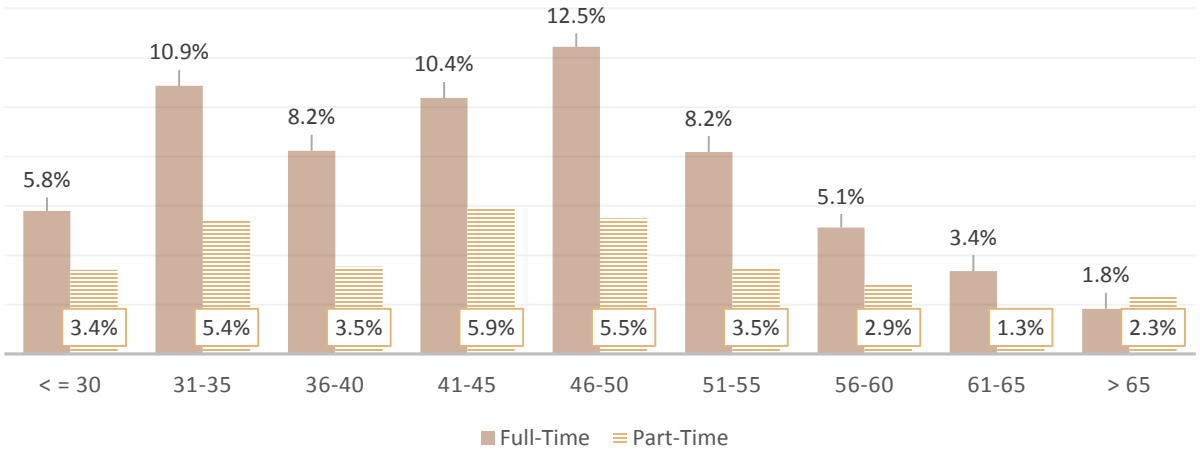


Figure 12: Work Status of Male PT Workforce by Age Cohorts

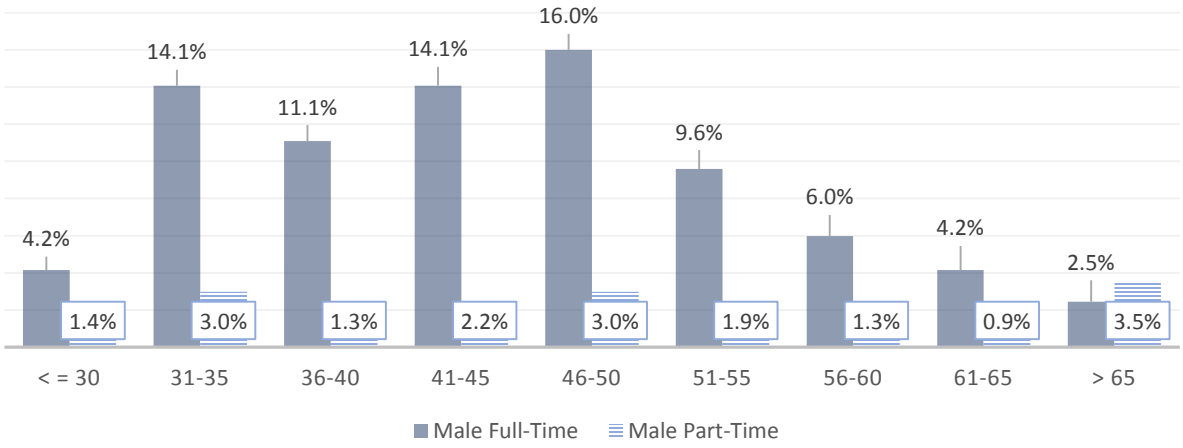
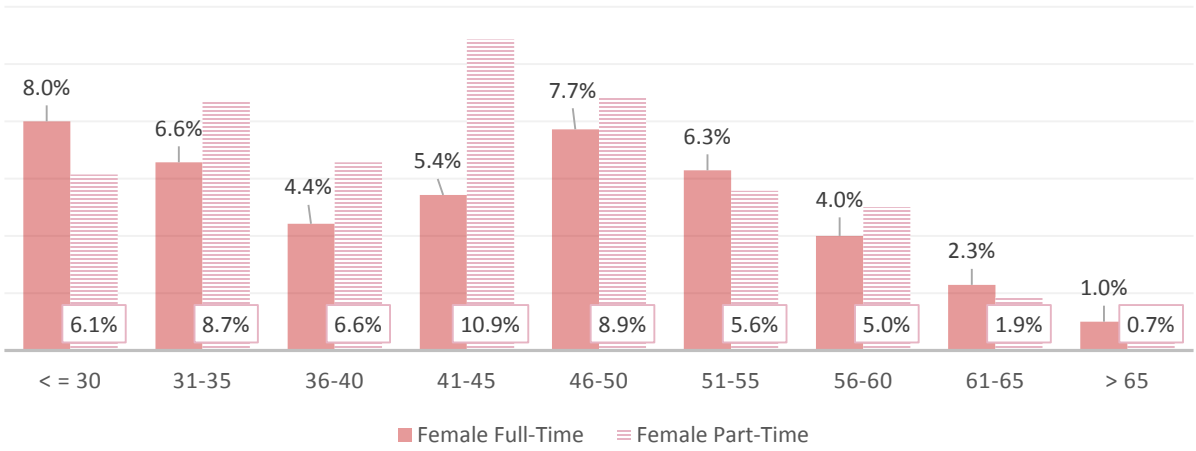


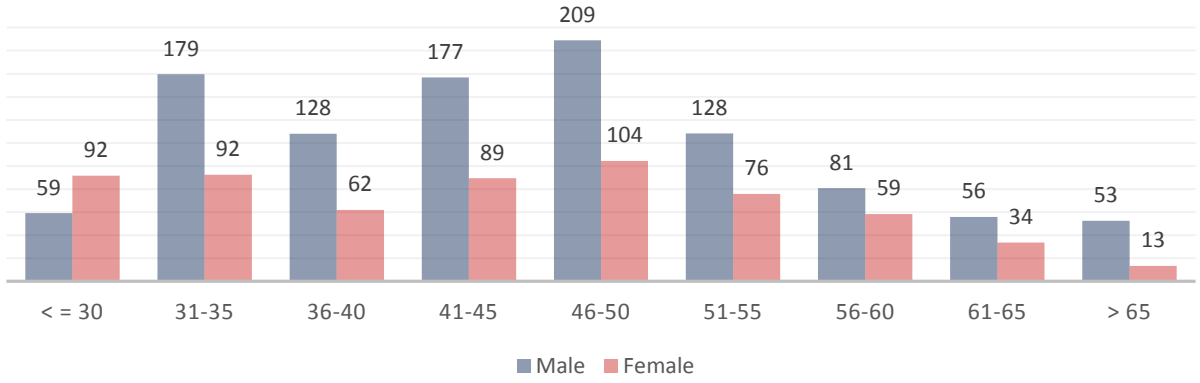
Figure 13: Work Status of Female PT Workforce by Age Cohorts



FULL-TIME EQUIVALENT (FTE) EMPLOYEES

Utah's Physical Therapist workforce produced an estimated **1,691** FTEs[5] in the spring of 2015. PTs under the age of 46, a good indicator of workforce availability for the next two decades, are producing **51.9%** of all FTEs (543 FTEs produced by males, 335 by females). Likewise, PTs over the age of 56, likely retirees within the next two decades, produce around **17.6%** of all FTEs (189 FTEs produced by males, 105 by females).

Figure 14: FTEs by Age Cohort and Gender



WORKPLACE SETTINGS

The top four work settings for PTs in Utah mimic the same top four settings as found nationally.[viii] Nationally, the top four settings that employ the largest proportion of PTs are: hospitals (25%), private practices (23%), home health care (15%), and nursing/residential care facilities (12%) – making up over three-quarters (76%) of employment for the workforce.

Table 15
Distribution of Active PTs in Utah by Work Setting

Work Setting	Percent of PT Workforce	Total FTEs**
Private Practice	25.1%	422
Home Health Care	14.6%	162
Hospital, Inpatient	13.1%	221
Hospital, Outpatient	12.1%	203
Rehabilitation Facility, Residential/Inpatient	12.0%	201
Rehabilitation Facility, Outpatient Clinic	8.7%	146
Academic Institution	5.4%	91
Other Settings	**8.9%**	**150**
K-12 School System	*2.3%*	*39*
Physician Office	*1.3%*	*23*
U.S. Military/VA	*0.7%*	*11*
Insurance	*0.2%*	*< 10*
Other	*4.4%*	*73*

** Total does not equal 1,691 FTEs due to some respondents not providing work setting.

[5] 1.0 Full-Time Equivalent (FTE) is calculated as a PT working 40 hours per week, 52 weeks per year. For example, a part-time PT working 20 hours per week would produce .5 FTE, whereas a PT working 60 hours would be producing 1.5 FTEs.

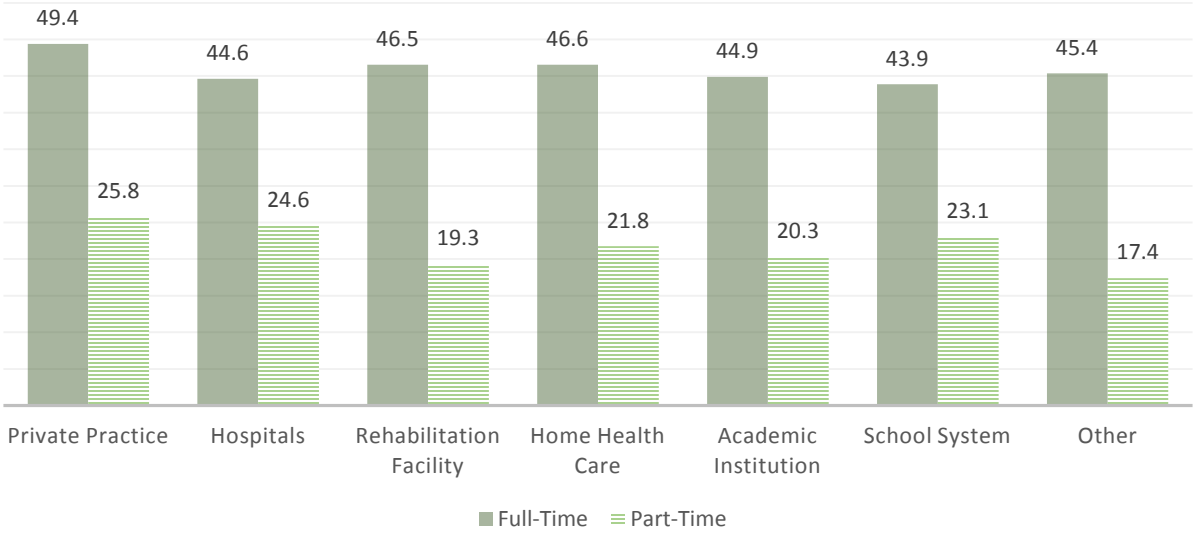
The PT workforce also has differing trends of full-time employment across different work settings. For instance, 27% of all full-time employment is within private practice settings, whereas only 13% of all part-time employment is within this setting. Vice versa, 29% of all part-time employment falls within rehabilitation centers, while only 21% of all full-time work happens here. One-quarter of all full-time (25%) and all part-time (24%) employment is within hospital settings.

In addition, of the major six work settings, private practice and outpatient rehabilitation centers have the highest proportions of full-time to part-time employment. Conversely, inpatient hospital settings have the lowest proportion of full-time to part-time workers with 61.9% of all employment being full-time work.

Table 16
Full-Time Percentage across Each Work Setting

Work Setting	Percent Full-Time Employment
Private Practice	73.7%
Home Health Care	63.7%
Hospital, Inpatient	61.9%
Hospital, Outpatient	67.3%
Rehabilitation Facility, Residential/Inpatient	63.4%
Rehabilitation Facility, Outpatient Clinic	69.2%
Academic Institution	78.2%
Other Settings	
K-12 School System	*35.7%*
Physician Office	*85.0%*
U.S. Military/VA	*45.5%*
Insurance	*50.0%*
Other	*59.3%*

Figure 15: Utah PT Hours per Week by Work Settings and Position Type



WORK ACTIVITIES

The typical PT in Utah spends the majority his/her time (66.1%) in direct patient care activities. Moreover, the average PT spends an estimated 17.8% in documenting/charting activities and an addition 10.2% in administrative work. The proportion of time spent in various activities is consistent across work settings around the state.[6]

Figure 16: Percentage of Time Spent in Various Activities by Utah PTs

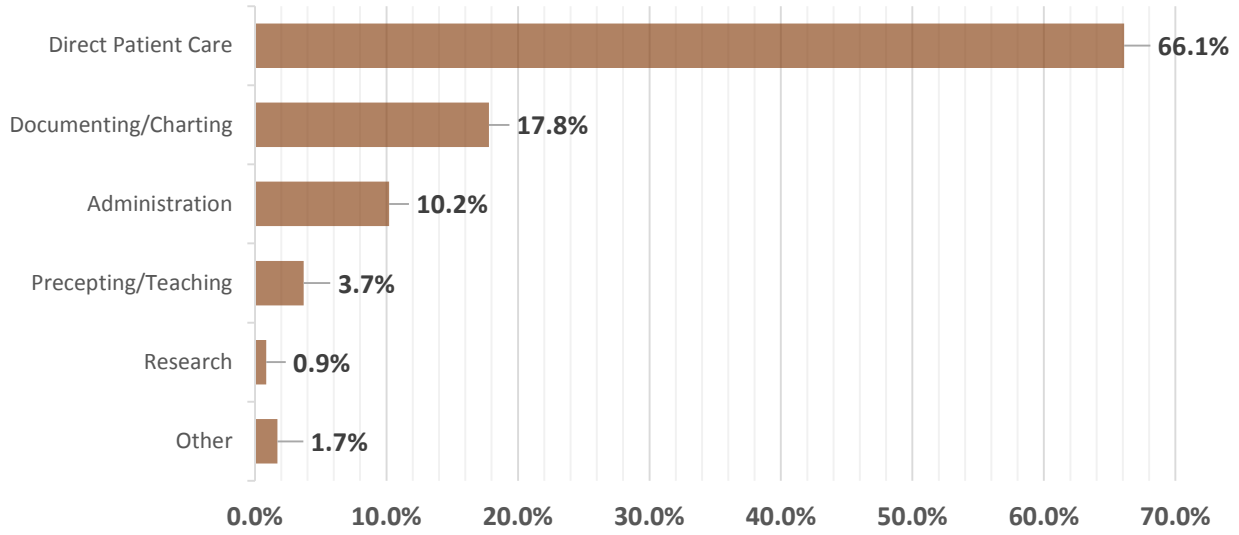


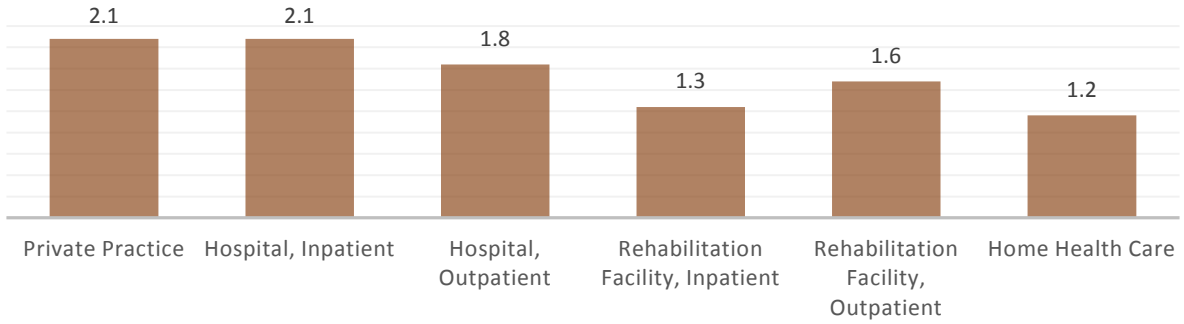
Table 17
Percentage of Time Spent in Various Activities by Work Setting

WORK ACTIVITY	Private Practice	Hospital, Inpatient	Hospital, Outpatient	Rehabilitation Facility, Inpatient	Rehabilitation Facility, Outpatient	Home Health Care
Direct Patient Care	69.6%	68.3%	69.1%	67.3%	71.2%	67.1%
Documenting/Charting	17.2%	20.1%	17.6%	17.5%	17.6%	21.1%
Administration	10.7%	8.2%	10.1%	15.7%	7.1%	10.4%
Precepting/Teaching	1.6%	3.0%	2.5%	0.2%	3.6%	0.4%
Research	0.8%	0.1%	0.5%	0.2%	0.3%	0.1%
Other	0.8%	0.8%	0.1%	0.1%	0.3%	1.8%

PTs spend a majority of their time in direct patient care activities. When asked "On average, how many patients do you see per hour in direct patient care activities?" the average PT in Utah sees **1.83** patients per hour. PTs in private practice and inpatient hospital settings indicate that they see the highest number of patients per hour in direct patient care, while PTs in inpatient rehabilitation and home health settings see the fewest.

[6] The only outlier was "Academic Setting" where PTs understandably spend more time in research and precepting/teaching activities and less in direct patient care.

Figure 17: Average Patients Seen in Direct Patient Care Activities per Hour by Work Setting



PT PATIENT POPULATION

As expected, different settings cater to a different demographic mix of clientele. For instance, inpatient rehabilitation facilities and home health settings have the highest proportion of patients over the age of 65 – this percentage of elderly patients likely plays into the lower patients seen per hour in these settings.

Figure 18: Percentage of Patients across Age Cohorts

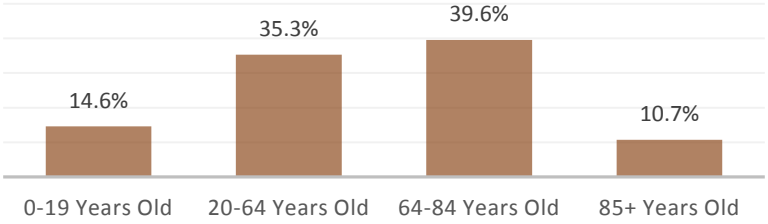


Table 18
Percentage of Patients across Age Cohort by Work Setting

AGE COHORT	Private Practice	Hospital, Inpatient	Hospital, Outpatient	Rehabilitation Facility, Inpatient	Rehabilitation Facility, Outpatient	Home Health Care
0 – 19 years old	12.6%	9.6%	16.8%	1.8%	16.5%	3.4%
20 – 64 years old	54.5%	27.4%	47.9%	16.1%	44.8%	12.9%
64 – 84 years old	28.6%	49.1%	29.8%	60.3%	32.8%	60.5%
85+ years old	4.5%	13.6%	5.4%	21.7%	5.3%	23.4%

The majority of PT patients are covered by Medicare or private insure plans. However, the proportion of payer types differs across work settings. For instance, private insurance plans are utilized the most by patients who were rendered care in outpatient rehabilitation and private practice settings. Medicare plans are utilized the most in inpatient rehabilitation and home health care facilities.

Figure 19: Payer Type of PT Patients

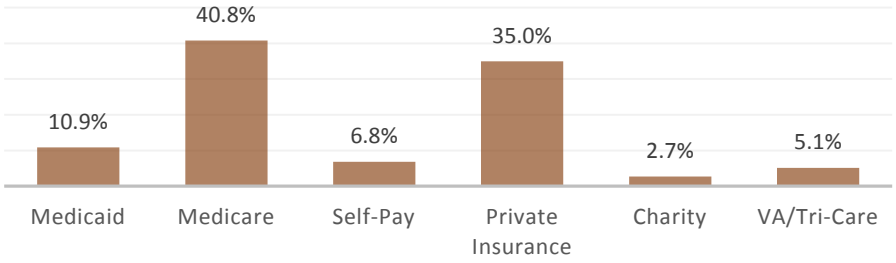


Table 19
Payer Type of PT Patients by Work Setting

PAYER TYPE	Private Practice	Hospital, Inpatient	Hospital, Outpatient	Rehabilitation Facility, Inpatient	Rehabilitation Facility, Outpatient	Home Health Care
Private Insurance	44.3%	27.9%	45.3%	20.3%	53.7%	17.9%
Medicare	27.1%	46.2%	29.1%	67.4%	32.5%	65.5%
Medicaid	5.6%	14.3%	13.3%	9.1%	12.4%	10.6%
Self-Pay	15.4%	5.0%	4.4%	1.9%	5.3%	2.3%
VA/Tri-Care	6.4%	4.5%	6.4%	1.4%	4.5%	2.5%
Charity	1.8%	0.6%	2.5%	0.6%	2.2%	0.6%

PT COMPENSATION

The UMEC used compensation ranges to gather information on annual gross compensation for Utah PTs. Due to this, wages provided by UMEC are not perfectly illustrative of true compensation because of the inability to accurately capture high- and low-end income. For instance, 7.9% of PTs fall in the "Under $30,000" range while 11.4% fall within the "Over $110,000" range. Nevertheless, these compensation ranges are helpful in understanding the general pay ranges in which Utah PTs fall.

Median annual wage for Utah PTs falls within the $80,000 - $89,999 range - with the mean annual wage for full-time PTs as approximately **$79,300**.[7] The true full-time mean compensation for Utah PTs will be higher than this amount given that 11.4% of PTs make over $110,000. Nevertheless, the UMEC estimates an annual compensation in the same general range as national estimates for Utah.

The proportion of PTs who fall within the bottom and top compensation ranges also disallows an accurate analysis any potential gender and work-setting pay gap. Nationally, it has been reported that women PTs make roughly 88% of their male counter-parts (roughly $10,000 less annually).[ix] A potential gender pay gap may exist in Utah given that 17.2% of males make above $110,000 while only 2.3% of females make this amount. However, UMEC's data disallows understanding distinct pay difference amongst these entities.

[7] The mean wage is calculated using the average of each compensation category (for instance, the average of the category $70,000 - $79,000 is $75,000). Full-time PTs are focused on here because of the inability to establish an accurate mean for individuals in the "Less than $30,000" and "Over $110,000" categories. The mean annual for all PTs is likely higher than this number given in the percentage of individuals in the "Over $110,000" category.

Table 20
Utah, Western, and National Physical Therapist Wage Comparison, 2014-2015

Western Region (BLS)	Mean Hourly Wage (BLS, 2014)	Mean Annual Wage (BLS, 2014)
Arizona	$40.82	$84,910
California	$44.29	$92,120
Colorado	$36.64	$76,210
Idaho	$37.09	$77,140
Montana	$33.46	$69,590
Nevada	$61.49	$127,900
New Mexico	$42.22	$87,820
Oregon	$38.17	$79,390
Washington	$40.23	$83,680
Wyoming	$38.79	$80,690
National	**$40.35**	**$83,940**
Utah (BLS, 2014)	**$38.12**	**$79,300**
Utah (UMEC, 2015)	**$38.46 - $43.27**	**$80,000 - $89,999**

Source: U.S. Department of Labor, Bureau of Labor Statistics, "Occupational Employment and Wages, May 2014: Physical Therapists," Occupational Employment Statistics, 2014. Available at: http://www.bls.gov/oes/current/oes291123.htm
Note: BLS and UMEC use a 2,080 hour work year for the year round, full time physical therapists shown here.
*****UMEC's 2015 Hourly and Annual Wage is MEDIAN wage calculated from categorical data.

Figure 20: Yearly Compensation of Utah PTs

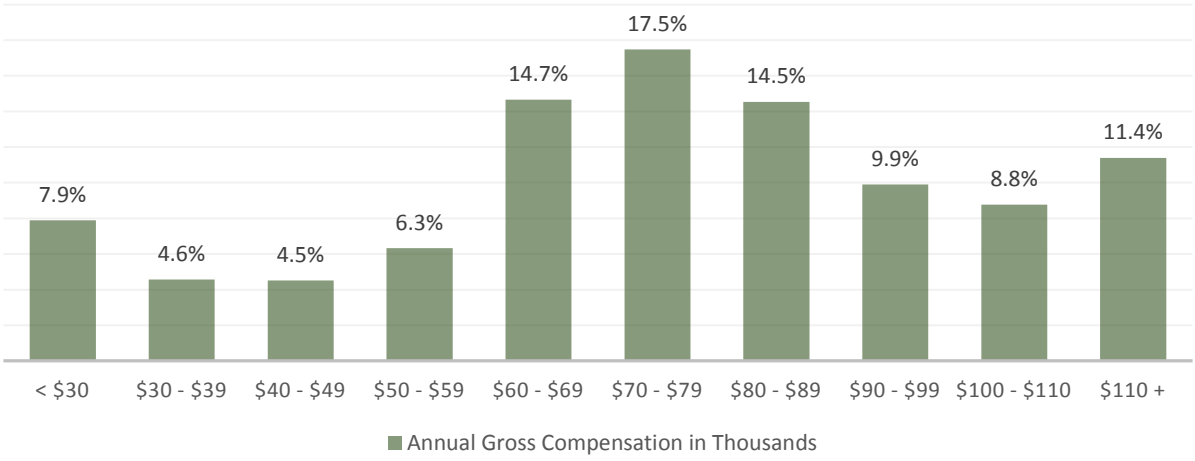


Figure 21: Gross Compensation by Work Status (in thousands)

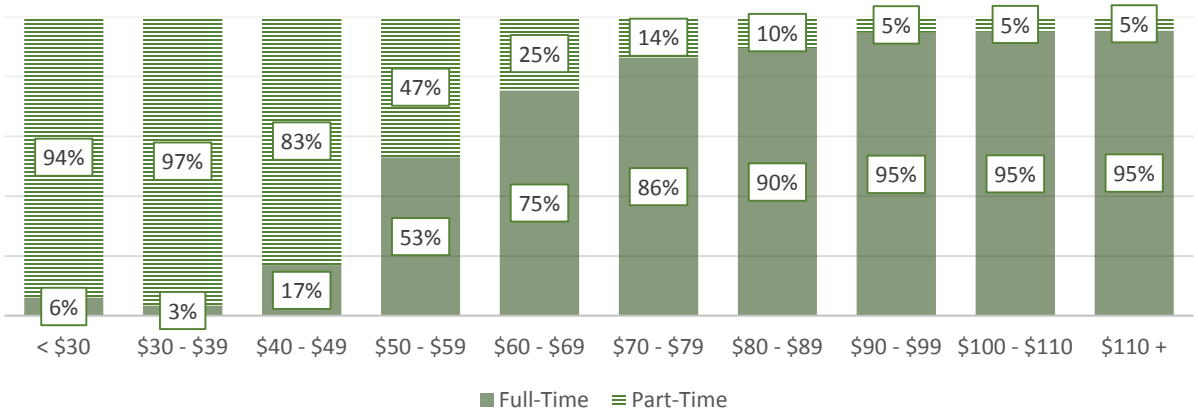


Figure 22: Gross Compensation by Gender (in thousands)

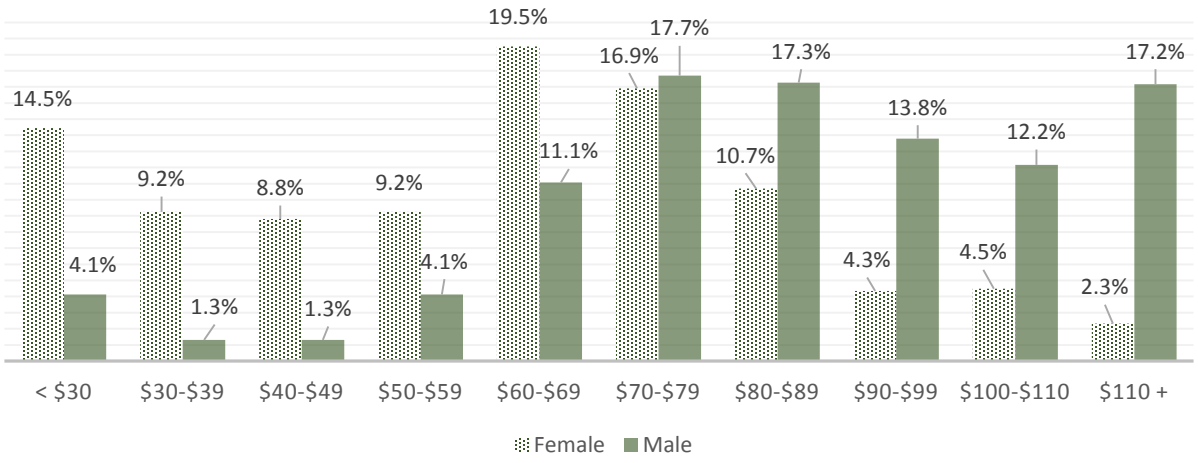
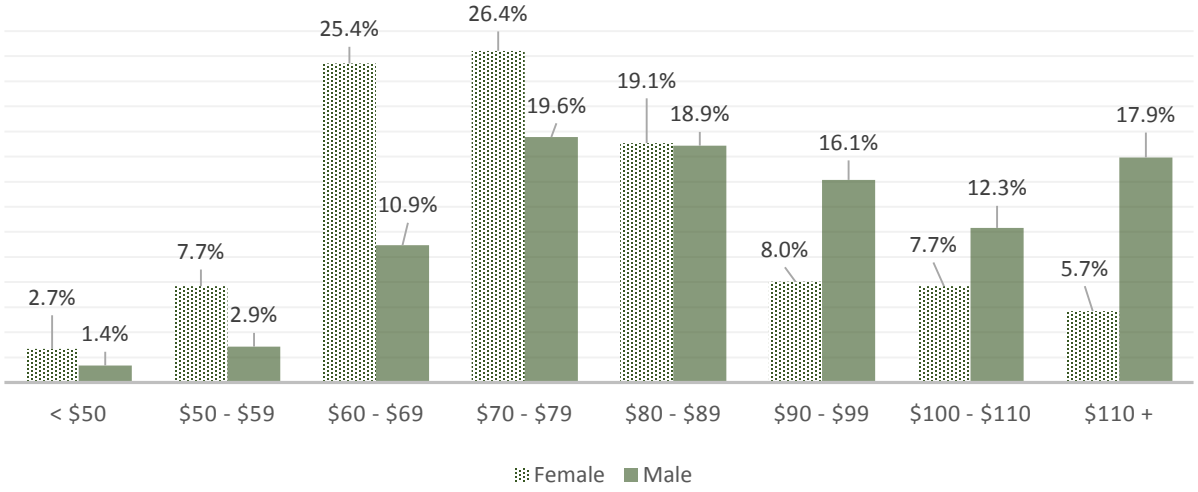


Figure 23: Gross Compensation (Full-Time) by Gender



Annual median wages for PTs are similar across Utah's economic regions and work settings. As expected, Salt Lake City has the biggest supply of PTs which has resulted in a competitive (i.e. lower) annual compensation. Conversely, rural areas, where the supply of PTs is lower, has resulted in higher average compensation. In addition, UMEC estimates the same median range for each major work setting except academic institutions whose median compensation is slightly higher.

Table 21
Wage Comparison Across Utah Economic Regions: UMEC vs. BLS

Utah Economic Regions (BLS)	Median Hourly Wage (UMEC, 2015)	Median Annual Wage (UMEC, 2015)	Mean Hourly Wage (BLS, 2014)	Mean Annual Wage (BLS, 2014)
Salt Lake City	$33.65 – $38.46	$70,000-$79,999	$37.89	$78,810
Ogden-Clearfield	$38.46 - $43.27	$80,000-$89,999	$39.92	$83,020
Provo-Orem	$38.46 - $43.27	$80,000-$89,999	$35.82	$74,520
St. George	$38.46 - $43.27	$80,000-$89,999	$42.89	$89,200
Logan	$38.46 - $43.27	$80,000-$89,999	$35.96	$74,790
West Central	$43.27 - $48.08	$90,000-$99,999	---	---
North	$43.27 - $48.08	$90,000-$99,999	---	---
Eastern	$38.46 - $43.27	$80,000-$89,999	$38.51	$80,100
South Western	$48.08-$52.88	$100,000-$110,000	---	---
Utah	**$38.46 - $43.27**	**$80,000 - $89,999**	**$38.12**	**$79,300**

Source: U.S. Department of Labor, Bureau of Labor Statistics, "Occupational Employment and Wages, May 2014: Physical Therapists," Occupational Employment Statistics, 2014. Available at: http://www.bls.gov/oes/current/oes291123.htm

Countries in Regions: Eastern (Daggett, Wasatch, Duchesne, Uintah, Carbon, Emery, Grand, San Juan); Ogden-Clearfield (Weber, Davis, Morgan); Salt Lake City (Tooele, Salt Lake, Summit); Provo-Orem (Juab, Utah); South Western (Iron, Kane, Garfield, Beaver); St. George (Washington); Logan (Cache); North (Box Elder, Rich), West Central (Millard, Sanpete, Sevier, Wayne).

--- = Non-reportable information

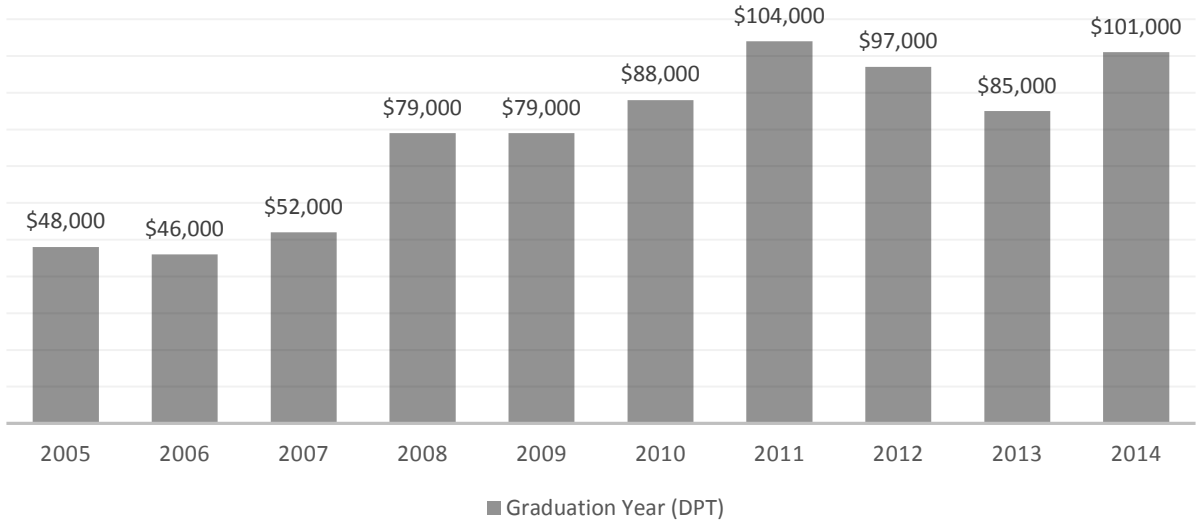
Table 22
Annual Average Compensation by Work Setting

Work Status	Median Hourly Wage	Median Annual Wage
Private Practice	$38.46 - $43.27	$80,000-$89,999
Hospital, Inpatient	$38.46 - $43.27	$80,000-$89,999
Hospital, Outpatient	$38.46 - $43.27	$80,000-$89,999
Rehabilitation Facility, Inpatient	$38.46 - $43.27	$80,000-$89,999
Rehabilitation Facility, Outpatient	$38.46 - $43.27	$80,000-$89,999
Home Health Care	$43.27 - $48.08	$90,000-$99,999
Academic Institution	$43.27 - $48.08	$90,000-$99,999

SCHOOL DEBT

PTs were asked how much debt they had at the time of graduation. The UMEC analyzed this data to indicate the costs for DPT degrees only – this is ideal given that this is the new entry-level degree for this profession. Since 2005, the average school debt[8] for a DPT degree has more than doubled. The following chart details the amount of money owed at the time of graduation.

Figure 24: Mean School Debt at Time of Graduation (DPT Degree)



ADVERSE WORK EXPERIENCES IN PAST TWO YEARS

Over the last two years it is estimated that: 1) only 1.1% of the PT workforce in Utah experienced involuntary unemployed, 2) roughly 4.9% of the PT workforce had their hours decreased involuntarily, and 3) 5.6% of the PT workforce were working part-time jobs when they preferred full-time work.

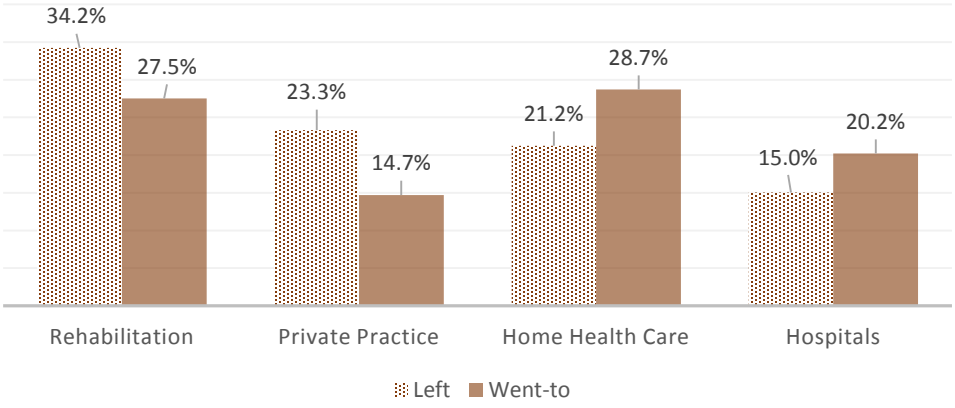
Table 23
Adverse Experiences within Last Two Years

Adverse Event	Count (% Total)
Involuntary Unemployment	18 (1.1%)
Hours Decreased Involuntarily	82 (4.9%)
Worked Part-Time, but Preferred Full-Time Work	94 (5.6%)

In addition, 17.2% of the PT workforce has switched employers over the last two years. One-third (34.2%) of these individuals left a rehabilitation facility, 23.3% left private practice settings, and another 21.2% left home health care facilities. Of these 291 individuals who switched their work setting over the last two years, 28.7% went to a home health care facility, 27.5% went to a rehabilitation facility, and another 20.2% went to a hospital.

[8] The UMEC asked respondents to detail how much educational debt they had at the time of graduation. While this gives us a trend for how much school is costing and how much money PTs need to graduate, it does not give us an indication of how much money can be attributed specifically to the DPT degree.

Figure 25: Settings that PTs Switched To and From Over the Last Two Years



The PT workforce has experienced significant "churning" over the last two years. This churning can be representative of several market factors, one of which is job availability. The top reasons that PTs switched employers during this time period revolve around their ability to seek better work opportunities elsewhere. For instance, 4 of the 5 top reasons for switching employers revolve around PTs wanting a different PT job and being able to find it fairly readily.

Table 24
Reasons for Changing Work Setting

Top Five Reasons
Desire for Change
Higher Pay
Personal/Family Reasons
Better Work/Education Fit
Professional Advancement

RETIREMENT

The average planned age of retirement for PTs in Utah is **65.5** years of age. With an average workforce age 44.9 years old (43.9 years for females, 45.7 for males) and an average retirement of 65.5 years old translates into 53.3% of the workforce planning to retire within the next twenty years.

Table 25
Years to Planned Retirement

Years	Percent
1-5 years	10.5%
6-10 years	10.7%
11-15 years	13.4%
16-20 years	18.7%
21-25 years	14.9%
26-30 years	12.2%
31-35 years	11.0%
36-40 years	6.4%
41+ years	2.1%

In addition, over half (51.6%) of the PT workforce indicates that they plan to reduce their hours prior to retirement – 53.1% for full-time workers and 38.7% for part-time workers. These individuals, on average, plan to reduce their hours at the age of 55.8 (56.2 for FT, 55.0 for PT). On average, full-time workers are planning to cut back from 46.2 hours per week to 27.8 hours per week, while part-time workers plan to cut back from an average of 22.3 hours per week to 20.8 hours per week.

Table 26
Planned Retirement and Planned Reduction in Hours by Age Cohort

Age Cohort	Years to Retire	% Reducing Hours	Years to Reduction	Hours Worked After Reduction
Under 30 years old	35.1	57.2%	17.9	24.2
31 – 35 years old	30.9	53.8%	20.6	27.1
36 – 40 years old	24.8	53.3%	13.3	27.2
41 – 45 years old	21.3	51.1%	12.6	25.6
46 – 50 years old	16.1	46.5%	10.1	27.0
51 – 55 years old	12.4	43.1%	6.5	25.9
56 – 60 years old	8.4	50.4%	4.2	26.1
61 – 65 years old	4.7	55.8%	1.1	23.9

Analyzing retirement and planned reduction in hours worked can help identify PT FTEs that will need to be replaced over the course of the next two decades. The UMEC estimates that 105.3 FTEs will be lost to retirement/reduced hours worked by 2020. From 2020-2030 the UMEC estimates that 624.0 FTEs will be lost to retirement/reduced hours worked. As expected, the majority of lost FTEs are attributed to full-time males either retiring or reducing their hours worked.

Table 27
Estimated FTEs lost by Retirement and Hour Reductions

	Male		Female		Total FTEs
Year	Full-Time	Part-Time	Full-Time	Part-Time	Lost
2020	27.1	4.9	64.3	9.0	**105.3**
2025	128.3	21.3	62.5	45.7	**257.7**
2030	258.4	13.3	59.2	35.4	**366.3**
2035	---	11.5	45.2	34.5	**91.2**
2040	210.7	6.2	15.0	17.9	**249.8**

PT OUTLOOK

Half of all PTs indicate that their workload increased from last year, with only 13% indicating that their workload had decreased. However, while the majority of PTs have indicated a perceived increase in their daily workload, the vast majority (92%) are nonetheless satisfied with their current work situation.

Figure 26: Workload Change by Work-setting

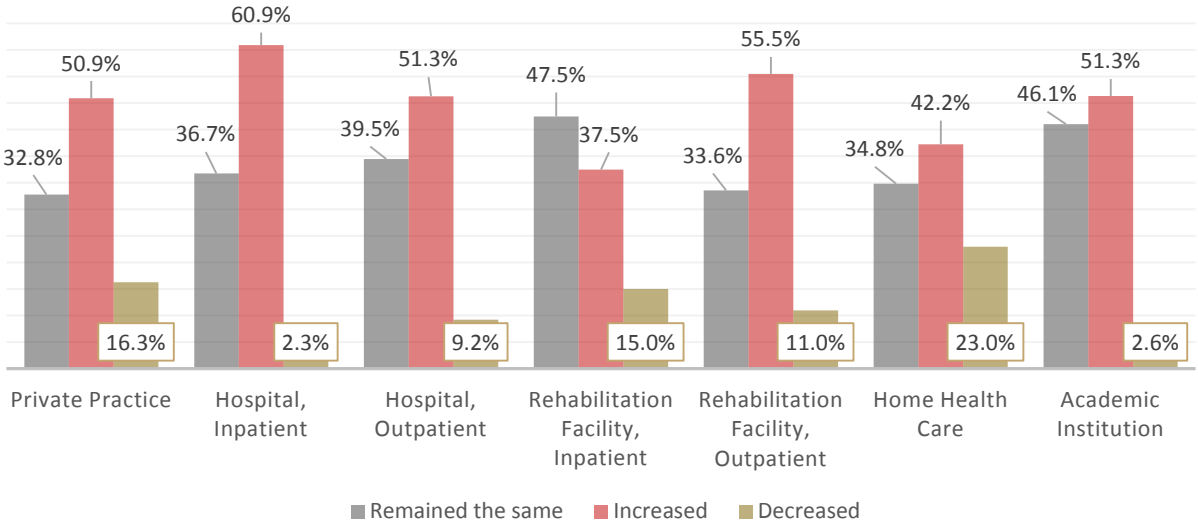
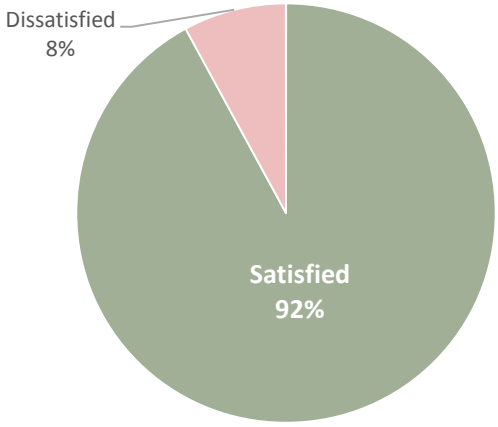


Figure 27: PT Job Satisfaction



PROJECTING UTAH'S FUTURE PT WORKFORCE

OVERVIEW

Gauging the demand for PTs is a difficult task as there are numerous variables that contribute to current and future workforce projections. Indeed, national demand projections currently range from 277,700[v] - 513,457[ix] needed PTs by the early 2020s. While these estimates are varied, the overall demand factors suggest that 1) demand for PTs will continue to increase over the coming years, and 2) shortages for PTs services are likely to persist across the nation.

Moving forward, the demand for PTs in Utah will continue to grow for the foreseeable future. Like the national PT workforce, Utah is expected to experience high demand for PTs over the coming years. Several key factors play into this projected growth[x]:

Demand Inducing Factors:

- Utah's median age of its population is projected to increase from 2015-2030. As of 2015, roughly 32% of Utah's population is estimated to be under the age of 18. By 2030, this cohort is estimated to decrease to roughly 27% of the total population. In addition, Utahns aged 65 to 84 are expected to increase from 8.5% (2015) to 12% in 2030. This projected increase in Utah's median age is meaningful because PT workforce currently devotes 85% of its FTEs to individuals aged 18 and over. In addition, "an aging population and higher prevalence of chronic diseases will increase industry demand."[x]
- PTs are finding employment in several major settings. PTs will continue to be in demand in numerous settings due to "a growing awareness of the role physical rehabilitation plays in lowering overall healthcare costs."[x] Employers will continue to seek out ways to integrate PTs into their services as PTs "provide a cost-effective means of preventing short-term disabilities from becoming chronic conditions and speeding up recovery from surgery and musculoskeletal injuries."[x]
- Per capita disposable income and the number of people with private health insurance are expected to increase over the following years.[x] A rise in both disposable income and private health insurance increases the likelihood of people using PT related services.[x]
- The Patient Protection and Affordable Care Act "requires a minimum essential health-benefit package to include rehabilitation services."[x]

ESTABLISHING A BASELINE

Utah currently has an estimated PT-per-100,000 population ratio of 56.0 – an estimate that is slightly above the Western Region ratio of 53.9, but only 80% of the national average of 64.8. In addition, Utah is ranked as the 5th healthiest state in the union, leading to smaller per capita use of various healthcare services.[xi] Utah's young and healthy population creates a situation whereby a smaller PT workforce-per-100,000 population ratio may suffice.

Given the health of Utahns, the state may desire to maintain a PT-per-100,000 ratio that lags behind the average national ratio. However, as the population begins to age, Utah may want to respond by increasing its PT-per-100,000 ratio. As a baseline, Utah should strive to maintain an 80%-100% relationship with the national PT-per-100,000 ratio.

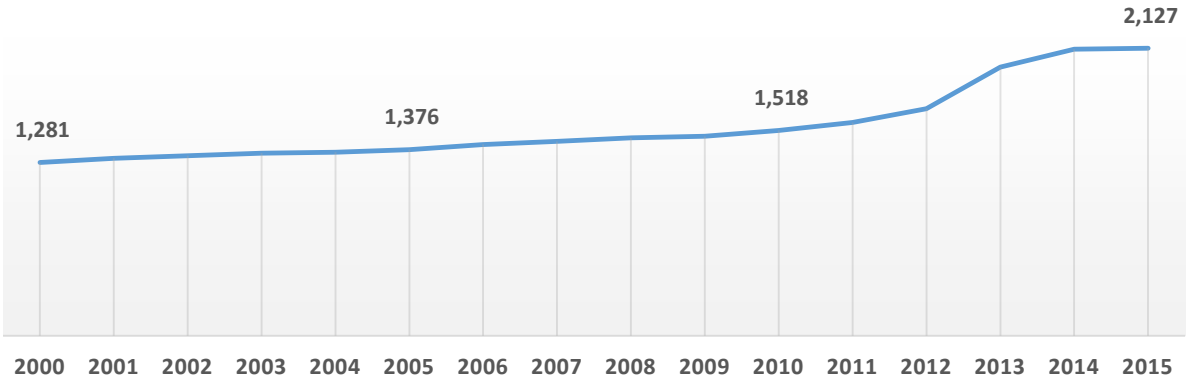
PT SUPPLY IN UTAH

The future supply of Utah's PT workforce can be estimated by looking at graduation trends from in-state PT programs alongside the issuance of new licenses. In-state PT programs currently provide a predictable supply of PTs to Utah. Specifically, the make-up of current PT programs in Utah provides both a predictable number of graduates each year alongside a consistent retention rate of those graduates.

The yearly inflows of graduates from both the University of Utah and the Rocky Mountain University of Health Professions are captured in this report. From 2000 – 2011 the University of Utah was the only in-state program graduating PTs in the state of Utah. In 2012, the Rocky Mountain University of Health Sciences graduated its first PT cohort in Utah, and these two schools are still the only DPT programs in the state.

In addition, Utah has issued PT licenses at an annualized rate of 4.55% from 2000 – 2014, with over 1,754 new licenses being issued over this period. Moreover, from 2000 – 2005 the average number of new licenses issued per year was 91, from 2005 – 2010 the average number of new licenses issued per year was 97, and from 2010 – 2014 the average number of new licenses issued per year was 167.

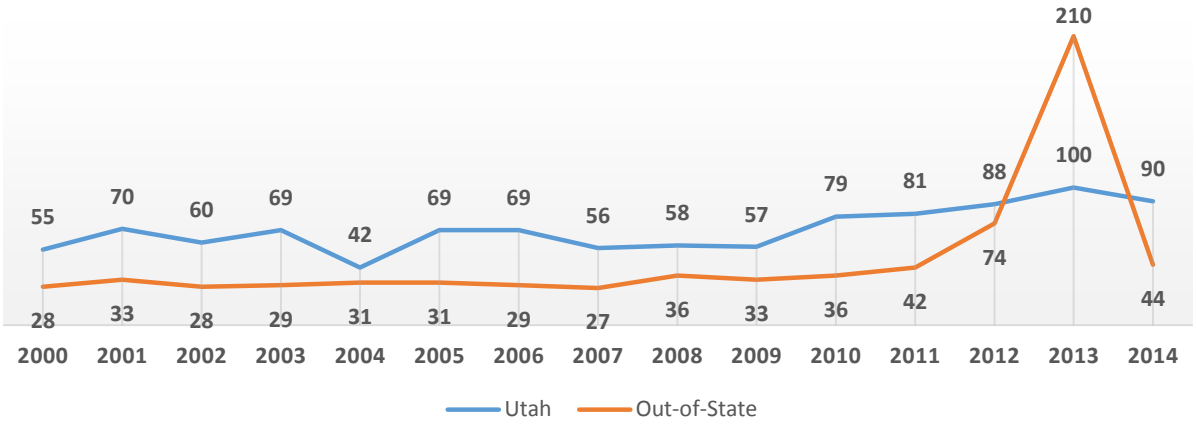
Figure 28: Total Active Licenses by Year



Both the total number of licenses issued, as well as the annual issue rate, have increased markedly from 2000 – 2014. While in-state programs provide a source for these new licenses, Utah has relied on out of state PTs to help meet its growing in-state demand. Specifically, 40.5% of all new licenses issued in Utah from 2000 – 2014 were to PTs who resided outside of Utah. This percentage is consistent with survey results. Specifically, of all active PTs in Utah: 28.3% have no tie[9] to Utah; 19.7% were raised here but trained elsewhere; and 35.4% were raised and trained in Utah. Thus, while some Utahns are choosing to be trained out of state, there is a sizable and growing immigration of PTs who are choosing to work in Utah for purely professional purposes (i.e. they have no previous academic or family tie to the state).

[9] Having "no tie" means that the respondent was not raised in Utah and did not received their PT training here.

Figure 29: New Licenses Issued by State



DOPL license data is a useful tool for understanding supply trends, however this data does not illuminate these trends clearly. Specifically, DOPL data is not a perfect proxy for estimating the portion of new licenses that are attributable to instate PT programs. For instance, 52.7% of active PTs were not trained in Utah – meaning that the reliance on out-of-state PT programs is likely much higher than initially estimated. Looking at the supply capacity of each in-state PT program, alongside their institutional retention rates, highlights this reliance on out-of-state PT programs. Indeed, supplementing DOPL data with in-state PT program data, illustrates that an average of three-quarters of new licenses from 2000 – 2014 were from individuals who completed their PT education outside of Utah.

Moreover, DOPL issued an average of 31 licenses per year from 2000-2011 to PTs whose primary residency is outside of Utah. In 2012, DOPL experienced a sizable increase in licenses issued to out-of-state PTs. One reason for this is that residents from North Dakota came to Utah to be licensed – no PT has previously come from this state to be registered, and this state was the second largest requester of licenses behind Utah residents. In addition, in 2012 PTs with a residency in Nevada and Colorado provided the next top batch of out-of-state PTs requesting to be licensed in Utah. The following year out-of-state pools began to emerge from several states across the U.S.

For instance, licenses issued in 2013 experienced an abnormal increase from the previous years. States like Colorado, California, Nebraska, Pennsylvania, North Dakota, Washington, Minnesota, and Idaho all had an unprecedented number of residents who came to Utah to become licensed as PTs. Understanding the impact on Utah's PT workforce from this influx in licenses is difficult to ascertain as licenses issued in 2013 are still currently active. However, looking at expired vs active status trends from these states over time may help illuminate whether or not these PTs are actually contributing to Utah's PT workforce.

Looking at the last five years, the following numbers illustrate the number of licenses that were issued to PTs with a residency outside of Utah, but that are currently expired. The states outlined below are strictly those who contributed to the unprecedented growth of licenses in 2013.

Table 28
Active vs Expired License Status: Current status of PTs who were issued a licensed from DOPL and whose residency is outside of Utah at the time of licensure

States	Licenses issued in 2013 from DOPL	Total Licenses Issued (2007-2012)	Number of Licenses Expired (as of 2015)
California	**22**	18	9 (50%)
Colorado	**27**	10	7 (70%)
Idaho	**8**	14	7 (50%)
Minnesota	**17**	6	6 (100%)
Nebraska	**23**	5	3 (60%)
North Dakota	**11**	14	13 (93%)
Pennsylvania	**17**	3	3 (100%)
Washington	**9**	12	9 (75%)

The licensure trends in 2013 are irregular and it is meaningful to look at how these newly licensed PTs are likely going to act over the next several years. Specifically, these states do not have a high percentage of individuals who are maintaining a license in Utah beyond the initial licensure period. This means that while there was a large influx of licenses being issued in 2013, the ramifications on Utah's PT workforce will likely be minimal as the vast majority of these PTs are not providing services in Utah on an ongoing basis.

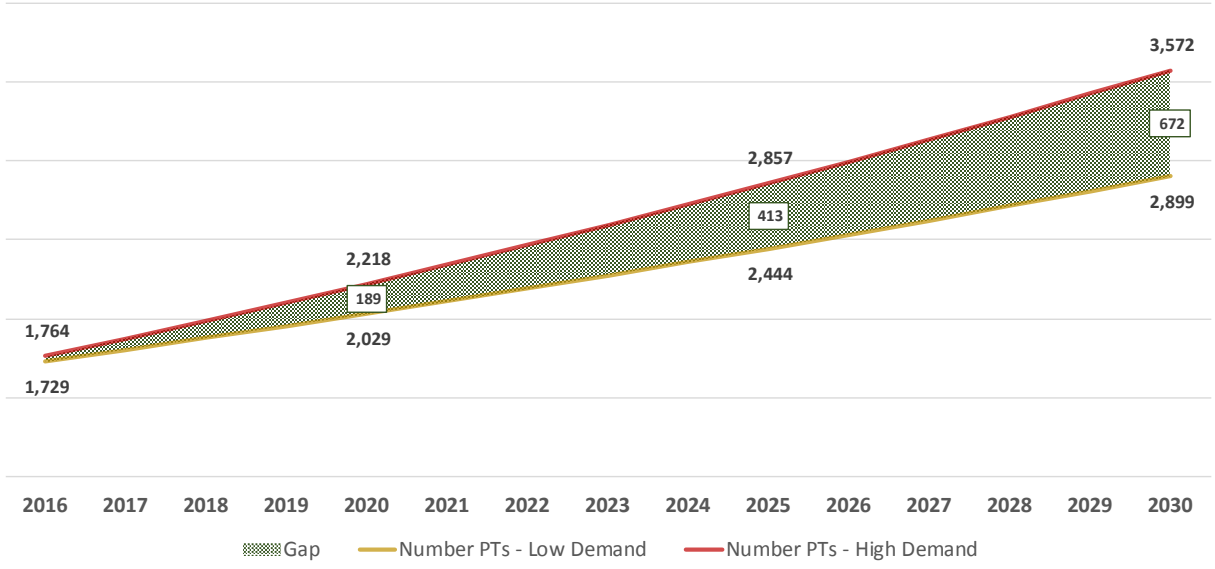
MATCHING SUPPLY WITH DEMAND

Utah's population is projected to increase from 3.01 million in 2015, to around 3.91 by 2030.[xii] In order to maintain an 80% PT-to-100,000 population ration, Utah's PT workforce will need to grow at a yearly average of 1.28% from 2015-2030 (i.e. low demand scenario). If Utah desires to meet the projected national PT-to-100,000 population by 2030, then its PT workforce will need to grow by 2.44% annually from 2015-2030.

Figure 30: Utah's Population and Needed PT Workforce Growth (2015-2030)

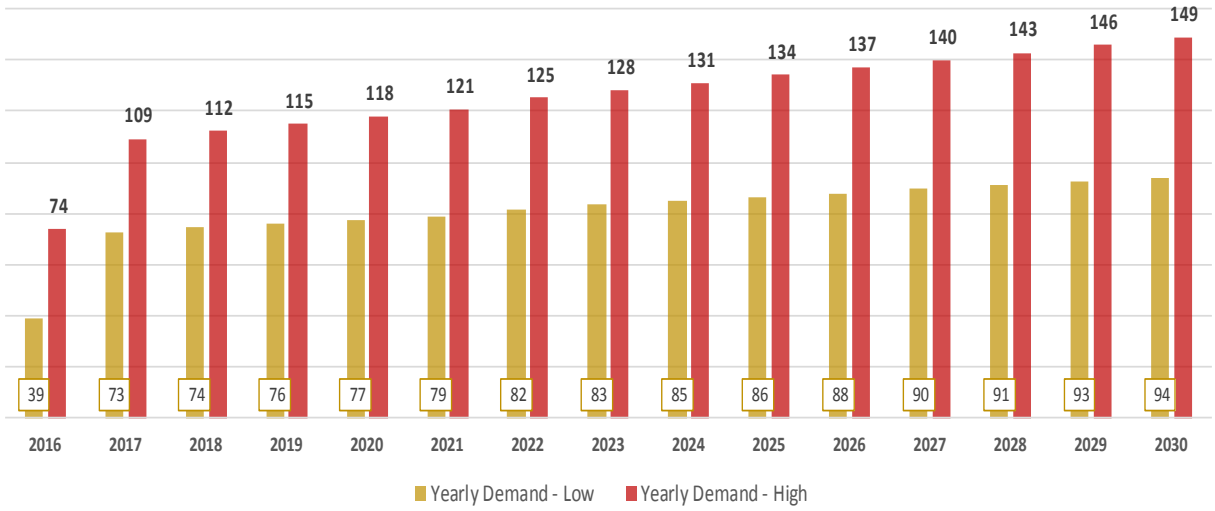
Using the baseline of 80%-100% of the national PT-to-100,000 population ratio creates a range of PT-to-100,000 population ratios that Utah's PT workforce should strive to be within. Moving forward, the active PT workforce should strive to be between 2,029 and 2,218 by 2020, and between 2,899 and 3,572 by 2030. This strategy entails a gap/buffer area to aid in ongoing PT workforce approaches.

Figure 31: PT Growth under High and Low Demand Scenarios (2015-2030)



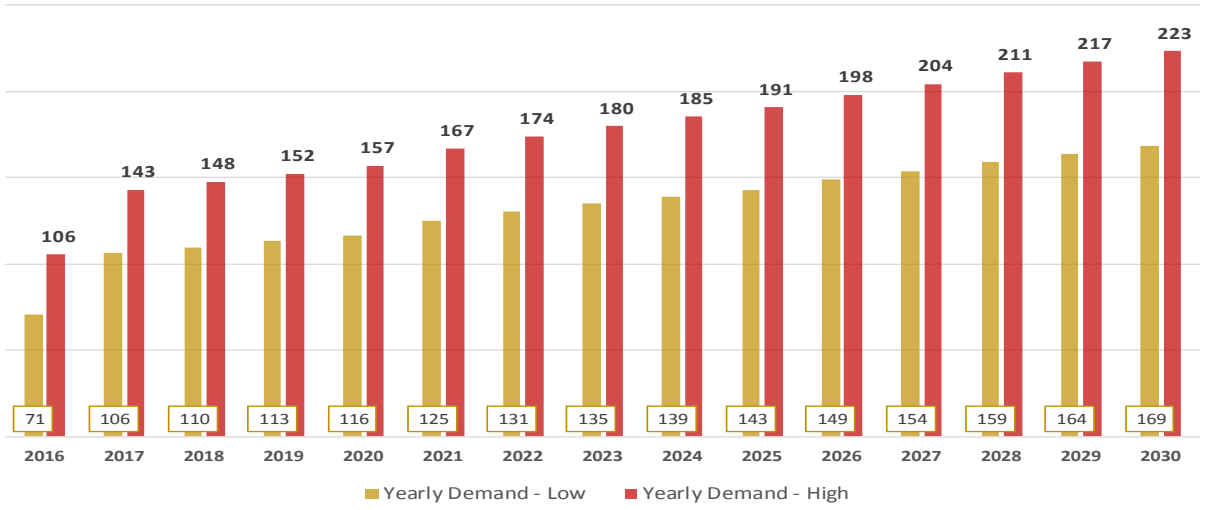
To maintain pace with the low and high demand scenarios (i.e. 80%-100% of the national PT-to-100,000 population ratio), Utah will need to add the following numbers to its workforce each year. For the low demand scenario, Utah's PT workforce will need to add an average of 81 new PTs per year. For the high end scenario, Utah's PT workforce will need to add an average of 125 new PTs per year. These numbers, however, do not include PTs needed to cover attrition and retirement of current PTs.

Figure 32: Yearly PT Growth: Low and High Demand Scenarios (No Attrition or Retirement)



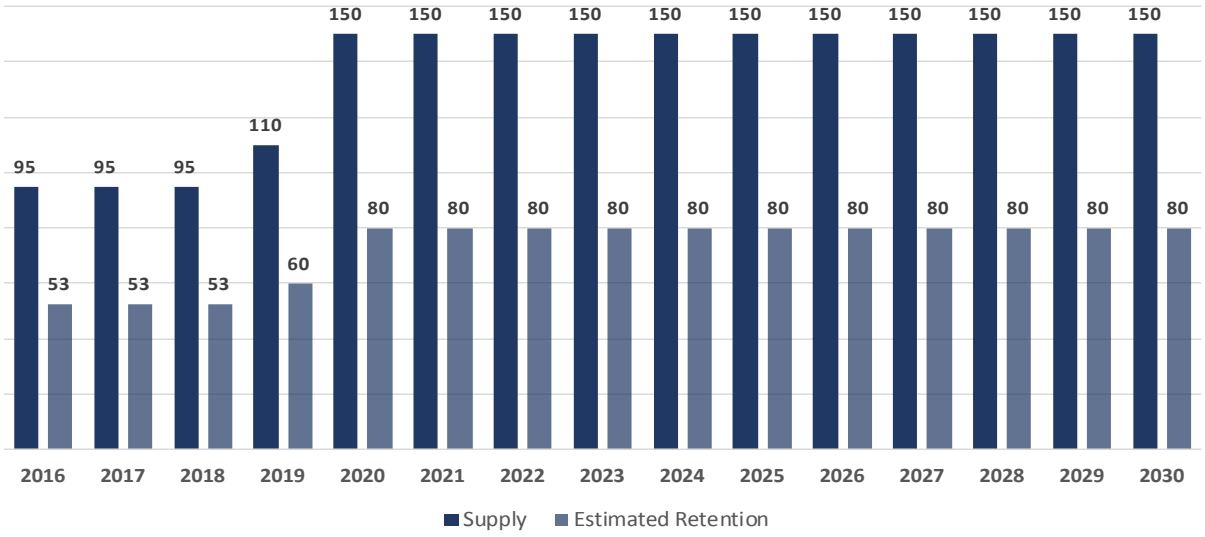
As expected, the yearly average PT growth rate(s) increase when workforce attrition and retirement numbers are included. Specifically, PTs leaving the workforce will need to be replaced each year. Using survey data, attrition and retirement numbers have been calculated to help illuminate the actual PT growth needed per year to maintain desired baseline ranges. When accounting for attrition and retirement, the actual yearly average PT growth for low demand is 132, and for high demand it is 177.

Figure 33: Yearly PT Growth: Low and High Demand Scenarios (with Attrition and Retirement)



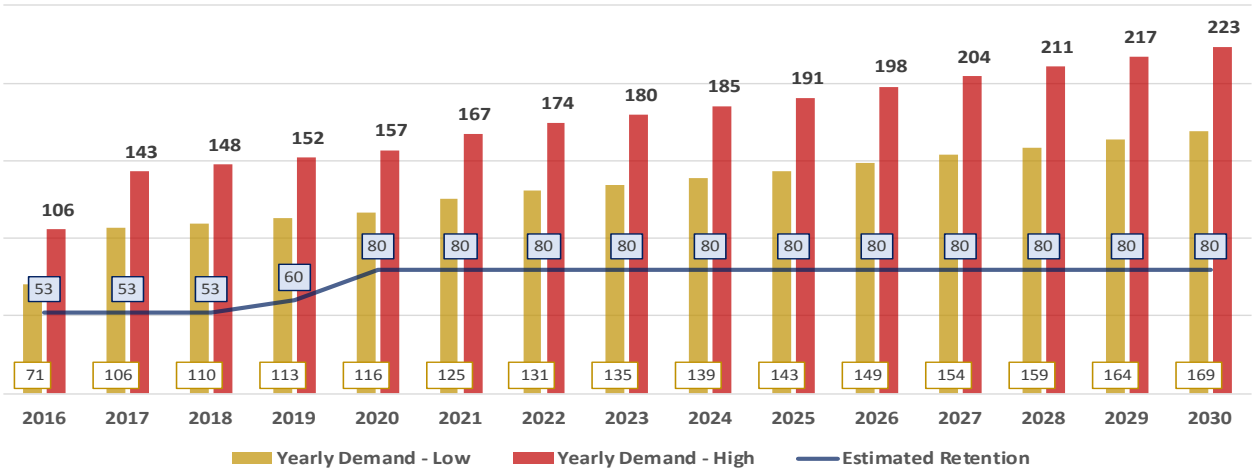
Utah currently has two in-state DPT programs. Over the coming years, the University of Utah will be maintaining its current graduating class size while the Rocky Mountain University of Health Professions will be doubling its yearly graduating class size. Given the retention rates of these programs, it is estimated that the Utah PT workforce will see an inflow of around 1,000 PTs from these programs over the next 15 years.

Figure 34: Yearly Supply and Estimated Retention from In-State PT Programs (2015-2030)



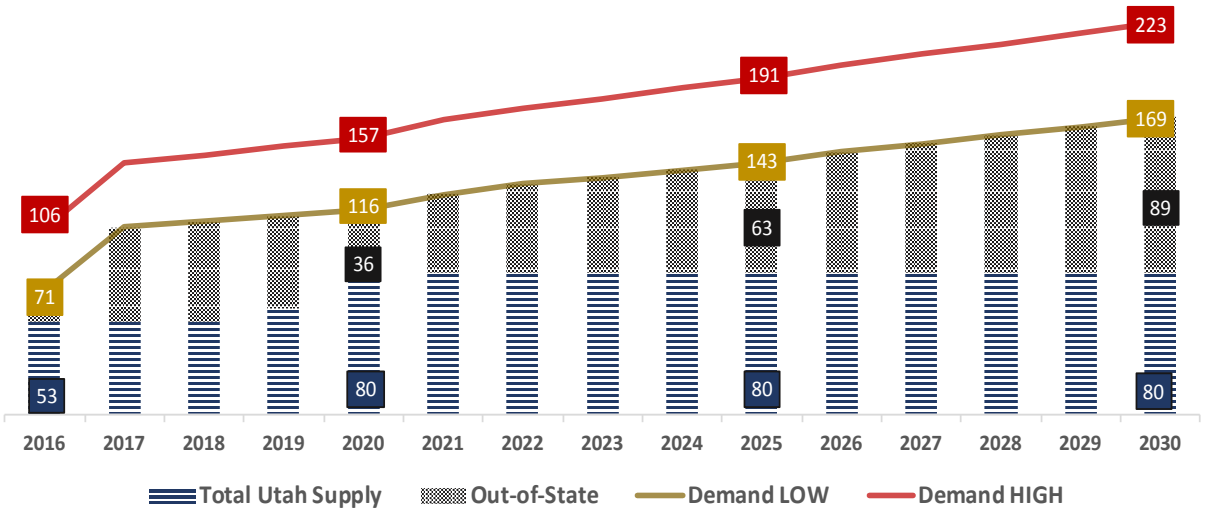
Even though Utah's PT supply will be increasing over the coming years, there will still be a growing gap between what Utah's programs are currently able to supply and the increasing demand imposed by a growing population and the retirement of PTs from the workforce. Utah's PT programs may be able to develop retention tools to help increase the retention rate of their graduates, which would then increase the supply of in-state graduates to Utah's PT workforce. However, as it stands, Utah will continue to rely heavily on out-of-state programs to fill its PT workforce needs.

Figure 35: Matching In-State Supply with Demand



The growing dependency on out-of-state PT programs becomes clear when supply and demand scenarios are assembled. Specifically, under the low demand scenario, Utah's PT programs will be supplying roughly 56% of all new PTs from 2016-2030 (assuming retention rates stay the same). Under the high demand scenario, Utah's PT programs will be supplying roughly 42% of all new PTs from 2016-2030. This entails that under the current conditions for low end demand, Utah will be relying on out-of-state programs to fill between 44% and 58% of its workforce growth by 2030.

Figure 36: Supply and Demand (In-State and Out-of-State Supply Composition)



Currently, Utah's PT workforce is made up of 48% of PTs who have come from out-of-state programs, with 28% of all active PTs having no tie to the state. While Utah has been successful in recruiting PTs from out-of-state programs, the reality is this stance may become more difficult to maintain as states will continue to vie for PTs over the coming years. Utah can help mitigate this risk by creating sustainable retention programs that help retain a larger percentage of graduates each year. Indeed, by increasing retention rates by 10%, Utah would be able to fill 67% percent of its workforce growth by 2030 (compared to 56% currently).

While these forecasts do not provide exact means for addressing in-state PT workforce issues, they do provide a meaningful insight into the PT environment in Utah. Specifically, increased demand for PT services, alongside a shortage of available PTs, means that Utah will be vying for available PTs. Utah's reliance on importing PTs is not currently problematic; however, the magnitude of demand for PTs in the future may make relying on outside PT programs a more risky endeavor.

APPENDIX A – ADDITIONAL TABLES

Table A
Utah PT Licensing Data (2000-2014)

Year of License	Total Licenses	New Licenses (less expired)	New Licenses: Endorsement from Utah		New Licenses: Endorsement Outside Utah	
2000	1,299	53	55	66.3%	28	33.7%
2001	1,323	24	70	53.4%	33	46.6%
2002	1,411	88	60	62.5%	28	37.5%
2003	1,429	18	69	56.1%	29	43.9%
2004	1,502	73	42	75.3%	31	24.7%
2005	1,487	(15)	69	55.0%	31	45.0%
2006	1,584	97	69	56.1%	29	43.9%
2007	1,585	1	56	66.3%	27	33.7%
2008	1,679	94	58	58.5%	36	41.5%
2009	1,677	(2)	57	61.1%	33	38.9%
2010	1,792	115	79	47.8%	36	52.2%
2011	1,706	(86)	81	44.7%	42	55.3%
2012	1,866	160	88	34.0%	74	66.0%
2013	1,994	128	100	17.7%	210	82.3%
2014	2,127	133	90	41.0%	44	59.0%

Table B
Retirement Trends by Age Cohorts

Age Cohort	Average Years to Retirement	% Reducing Hours Before Retiring	Average Years to Hour Reduction	Average Hours Worked After Reduction
Less than 30 years old	35.1	60.0%	18.1	23.8
31 – 35 years old	31.2	53.4%	20.3	27.4
36 – 40 years old	24.9	53.9%	13.4	27.1
41 – 45 years old	21.2	52.4%	12.6	26.4
46 – 50 years old	16.6	49.0%	9.9	27.0
51 – 55 years old	12.5	43.8%	6.5	25.9
56 – 60 years old	8.8	50.4%	4.1	25.8
61 – 65 years old	4.7	57.3%	1.2	23.9
65+ years old	4.2	46.7%	---	23.9

APPENDIX B – SURVEY INSTRUMENT

Utah's Physical Therapist Workforce Survey, 2015

Are you currently providing physical therapy related services in Utah? ☐ Yes ☐ No

If NO, please answer subsections a and b below.

a. Please specify why you maintain a Utah license:_____

b. On a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:

Family _____ Wage/Pay scale _____ Climate _____
Lifestyle _____ Work Environment _____ Other *(specify)*_____

IF YOU PROVIDE NO PHYSICAL THERAPY RELATED SERVICES IN UTAH PLEASE STOP AND RETURN THIS SURVEY.

SECTION 1: BACKGROUND AND GENERAL INFORMATION

1. (a) What is your gender? ☐ Male ☐ Female **(a) Age:** _____ **years**

2. (a) Where did you spend the majority of your upbringing?
City/Town: _____ County: _____ State: _____ Zip Code: _____
(b) Please describe the area where you spent the majority of your upbringing *(when you lived there)*:
☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area

(c) Are you of Hispanic ethnicity? ☐ YES ☐ NO
(d) What is your race? ☐ Caucasian ☐ African American ☐ Asian
☐ American Indian ☐ Pacific Islander ☐ Other (please specify) _____

SECTION 2: YOUR EDUCATION

3. (a) Please provide information about your highest physical therapy degree and the degree-granting institution:
Degree Conferred: ☐ DPT ☐ MPT ☐ PT (Baccalaureate)
State: _____ Year of Degree: _____ Check one that applies: ☐ State School ☐ Private School
(b) What was your total educational debt for your physical therapy education at the time of graduation? $_____

4. Have you completed a residency? ☐ YES ☐ NO
(a) Type of Residency:_____

5. Please indicate any Board Certifications for physical therapy that you *currently* hold:
☐ Cardiovascular and Pulmonary ☐ Neurology ☐ Sports
☐ Clinical Electrophysiology ☐ Orthopaedics ☐ Women's Health
☐ Geriatrics ☐ Pediatrics ☐ Other:_____

6. Do you hold credentials (license, certification, degree) in any of the following (separate from physical therapy credentials):
☐ Athletic training ☐ Massage Therapy ☐ Orthotics
☐ Art/Dance Therapy ☐ Nursing ☐ Prosthetics
☐ Chiropractry ☐ Occupational therapy ☐ Other:_____

SECTION 3: CURRENT WORK

7. Which best describes your *current* work status?
☐ Employed in a physical therapy related capacity ☐ Employed, NOT in a physical therapy related capacity
☐ Voluntary Unemployment ☐ Involuntary Unemployment
☐ Volunteer Work Only ☐ Retired

8. What is the zip code of your current work location? Primary Practice: _____ Secondary Practice: _____

9. What is the average number of hours you work per week?
Primary Practice: _____ Total Hours/Week Secondary Practice: _____ Total Hours/Week

10. Please select the sector code that best describes your practice setting(s):
Primacy Practice:_____ Secondary Practice:_____
01 For Profit (e.g. private practice, corporate) 04 US Military/Veterans Administration
02 Non-Profit (including religious affiliated) 05 Other Federal Government
03 State/Local Government 06 Other:_____

11. Please enter the code from the list below that best describes your practice setting(s).

Primacy Practice:_____ Secondary Practice:_____

01	Academic Institution	08	Rehabilitation Facility, Residential/Inpatient
02	Physician Office	09	Rehabilitation Facility, Outpatient Clinic
03	Private Practice, Solo or Group	10	Insurance Organization
04	General Hospital, Inpatient Department	11	Device Manufacturer/Distributor
05	General Hospital, Outpatient Department	12	US Military/Veterans Administration
06	Nursing Home/Long-Term Care Center	13	K-12 School system
07	Home Health Care	14	Other: _____

12. In the average work week, what is the percentage of time that you devote to the following roles at your primary practice: (Please make sure that percentages equate to 100%)

(a) Direct Patient Care _____ % per week
(including patient education and coordination of care)
(b) Administrative or Business-related activities _____ % per week
(c) Education of Health Professions Students _____ % per week
(e.g. precepting)
(d) Formal Research _____ % per week
(e) Other: _____ _____ % per week

13. On average, how many patients do you see per hour in direct patient care activities? _____ patients/hour

14. Please estimate the percentage (%) of patients you see from each of the following age groups:
0-19 Years Old:_____% 20-64 Years Old:_____% 64-84 Years Old:_____% 85+ Years Old:_____%

15. What is the number of years you have been employed by your present employer? _____ yrs

16. (a) Within the past two years, have you experienced any of the following: (check all that apply)

- ☐ Voluntary unemployment
- ☐ Involuntary unemployment
- ☐ Switched employers/practices
- ☐ Worked two or more positions at the same time?
- ☐ Worked part-time or temporary positions, but would have preferred a full-time or permanent position
- ☐ Hours decreased involuntarily

(b) If you have changed work settings within the past two years, please check the reason(s) for this change of work setting. Select all that apply:

- ☐ Higher Pay
- ☐ Work Responsibilities
- ☐ More Challenging
- ☐ Professional Advancement
- ☐ Moved
- ☐ Desire for Change
- ☐ Preferred hours
- ☐ Better Work/Education Fit
- ☐ Personal/Family Reasons
- ☐ Laid Off
- ☐ Position Elimination
- ☐ Other _____

17. (a) What is your annual gross compensation from physical therapy related activities? (before taxes AND excluding benefits)

- ☐ Less than $30,000
- ☐ $30,000-$39,999
- ☐ $40,000-$49,999
- ☐ $50,000-$59,999
- ☐ $60,000-$69,999
- ☐ $70,000-$79,999
- ☐ $80,000-$89,999
- ☐ $90,000-$99,999
- ☐ $100,000-$109,999
- ☐ Over $110,000

SECTION 4: FUTURE WORK AND OUTLOOK

18. Within the next two years, do you plan to do any of the following: (check all that apply)

- ☐ Retire
- ☐ Cease Working in physical therapy
- ☐ Continue working in physical therapy, but cease working in Utah
- ☐ Increase patient care hours
- ☐ Decrease patient care hours
- ☐ Increase time spent teaching physical therapy
- ☐ Decrease time spent teaching physical therapy
- ☐ Certify/Recertify for direct access
- ☐ Pursue additional physical therapy education

19. (a) At what age are you planning to retire completely from practicing physical therapy? _____ yrs old

(b) Are you planning to reduce the number of hours you work before you retire? ☐ YES ☐ NO
If *YES*, how many hours per week will you work after this reduction in hours? _____hrs/wk

20. Ideally, how many hours would you choose to work at your primary place of employment each week? _____hrs/wk

21. Compared to last year at this time, how has your workload changed?

- ☐ Increased Significantly
- ☐ Increased Slightly
- ☐ Remained the same
- ☐ Decreased Slightly
- ☐ Decreased Significantly

22. Overall, how satisfied are you with your *current* employment or work situation?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

APPENDIX C: REFERENCES

[i] *Today's Physical Therapy: A comprehensive Review of a 21st-Century Health Care Profession.* American Physical Therapy Association, 2011. Retrieved from www.apta.org

[ii] Kiviat, Barbara. "Where the Recession-Proof Jobs Are." *Time Magazine* (2008). Retrieved from http://www.time.com/time/printout/0,8816,1858773,00.html

[iii] "Best Jobs in America." *CNN Money* (2013). Retrieved from http://money.cnn.com/pf/best-jobs/2013/snapshots/44.html

[iv] "10 Jobs In High Demand That Require A College Degree." *Forbes* (2014). Retrieved from http://www.forbes.com/sites/kathryndill/2014/12/01/10-jobs-in-high-demand-that-require-a-bachelors-degree)/

[v] *Occupational Outlook Handbook – Physical Therapists (Job Outlook).* U.S. Bureau of Labor Statistics (2014). Retrieved from http://www.bls.gov/ooh/healthcare/physical-therapists.htm#tab-6

[vi] *A Model to Project the Supply and Demand of Physical Therapists 2010-2020.* American Physical Therapy Association, 2015. Retrieved from www.apta.org

[vii] *The U.S. Health Workforce Chartbook – Part IV: Behavioral and Allied Health*. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, 2013. Retrieved from http://bhpr.hrsa.gov

[viii] *Occupational Outlook Handbook – Physical Therapists (Work Environment).* U.S. Bureau of Labor Statistics (2014). Retrieved from http://www.bls.gov/ooh/healthcare/physical-therapists.htm#tab-3

[ix] *U.S. Census: Median PT Earnings Nearly $10K Lower for Women than Men in 2013*. American Physical Therapy Association, 2015. Retrieved from www.apta.org

[x] *Physical Therapists in the US: Market Research Report*. IBISWorld (2015). Retrieved from www.ibisworld.com

[xi] *America's Health Rankings.* United Health Foundation, 2015. Retrieved from http://www.americashealthrankings.org/UT

[xii] Utah Governor's Office of Management and Budget. *Demographic and Economic Analysis: Population by Age and Area*. Retrieved at http://gomb.utah.gov/budget-policy/demographic-economic-analysis/