

# A Physical Therapy Profile: Demographics of the Profession, 2025

A Report From the American Physical Therapy Association

December 2025

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## Introduction and Background

The American Physical Therapy Association has a longstanding commitment to workforce development and sustainability, with the goal of improving patient care, expanding access to physical therapy, and strengthening the profession. By analyzing the physical therapy workforce, APTA enhances the profession's ability to adapt to social and economic changes, advances employment opportunities for physical therapists and physical therapist assistants, and advocates for policies and practices that promote health and well-being.

Recent APTA workforce research and reports include:

- [Current and Projected Future Supply and Demand for Physical Therapists from 2022 to 2037: A New Approach Using Microsimulation](#)
- [APTA Supply and Demand Forecast 2022-2037](#)
- [APTA Benchmark Report: Hiring Challenges in Outpatient Physical Therapy Practices, 2024](#)
- [APTA Primary Care Physician Perceptions Research Report](#)

This Demographics of the Profession report includes data from APTA's 2025 Physical Therapy Profile Survey, which collected responses from nearly 4,400 physical therapists and 500 physical therapist assistants (for more about the 2025 Physical Therapy Profile Survey, see the appendix). The report also incorporates data from the [Bureau of Labor Statistics](#), the U.S. Census Bureau's [American Community Survey](#), the [Department of Agriculture](#), the [Federation of State Boards of Physical Therapy](#), the [Commission on Accreditation in Physical Therapy Education](#), the [American Board of Physical Therapy Specialties](#), the [American Board of Physical Therapy Residency and Fellowship Education](#), and APTA's membership database.

The report provides various estimates regarding the number of PTs and PTAs in the United States, along with state-specific estimates and the ratio of PTs and PTAs per 100,000 people by state. It also reviews the distribution of PTs and PTAs by practice setting, metropolitan

status, age, race, ethnicity, and gender. Additionally, the report includes totals and demographics on physical therapy education programs, PT board certification, PT residency and fellowship completion, and APTA's PTA Advanced Proficiency Pathways program. Due to differences in data collection methods and criteria, numbers from various sources do not always align. The differences and methods are noted wherever possible.

## New in This Report

APTA's "A Physical Therapy Profile: Demographics of the Profession, 2025," report introduces four new topics. Three of these topics are derived from APTA's 2025 Physical Therapy Profile Survey, which gathered insights from physical therapists and physical therapist assistants. New to this report are respondents' future work plans, the length of waiting lists for new clients, and perceptions of PT and PTA shortages in their local areas. The fourth new topic examines the distribution of PTs across rural to metropolitan regions.

## Report Highlights

- **Physical therapy is one of the largest health workforces in the U.S. and continues to expand.** When the numbers of physical therapists, physical therapist assistants, and aides are combined, the physical therapy workforce surpasses 400,000 people. According to the Bureau of Labor Statistics, or BLS, physical therapists are one of the largest health care professions. (Page 4.)
- **Annual growth rates for PTs and PTAs remain consistent.** The number of PTs and PTAs increases by roughly 2% to 4% most years, depending on the year and data source consulted. (Page 5.)
- **Enrollment in doctor of physical therapy programs has seen a marked increase.** Enrollment and graduation numbers for DPT programs have varied over time but have increased markedly since 2019, by 5,230 additional enrollees from 2019 to 2025 and 2,777 additional graduates from 2019 to 2024. (Page 22.)
- **PTA programs show a shift in enrollment trends.** While graduation numbers from PTA programs have been decreasing, enrollments have increased since 2022 after several years of decline. (Page 22.)

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- **Professional development is evident among physical therapists.** The total number of board-certified specialists (34,807) is more than 10% of the PT workforce in the U.S. (fewer than 1% reside outside the U.S., and 1.1% are emeritus). The annual number of new specialists surpassed 2,500 in 2018 and has remained relatively stable since then. (Page 27.)
- **Geographic disparities result in uneven distribution of providers.** The ratios of PTs and PTAs per 100,000 people are rising, but the geographic distribution of providers is uneven. (Page 6.)
- **Many PTs and PTAs perceive shortages of physical therapy professionals in their area.** More than half of respondents to APTA's 2025 Physical Therapy Profile Survey report shortages in the number of PTs in their local area. Shortages for PTs were noted most frequently in the South and West. Shortages for PTAs were reported more frequently in the Northeast and the West. (Page 10.)
- **Physical therapists are experiencing longer waiting lists for new clients.** The average length of a physical therapist's waiting list for new clients is 15 days, with a median of seven days. The average wait is five days longer in the West (two days longer for the median respondent). (Page 11.)
- **Workforce sustainability presents an opportunity for growth.** According to APTA's 2025 Physical Therapy Profile Survey, about 5% of PTs and 3% of PTAs plan to retire in the next two years, and another 2% of PTs and 5% of PTAs plan to leave the profession in the next two years. (Page 13.)
- **Diversity in the field is improving, but there is still work to be done.** This report includes evidence of increasing racial and ethnic diversity in physical therapy education and advancement programs, as well as among younger cohorts of PTs and PTAs. (Page 22.)

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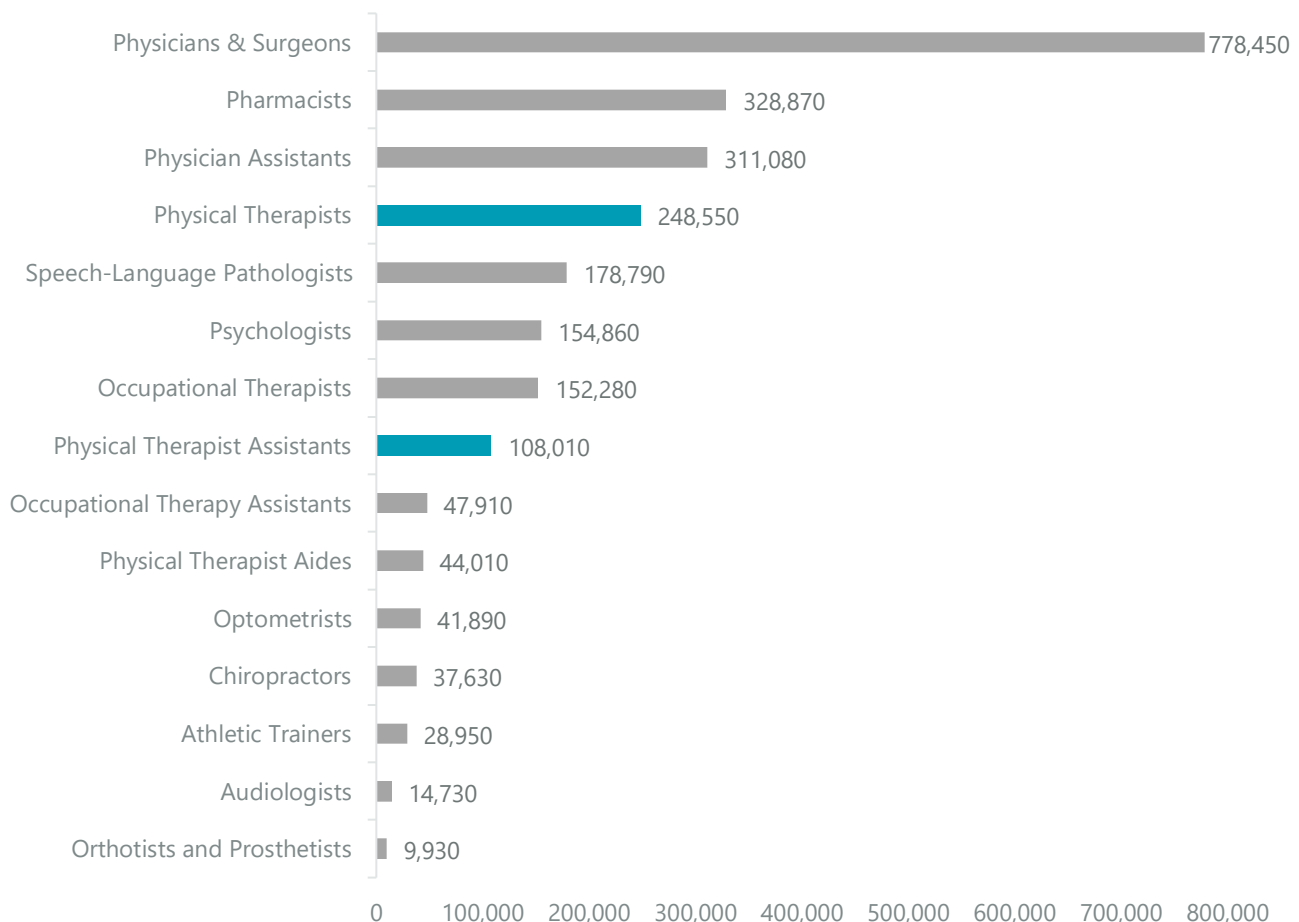
The total number of board-certified specialists (34,807) is more than 10% of the PT workforce.

## Physical Therapy’s Place in the Health Care Workforce

### Size of the Physical Therapy Workforce

Physical therapy is one of the largest health care workforces in the U.S. and continues to grow. According to the 2024 U.S. Bureau of Labor Statistics [Occupational Employment and Wages](#) estimates, the larger physical therapy workforce — encompassing physical therapists, physical therapist assistants, and aides — surpasses 400,000 people. The number of physical therapists alone makes it the fourth-largest health care profession, outside of nursing, mental health, and counseling. (The BLS estimates are derived from workplace surveys; thus, these numbers do not include self-employed workers.)

Number of Select Health Care Professionals (BLS)



Note: BLS estimates do not include the self-employed.

However, estimates of the number of physical therapists and physical therapist assistants vary depending on the source. The table below compares counts for PTs and PTAs from three sources.

**Growth in Number of PTs and PTAs, 2020–24**

	FSBPT (Unique Active Licenses)		American Community Survey		Bureau of Labor Statistics	
	Total PTs	Total PTAs	Total PTs	Total PTAs	Total PTs	Total PTAs
2020	275,743	121,046	277,158	110,046	220,850	92,760
2021	282,824	122,943	276,624	99,872	225,340	91,310
2022	290,814	125,815	282,558	99,104	229,730	97,750
2023	303,051	130,171	293,621	112,092	240,830	103,990
2024	312,199	132,105	N/A	N/A	248,550	107,720

Note: American Community Survey data were adjusted for this report as described in the text.

The data from the Federation of State Boards of Physical Therapy, or [FSBPT](#), reflects individuals who hold at least one active license in the United States, according to information reported to FSBPT’s Exam, Licensure, and Disciplinary Database as of December 2024. The count includes individuals who have retired or left the physical therapy profession but remain licensed.

The Census Bureau’s American Community Survey, or ACS, uses self-reported data and algorithms to categorize survey respondents into specific occupations. This method tends to overclassify respondents as PTs or PTAs, with the PTA estimate also including aides. To address this, APTA adjusted the estimates by excluding individuals under 24 years of age or those without a four-year college degree from the PT category. Similarly, for the PTA category, individuals under 19 years old or without a two-year college degree were excluded. Additionally, we removed individuals over age 70 and those who have not worked in the past year from both estimates. Despite these adjustments, the resulting estimates may still overrepresent the number of PTs and PTAs. (Note that the 2024 ACS estimates were not available at the time of publication. For ACS estimates, APTA used the University of Minnesota’s [IPUMS Online Data Analysis System](#).)

The Bureau of Labor Statistics’ method for gathering its [Occupational Employment and Wage Statistics](#) undercounts the number of PTs and PTAs in a given year. First, BLS estimates are based on surveys from established workplaces, excluding self-employed workers. According to APTA’s membership database, about 14% of PTs and 9% of PTAs are self-employed. Second, each annual BLS estimate is derived from six semiannual surveys conducted over three years. Since the profession is growing, earlier data reflects fewer

PTs. (Note: Colorado’s 2024 estimates were not published by the BLS, so we used the 2023 estimates as an approximation.)

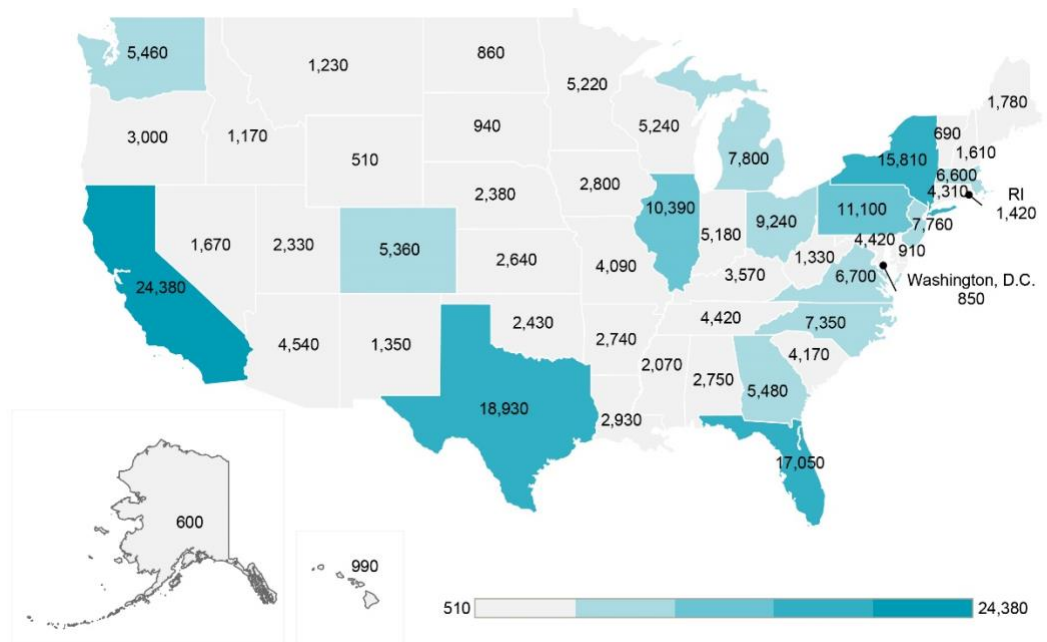
Overall, the sources indicate that the number of PTs and PTAs has grown by roughly 2% to 4% annually for most of the past few years. Additionally, they show a larger increase in PTs between 2022 and 2023 than in other years in the table. This particular increase may have been due to economic expansion or a return to the workforce following the COVID-19 pandemic.

### Distribution of Physical Therapists and Physical Therapist Assistants

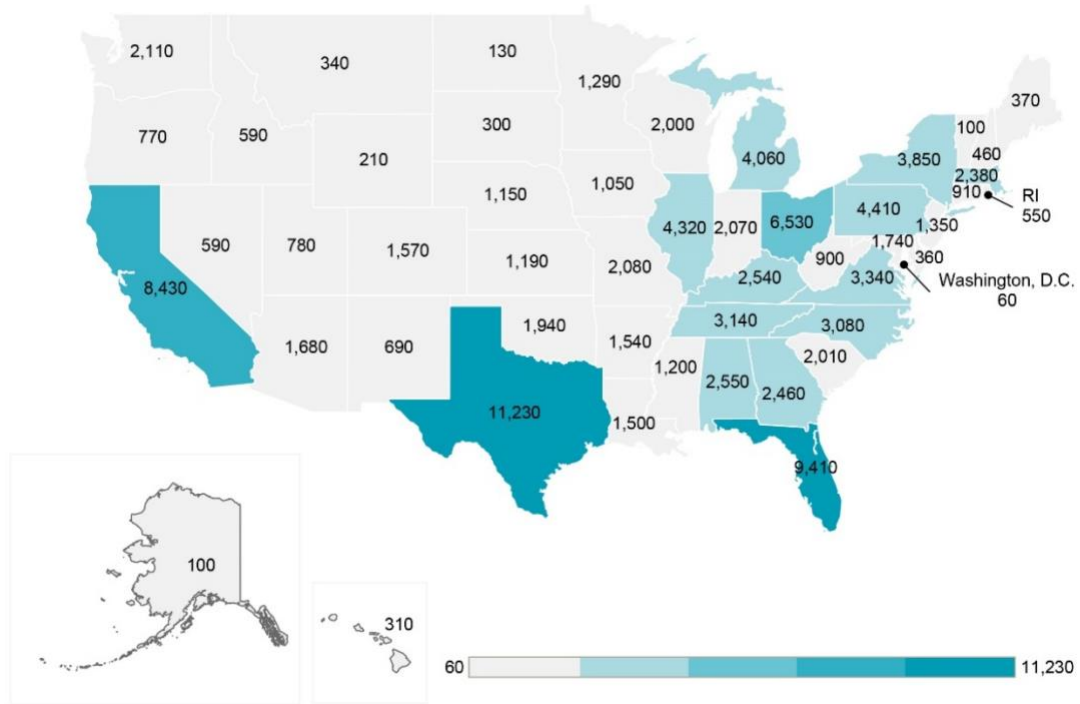
The maps below display the number of PTs and PTAs by state from the BLS, as well as the ratios of FSBPT’s count of state resident PTs and PTAs per 100,000 people. The national ratios are 88.1 PTs and 37.1 PTAs. (Because some people hold licenses in multiple states, the ratios presented are calculated based on the number of licenses that the FSBPT can allocate to each state according to the individual's residence. However, about 4% of licenses could not be assigned to a specific state of residence in 2024. Nonetheless, using the total number of licenses per state, regardless of residence, or BLS estimates per state, produces ratios that are moderately to highly correlated with those shown here.)

These ratios have been increasing over time, reflecting the profession's overall growth. However, the geographic distribution of PTs is uneven. There are fewer physical therapists per 100,000 people in several states across the South and Southwest, compared to those in the North, Upper Midwest, Great Plains, and Northwest. The distribution of PTAs indicates lower ratios along the West Coast and a few other states scattered across the nation.

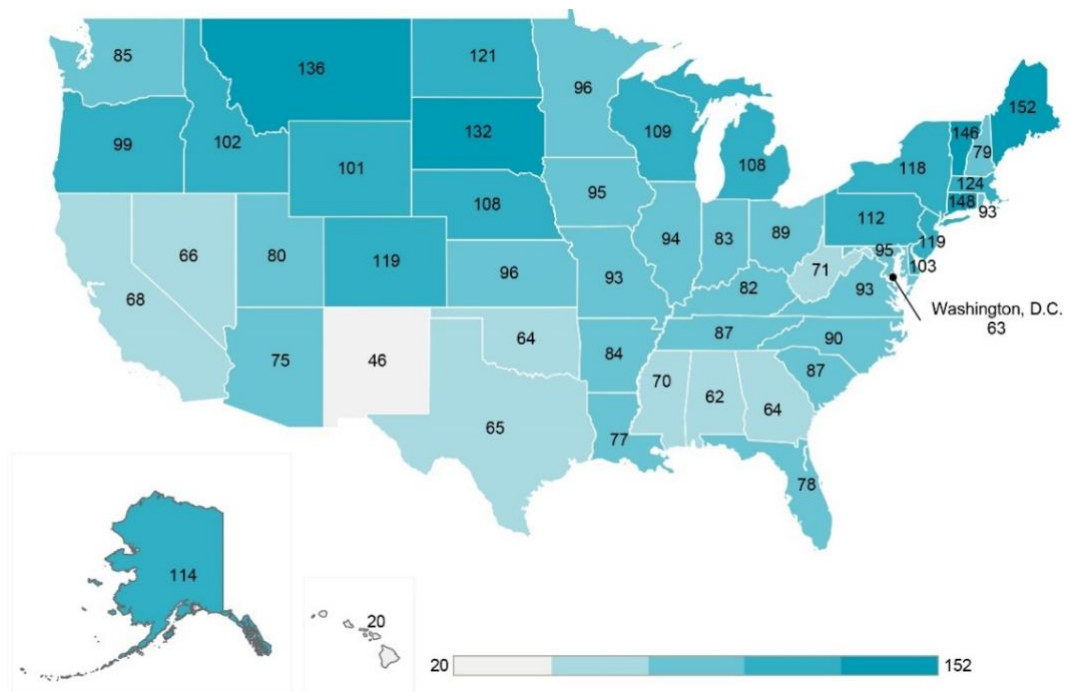
**Number of Employed Physical Therapists by State 2024**  
(Per BLS data)



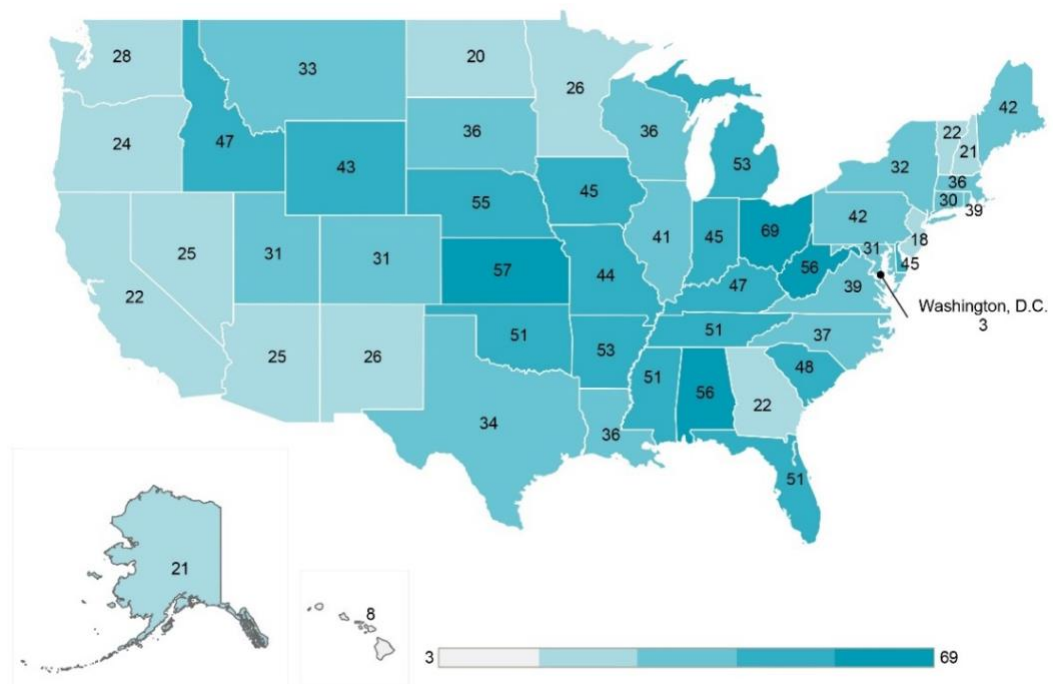
**Number of Employed Physical Therapist Assistants by State 2024**  
(Per BLS data)



**Number of Licensed Physical Therapists per 100,000 People**



**Number of Licensed Physical Therapist Assistants per 100,000 People**



**Ratio of PTs and PTAs per 100,000 People, 2020–24**

Year	Total Population Census (in 1000s)
2020	331,578
2021	332,100
2022	334,017
2023	336,806
2024	340,111

Year	Number of PTs (FSBPT)	Number of PTs per 100,000 People
2020	256,665	77.4
2021	265,586	80.0
2022	273,031	81.7
2023	289,797	86.0
2024	299,509	88.1

Year	Number of PTAs (FSBPT)	Number of PTAs per 100,000 People
2020	113,117	34.1
2021	115,538	34.8
2022	118,267	35.4
2023	124,131	36.9
2024	126,151	37.1

It is not surprising that the most populous states typically have greater numbers of physical therapists. Georgia is an exception to this trend. Although it ranks eighth in population, it is thirteenth in the number of PTs and forty-seventh in the ratio of PTs per 100,000 people.

### States With the Ten Highest and Lowest Number of PTs per 100,000 People

State	Rank	Ratio of PTs
Maine	1	152
Connecticut	2	148
Vermont	3	146
Montana	4	136
South Dakota	5	132
Massachusetts	6	124
North Dakota	7	121
New Jersey	8	119
Colorado	9	119
New York	10	118

State	Rank	Ratio of PTs
Mississippi	42	70
California	43	68
Nevada	44	66
Texas	45	65
Oklahoma	46	64
Georgia	47	64
District of Columbia	48	63
Alabama	49	62
New Mexico	50	46
Hawaii	51	20

### States With the Ten Highest and Lowest Number of PTAs per 100,000 People

State	Rank	Ratio of PTs
Ohio	1	69
Kansas	2	57
Alabama	3	56
West Virginia	4	56
Nebraska	5	55
Michigan	6	53
Arkansas	7	53
Florida	8	51
Tennessee	9	51
Mississippi	10	51

State	Rank	Ratio of PTs
Oregon	42	24
Georgia	43	22
Vermont	44	22
California	45	22
Alaska	46	21
New Hampshire	47	21
North Dakota	48	20
New Jersey	49	18
Hawaii	50	8
District of Columbia	51	3

Currently, there are no established ideal ratios of PTs or PTAs per population. Future research may provide valuable insights into appropriate per capita targets or other metrics that reflect how the size of the physical therapy profession can best meet societal needs. Nonetheless, these ratios may highlight jurisdictions that would benefit from further workforce monitoring. See also APTA’s report on [estimates for the future supply and demand of physical therapists](#) and APTA’s physical therapy supply and demand [research article](#).

## Perceptions of PT and PTA Shortages

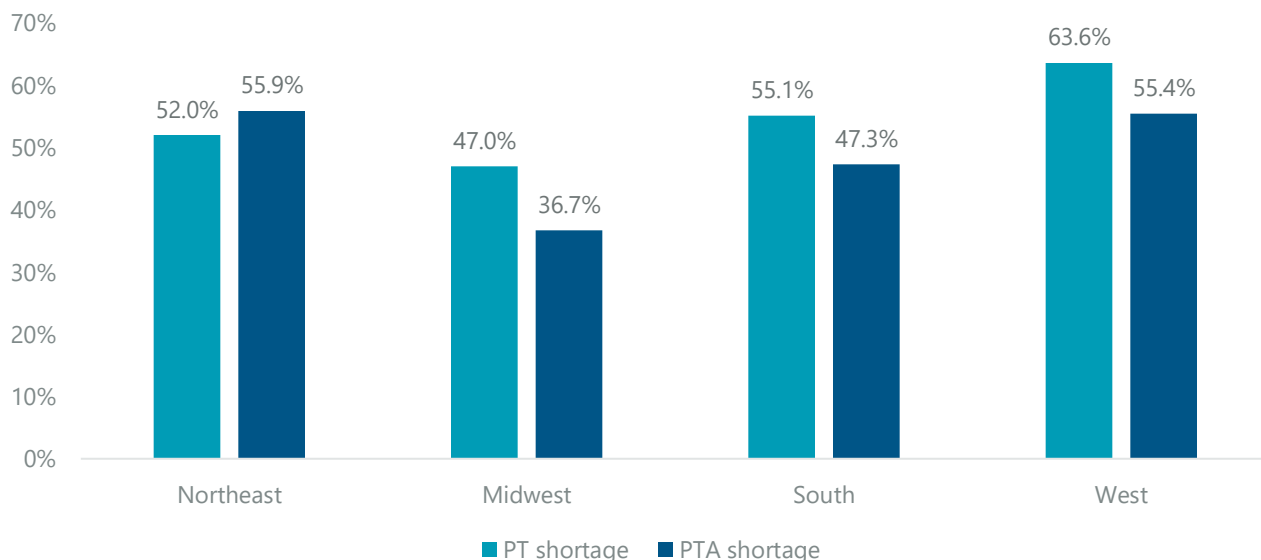
### Opinions on Workforce Shortages by Region

Differences in the geographic distribution of physical therapists and physical therapist assistants are also apparent in results from the 2025 APTA Physical Therapy Profile Survey, in which PTs were asked to “rate the current supply” of PTs and PTAs in their local area. PTAs were asked to rate the current supply of PTAs in their locale. Overall, 54.3% of PTs reported a shortage of PTs, 47.6% of PTs indicated a shortage of PTAs, and 52.7% PTAs reported a shortage of PTAs in their area.

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PTs in the West and South more frequently perceived shortages of PTs than in other areas. Regarding the current supply of PTAs, PTs were more likely to indicate shortages in the West and Northeast.

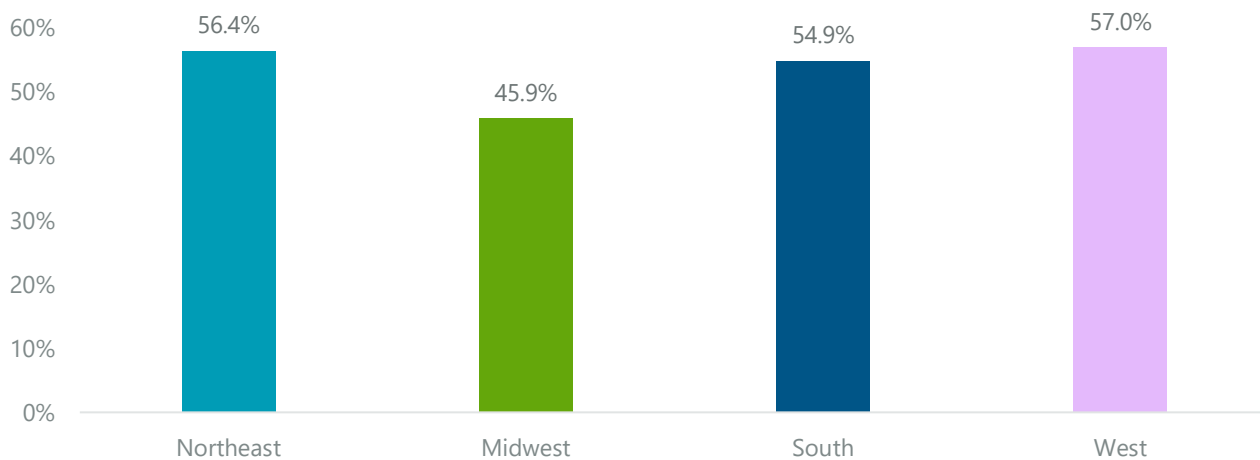
### Percentage of Physical Therapists Reporting a Local Shortage of PTs or PTAs



Note: The figures report the percentage of PTs or PTAs who believe there is a shortage in their area, not the size of the shortages.

Among PTAs surveyed, perceptions of PTA shortages were lowest in the Midwest, similar to the opinion of PTs on PTA shortages. However, PTAs were more likely than PTs to state that there is a local shortage in the current supply of PTAs.

### Percentage of Physical Therapist Assistants Reporting a Local Shortage of PTAs



### New Client Wait Times by Region

Additional evidence of shortages — and, indirectly, their possible effects on patient care — comes from reported wait times in the 2025 APTA Physical Therapy Profile Survey. Physical therapists in the West report an average wait time for new clients that is five days longer than the national average, and the median in the West is three days longer than the national median. This echoes the more frequent reports of PT shortages in the West.

### Physical Therapist New Client Waiting Lists in Days

Region	Average	Median
Northeast	15	7
Midwest	12	7
South	13	7
West	20	10
Nationwide	15	7

In addition, physical therapists in the survey were asked, “How often are follow-up appointments delayed longer than medically indicated due to your schedule being full (that is, not due to the client's schedule, authorization, or other reasons)?” Of respondents in the West, 39% reported this happened often or very often, which is five points higher than the national average.

### Metropolitan and Nonmetropolitan Distribution of PTs and PTAs

By matching the U.S. Department of Agriculture’s Rural-Urban Commuting Area Codes to zip codes in APTA’s membership database and primary worksite zip codes provided in the APTA 2025 Physical Therapy Profile Survey, we can categorize physical therapists and

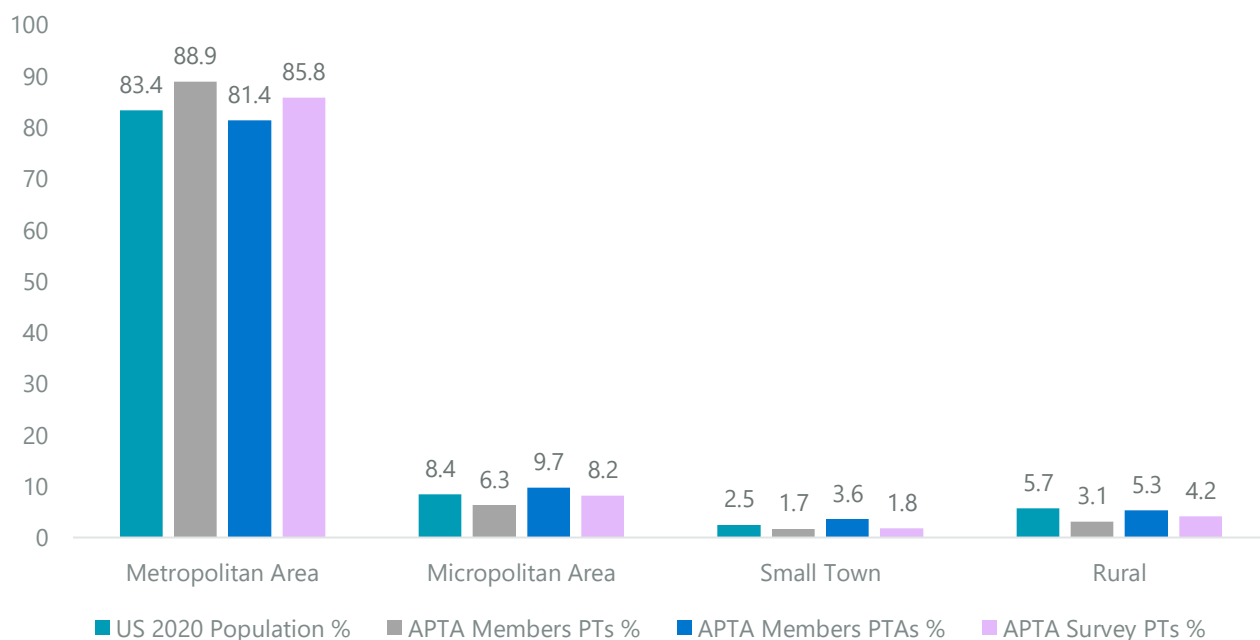
physical therapist assistants to a continuum of rural to metropolitan areas. According to the membership database, PTs are more concentrated in metropolitan areas compared to the general population, as indicated by the 2020 Census. In contrast, PTAs have a distribution that resembles the general population more closely than that of PTs.

However, the primary worksite zip codes from the survey result in a distribution of PTs that resembles the general population more closely. (The small number of PTAs in the survey in nonmetropolitan areas precluded reporting findings for them.) While the differences are slight and require further study, the variation in PT distribution may come from the inclusion of some residential zip codes in the APTA member file compared to the workplace zip codes requested in the survey. Thus, some PTs who reside in metropolitan areas may commute to facilities or firms in smaller communities, or some PTs may work in multiple types of communities.

Definitions for the four [area classifications](#) are:

- **Metropolitan areas** have a population of 50,000 or more and include smaller communities if a substantial percentage of workers commute to the metropolitan area.
- **Micropolitan areas** have more than 10,000 but fewer than 50,000 people.
- **Small towns** have more than 2,500 but fewer than 10,000 people.
- **Rural areas** have fewer than 2,500 people, and the primary commuting flow is to census tracts outside urbanized clusters or areas.

**Distribution of the U.S. Population, APTA Members, and Survey Respondents by Area Classification**



While zip codes are an imperfect measure for health care professionals' practice areas and characterizing locations along a rural to metropolitan continuum oversimplifies complex matters, APTA's survey data indicates some important differences between PTs in metropolitan areas compared to nonmetropolitan areas. For instance, a higher percentage of PTs in nonmetropolitan areas report that they cannot meet the local demand for their services. PTs in nonmetropolitan areas are also much more likely to perceive a local shortage of PTs (51% versus 72%).

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**PTs Reporting They Cannot Meet Local Demand or a Local Shortage of Physical Therapists**

Area	PTs Reporting Demand Exceeds Their Capacity	PTs Reporting a Local Shortage of PTs
Metropolitan	44.6%	51.3%
Nonmetropolitan	49.4%	71.7%
Nationwide	45.3%	54.3%

**Future Professional Plans**

Respondents of the 2025 APTA Physical Therapy Profile Survey were asked about their employment intentions for the next two years. Among PTs, 7.4% reported planning to retire or leave the profession in the next two years. For PTAs, 8.4% selected those options. Moreover, 16.2% of PTs and 11% of PTAs stated that they planned to reduce their hours within the next two years.

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### PT and PTA Employment Plans for the Next Two Years

Plans	PTs	PTAs
Increase hours in physical therapy	5.3%	9.1%
Decrease hours in physical therapy, but remain in physical therapy	16.2%	11.0%
Leave physical therapy and work in another profession	2.3%	5.1%
Retire	5.1%	3.3%
Continue as you are	69.4%	68.1%
Other	1.8%	3.5%

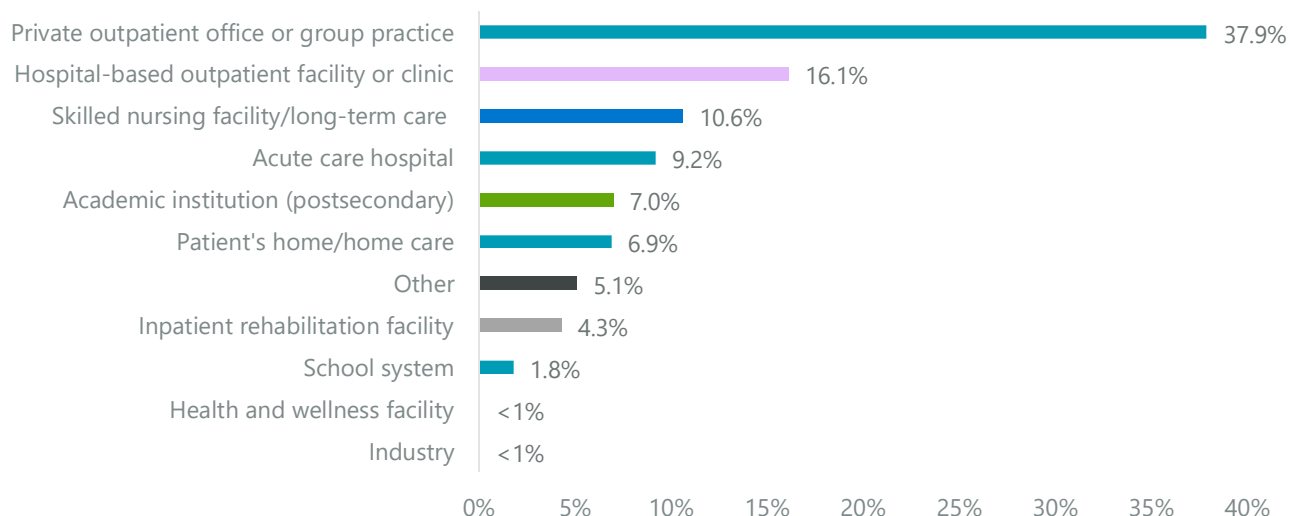
### Practice Settings in Physical Therapy

To determine PT and PTA practice settings, we reviewed and compared APTA’s membership files and data from the ACS. APTA’s membership files ask respondents to identify their primary workplace setting — where they do most or all their work. Members select from 12 categories, including “other.” Meanwhile, the U.S. Census Bureau’s American Community Survey uses a much larger and different set of categories for workplace settings than APTA, including a great many that have few PTs or PTAs. To better match APTA’s categories, we reorganized some of the ACS settings or placed them into a catch-all “other” category.

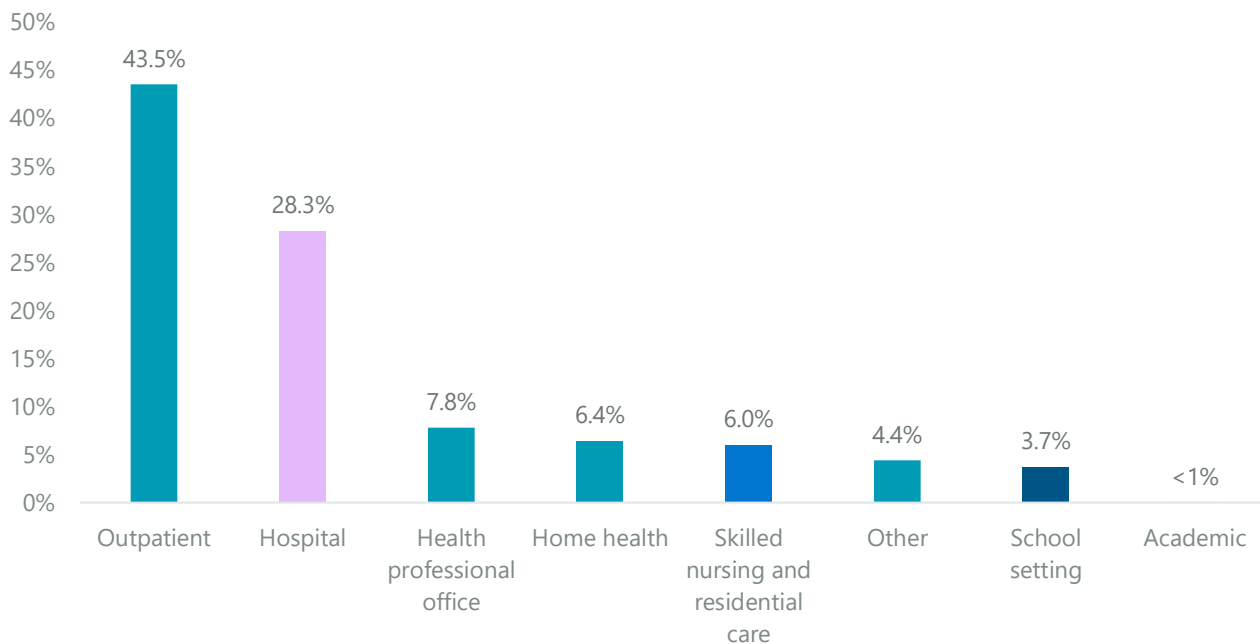
As in past years, APTA’s membership roughly tracks the percentages estimated by the ACS data. APTA’s distribution differs from the ACS most notably in that APTA membership is composed of a larger percentage from the academic institution category and a smaller percentage from the skilled nursing facility/long-term care category.

### Physical Therapists

#### APTA PT Membership by Physical Therapy Practice Setting



### American Community Survey Distribution of PTs by Practice Setting



Note: Some ACS workplace settings were merged to better approximate APTA's workplace categories.

- In the ACS, outpatient practices (43.5%) and hospitals (28.3%) comprise the largest practice settings, adding up to 71.8%. To compare this with APTA's categories, we sum the percentages from three APTA settings: acute care hospital (9.7%), hospital-based outpatient facility or clinic (22.4%), and private outpatient practice (37.3%); these three APTA settings add up to 69.4%.
- The patient's home and home care setting account for 5.4% of APTA members. This is comparable to the 6.4% in the ACS home health setting.
- School system settings, from preschool through secondary schools, make up 2.4% of the association's PT membership, whereas in the ACS, this category is slightly higher at 3.7%.
- The skilled nursing facility and long-term care setting is selected by 2.4% of APTA member PTs, and an additional 3.6% selected the inpatient rehabilitation facility setting. APTA recognizes that these two settings are discrete services within post-acute care, and members can select from either when reporting their primary workplace.

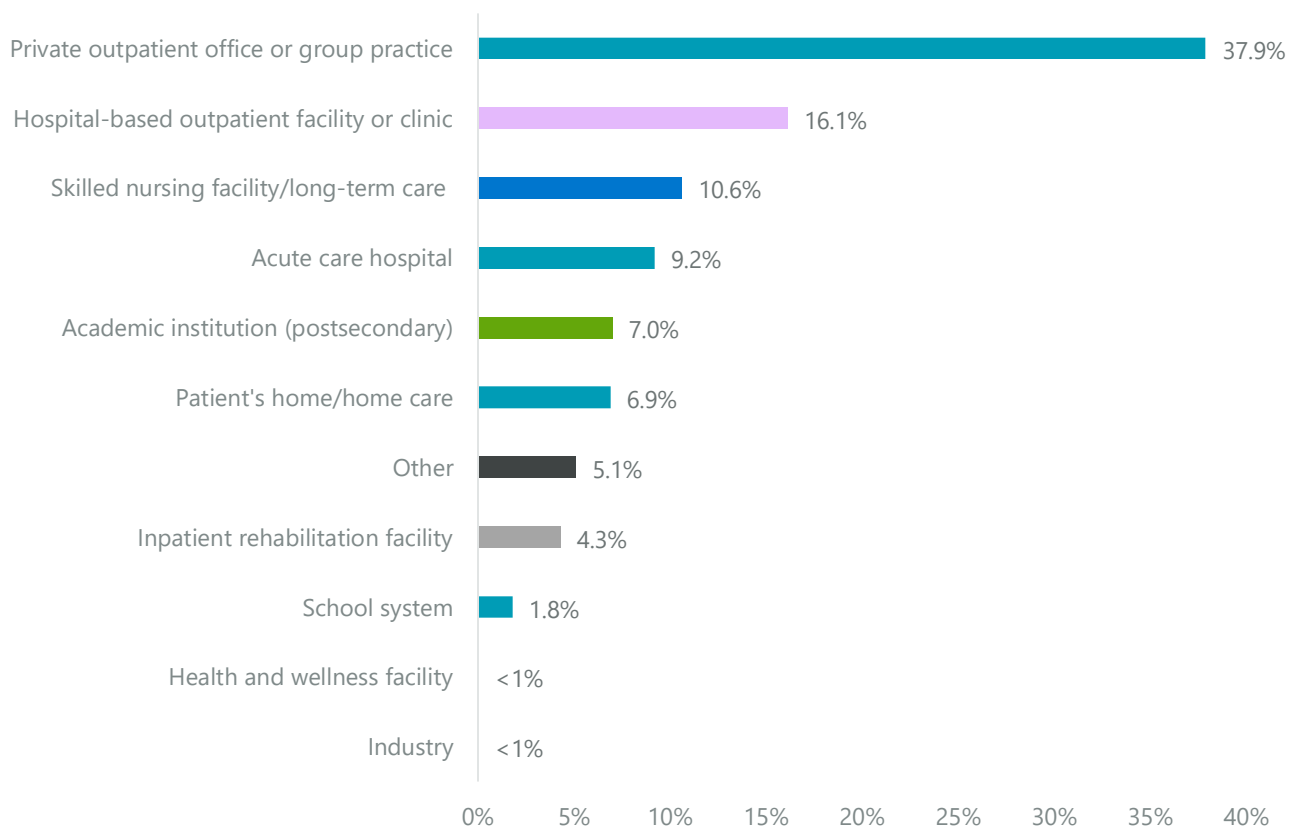
Note: The ACS categorizes skilled nursing and residential care facilities separately. We have combined these two categories to match our skilled nursing facility and long-term care category. The total percentage of association members in the skilled

nursing and long-term care setting plus the inpatient rehabilitation facility setting is 6%, which aligns with the 6% reported in the combined ACS category.

- Other categories in the APTA membership database account for less than 1% of PT members, except for academia (9.3%) and other (6.3%). The other category in the ACS (4.6%) covers a wide range of workplace environments, many of which have few PTs and some of which may correspond to the three smallest practice settings in the APTA member data (health and wellness facility, industry, and research center).
- The ACS also has unique categories for offices of physicians and for other health practitioners. For PTs, we combined these under a health professional offices setting. It is unclear what these would correspond to in APTA’s membership file. They could possibly be added to the private outpatient office or group practice setting.

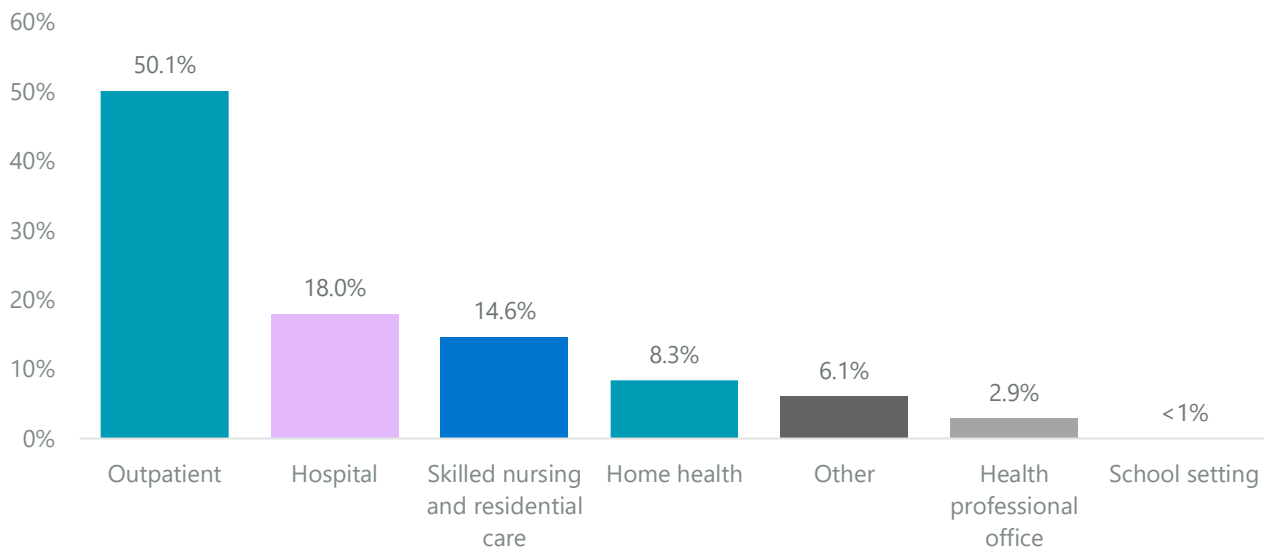
## Physical Therapist Assistants

### APTA PTA Membership by Physical Therapy Practice Setting



Note: The ACS uses algorithms to categorize workers into jobs and workplace settings, which could introduce errors that explain some differences between the APTA and ACS data.

### American Community Survey Distribution of PTAs by Practice Setting



Note: Some ACS workplace settings were merged to better approximate APTA’s workplace categories.

APTA has a higher number of physical therapist assistants working in academic settings compared to the ACS. Due to the limited number of PTAs in academia within the ACS, we place academics in the “other” category for the ACS.

- Like PTs, most PTAs are employed in private outpatient and hospital settings, including acute care hospitals, with 63.2% of the association’s PTA members in these areas, compared to 58.1% in the ACS.
- In APTA membership data, PTAs in the skilled nursing facility/long term care settings and inpatient rehabilitation facility settings comprise 14.9% when combined. Similarly, skilled nursing facility/long term care and residential care facility settings in ACS data total 14.6%.
- Additionally, 8.3% of PTAs work in the ACS’s home health setting, while 6.9% are in APTA’s patient’s home and home care setting. School settings account for 1.8% of the association’s PTA members, but less than 1% in the ACS.

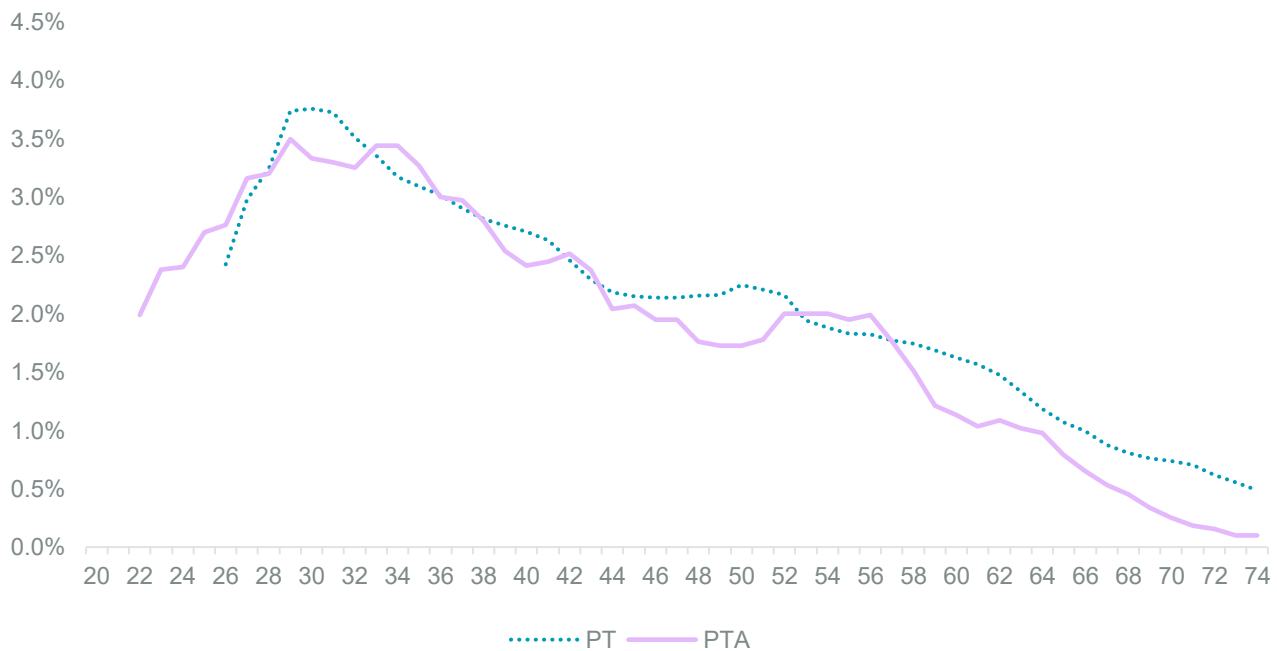
Note: The ACS uses algorithms to categorize workers into jobs and workplace settings, which may introduce errors that explain some differences between the APTA and ACS data.

## Characteristics of the Physical Therapy Profession

### Age and Gender Distribution Among PTs and PTAs

To present data on the age and gender of physical therapists and physical therapist assistants, we reviewed APTA members as of May 2025. The median age for working PT members is 43, with a mean age of 46. For working PTA members, the median age is 41, and the mean age is 45. (Retirees, those over age 74, and the unemployed who were not seeking work were excluded.)

#### Age Distribution of APTA Member PTs and PTAs (3-Year Moving Average)



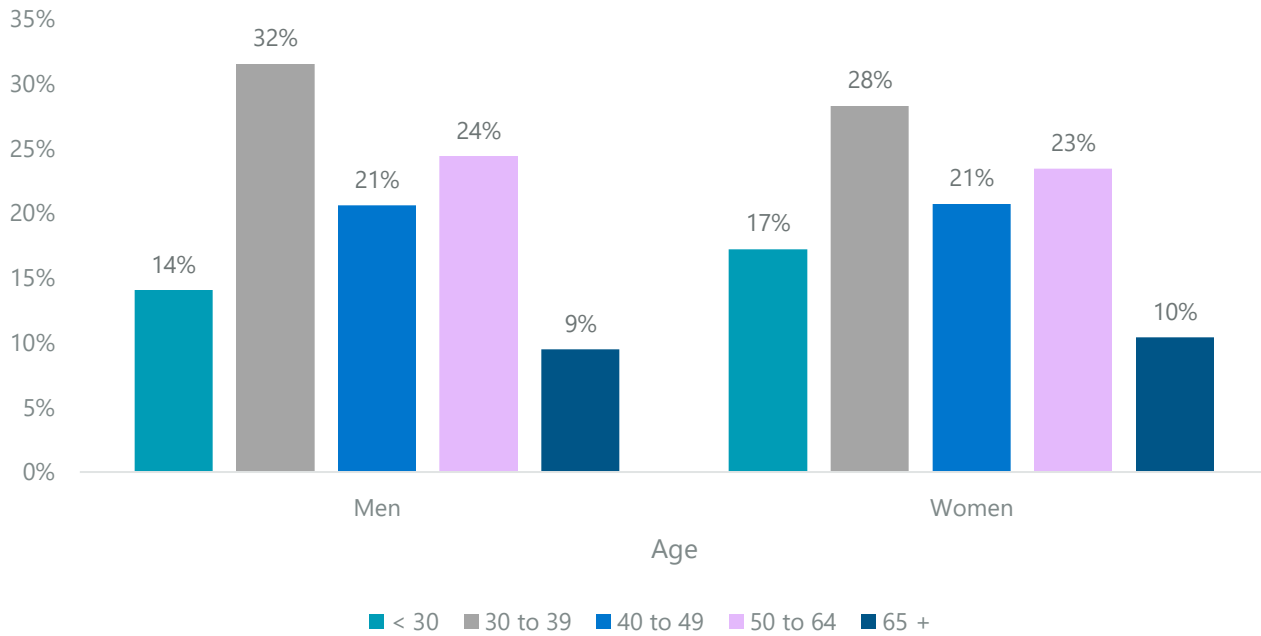
Note: Excludes members who are retired or unemployed and not seeking work.

Regarding gender among APTA members, 64.8% of physical therapists and 70% of physical therapist assistants identify as women. These percentages are similar to the gender breakdown in the ACS for the past several years. In the 2025 APTA Physical Therapy Profile Survey, fewer than 1% of respondents identified as transgender or nonbinary. However, some respondents may have chosen not to disclose their gender identity.

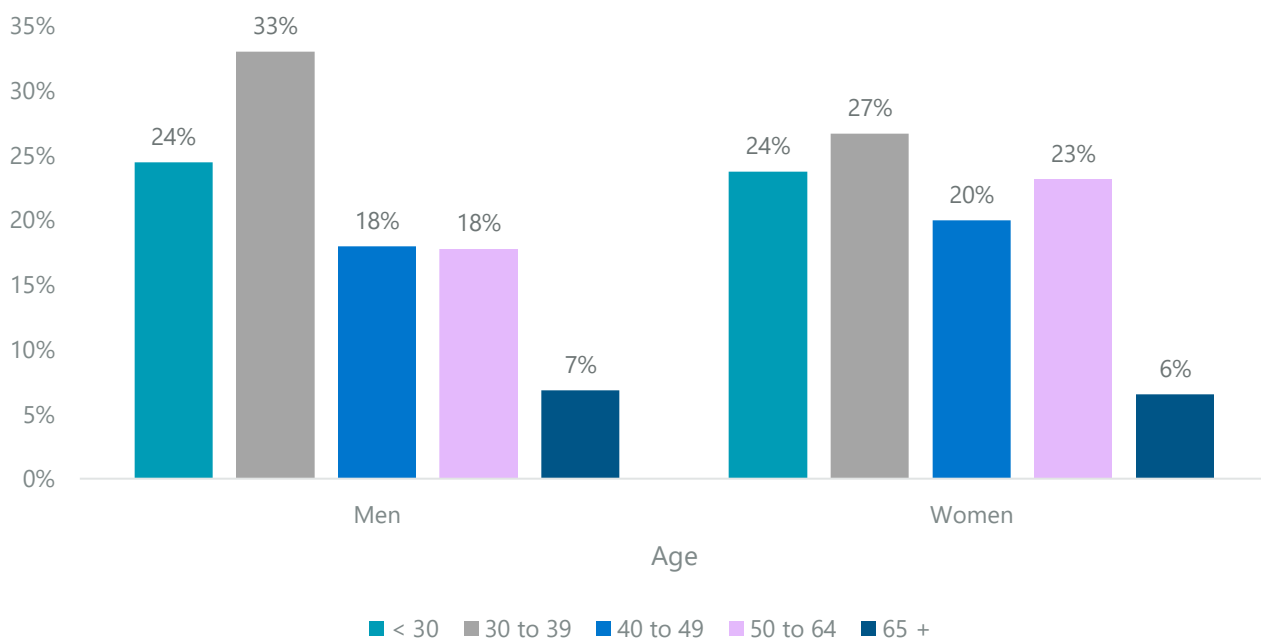
The distributions of APTA PT and PTA members by gender across five age categories are shown on the next page. For both PTs and PTAs, the percentage of women in their 30s is slightly lower than expected compared to the percentages for those younger and older; it appears that women leave the workforce in their 30s and then return in greater numbers than men. Results from APTA’s survey shed some light on this. For survey respondents in their 30s,

35% of women and 18% of men reported returning to the physical therapy workforce after being away for one month or more for childcare, job seeking, education, caregiving, health, or other reasons. Moreover, while 81% of men who took time away from work were gone for less than three months, 47% of women were gone between three and six months.

### Distribution of APTA Physical Therapist Members by Age and Gender



### Distribution of APTA Physical Therapist Assistant Members by Age and Gender



## Race and Ethnicity of PTs and PTAs and of the U.S. Population

The [U.S. Census Bureau’s 2024 estimates](#) for race and ethnicity for the total U.S. population are presented below, along with estimates for race and ethnicity for physical therapists and physical therapist assistants from two sources. For the U.S. population estimates and the BLS use of the Current Population Survey, or CPS, each category in the upper section of the following table includes people who may also identify as Latino or Hispanic, and respondents may select more than one race. The CPS data is for 2024, and the APTA membership file data is from May 2025.

Of the U.S. population, about 20% of people identify as Latino or Hispanic regardless of racial identity, and 57.5% identify as white but not Latino or Hispanic. (The difference between respondents who select white in combination with or without Latino or Hispanic indicates that most Latinos also select white.)

### Race and Ethnicity of PTs and PTAs and of the U.S. Population

Race and Ethnicity	U.S. Population Census	CPS (via BLS)		APTA Members	
		PTs	PTAs	PTs	PTAs
White	74.8%	81.1%	86.6%	N/A	N/A
Black or African American	13.7%	3.7%	3.6%	3.0%	4.7%
American Indian or Alaska Native	1.4%	N/A	N/A	0.4%	0.9%
Asian, Native Hawaiian, or Pacific Islander	7.0%	11.0%	6.0%	8.4%	4.4%
Two or more races	3.1%	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	2.2%	2.5%
Latino or Hispanic	20.0%	4.6%	12.2%	4.9%	10.1%
White, non-Latino	57.5%	N/A	N/A	81.1%	77.5%

Note: In census and BLS data, individuals identified as Latino or Hispanic may belong to any race, and respondents may select more than one race. In the APTA membership files, each race or ethnicity category is distinct, and respondents may select “other.” Nonresponses were excluded.



The employment data from the CPS, as reported by the BLS, provides limited information on race and ethnicity for PTs and PTAs.

**For PTs:**

- In 2024, the CPS estimates that 81.1% of PTs are white, 3.7% are Black or African American, and 11% are Asian (including Pacific Islanders and Native Hawaiians).
- Each of these groups may also include PTs who identify as Latino or Hispanic, which separately accounts for 4.6% of PTs in the CPS data.
- The BLS does not provide percentages for other racial or ethnic identity categories for PTs.

**For PTAs:**

- In 2024, the CPS estimates that 86.6% of PTAs are white, 3.6% are Black or African American, and 6% are Asian (including Pacific Islanders and Native Hawaiians).
- Similar to PTs, these groups may also include PTAs who identify as Latino or Hispanic, which makes up 12.2% of PTAs.
- The BLS does not provide percentages for other racial or ethnic identity categories for PTAs.

In the APTA membership database, the race and ethnicity categories are unique; respondents can select “other” as an option, but not multiple options. Therefore, comparisons between APTA’s membership data and government surveys are not exact. However, both the BLS use of the CPS data and APTA membership data indicate that PTs and PTAs, as a group, are less racially and ethnically diverse than the populations they serve.

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PTs and PTAs, as a group, are less racially and ethnically diverse than the populations they serve.

However, when examined by age categories, we see that APTA’s younger members are generally more diverse. Because APTA membership is voluntary and younger professionals are less likely to maintain membership, there is some volatility in the percentages for small groups when they are divided further into age categories. Still, the percentage identifying as other than non-Latino white is rising — like the general population — among younger cohorts.

### Race and Ethnicity by Age Among APTA Physical Therapist Members

Race and Ethnicity	Age Categories					
	< 30	30 to 39	40 to 49	50 to 64	65 +	All
Black or African American	3.8%	3.2%	3.1%	2.2%	2.8%	3.0%
American Indian or Alaska Native	0.6%	0.3%	0.3%	0.4%	0.4%	0.4%
Asian, Native Hawaiian, or Pacific Islander	7.9%	9.3%	10.8%	7.5%	4.1%	8.4%
Latino or Hispanic	7.9%	6.4%	4.3%	3.0%	2.2%	4.9%
Other	2.0%	2.5%	2.3%	1.8%	2.1%	2.2%
White, non-Latino	77.8%	78.3%	79.2%	85.2%	88.3%	81.1%

Note: Data excludes nonresponses.

### Race and Ethnicity by Age Among APTA Physical Therapist Assistant Members

Race and Ethnicity	Age Categories					
	< 30	30 to 39	40 to 49	50 to 64	65 +	All
Black or African American	4.6%	5.3%	4.7%	3.6%	6.3%	4.7%
American Indian or Alaska Native	0.6%	1.1%	1.3%	0.6%	0.5%	0.9%
Asian, Native Hawaiian, or Pacific Islander	4.3%	5.2%	5.7%	2.9%	1.8%	4.4%
Latino or Hispanic	13.1%	12.4%	9.0%	5.3%	6.8%	10.1%
Other	2.1%	2.6%	2.9%	2.3%	2.3%	2.5%
White, non-Latino	75.3%	73.3%	76.4%	85.3%	82.4%	77.5%

Note: Data excludes nonresponses.

### Race and Ethnicity Among Students and Graduates

Diversity in the physical therapy profession is, of course, influenced by who trains to become a physical therapist or a physical therapist assistant. Data from the Commission on Accreditation in Physical Therapy Education indicate that the diversity of students enrolling in and graduating from these programs, in terms of race and ethnicity, is increasing.

Total enrollment in doctor of physical therapy programs has increased between 2018 and 2025, despite some fluctuations. The percentage of DPT program enrollees who are women has remained relatively constant, ranging from 60% to 62%. In contrast, the percentage of women enrolled in PTA programs has varied from about 62% to 65% and may have declined slightly. While total enrollment in PTA programs experienced a decline for several years, it has seen a slight increase since 2022.

### Enrollment in Doctor of Physical Therapy Programs, 2018–25

Race, Ethnicity, and Gender	Academic Year						
	2018 2019	2019 2020	2020 2021	2021 2022	2022 2023	2023 2024	2024 2025
Black or African American	3.4%	3.8%	4.1%	4.6%	5.1%	5.7%	6.1%
American Indian or Alaska Native	0.4%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%
Asian, Native Hawaiian, or Pacific Islander	9.2%	10.1%	9.8%	10.2%	10.3%	10.6%	10.4%
Two or more races	3.0%	3.4%	3.8%	4.0%	4.6%	4.8%	5.6%
Latino or Hispanic	6.5%	7.1%	6.9%	7.8%	8.3%	9.3%	9.3%
White	74.5%	72.3%	72.1%	69.6%	68.1%	68.1%	66.9%
Unknown	3.0%	3.0%	3.0%	3.2%	2.9%	1.9%	2.4%
Women	62%	61%	62%	62%	60%	62%	61%
Total Enrollment	34,218	34,202	36,841	37,426	37,306	38,879	39,448

Note: Total enrollment is based on reporting for gender; the total numbers reporting race or ethnicity may differ due to incomplete responses.

### Graduates of Doctor of Physical Therapy Programs, 2018–24

Race, Ethnicity, and Gender	Academic Year					
	2018 2019	2019 2020	2020 2021	2021 2022	2022 2023	2023 2024
Black or African American	3.3%	3.2%	3.7%	3.9%	4.7%	5.3%
American Indian or Alaska Native	0.4%	0.4%	0.3%	0.5%	0.5%	0.4%
Asian, Native Hawaiian, or Pacific Islander	8.3%	9.6%	9.8%	10.6%	10.8%	10.5%
Two or more races	2.4%	3.0%	3.6%	4.0%	3.9%	4.5%
Latino or Hispanic	6.2%	6.8%	6.7%	8.0%	8.9%	8.8%
White	76.7%	74.5%	73.6%	68.6%	69.1%	66.9%
Unknown	2.7%	2.4%	2.7%	4.4%	2.1%	3.0%
Number of graduates	10,545	11,331	12,074	12,029	11,810	13,322



### Enrollment in Physical Therapist Assistant Programs, 2018–25

Race, Ethnicity, and Gender	Academic Year						
	2018 2019	2019 2020	2020 2021	2021 2022	2022 2023	2023 2024	2024 2025
Black or African American	5.5%	5.5%	5.5%	5.7%	8.0%	9.0%	9.3%
American Indian or Alaska Native	0.5%	0.5%	0.5%	0.8%	0.7%	0.8%	0.8%
Asian, Native Hawaiian, or Pacific Islander	7.0%	6.8%	7.6%	6.5%	6.4%	6.7%	6.4%
Two or more races	2.6%	2.7%	2.8%	3.3%	3.7%	4.1%	4.3%
Latino or Hispanic	12.8%	14.3%	14.7%	16.1%	15.8%	16.0%	17.2%
White	69.8%	67.9%	66.6%	63.2%	59.4%	61.0%	59.6%
Unknown	1.8%	3.0%	3.0%	3.2%	2.9%	1.9%	3.0%
Women	64%	65%	64%	63%	62%	62%	62%
Total Enrollment	12,970	12,475	12,361	11,247	10,096	10,293	10,384

Note: Total enrollment is based on reporting for gender; the total numbers reporting race or ethnicity may differ due to incomplete responses.

### Graduates From Physical Therapist Assistant Programs, 2018–25

Race, Ethnicity, and Gender	Academic Year						
	2018 2019	2019 2020	2020 2021	2021 2022	2022 2023	2023 2024	2024 2025
Black or African American	5.5%	5.9%	5.9%	6.0%	8.1%	7.2%	7.8%
American Indian or Alaska Native	0.8%	0.6%	0.7%	1.0%	0.8%	1.0%	0.6%
Asian, Native Hawaiian, or Pacific Islander	6.6%	6.5%	6.5%	7.0%	7.5%	8.7%	8.0%
Two or more races	2.2%	2.4%	2.9%	2.0%	2.9%	4.1%	2.1%
Latino or Hispanic	11.9%	12.8%	13.1%	14.0%	14.3%	16.4%	16.3%
White	73.1%	70.8%	68.7%	67.6%	64.4%	60.4%	60.9%
Unknown	1.0%	1.1%	2.2%	2.4%	2.0%	2.3%	3.0%
Number of graduates	7,040	6,713	6,724	6,460	5,477	5,369	5,032



Finally, according to data from the Physical Therapist Centralized Application Service, the percentage of non-white applicants for DPT programs increased by 2.3 percentage points from the 2020-2021 academic year. Looking back to the 2013-14 academic year (not shown), the percentage of non-white applicants has increased by nearly 7 percentage points. Over the past few years, non-white enrollment has increased more than the demographic changes in applicants, perhaps due to differences in who ultimately enrolls versus who applies. The number of DPT program applicants has increased by 4% over this period. (Comparable application data for PTA programs is not available.)

**Percentage of Non-White Applicants for DPT Programs**

Academic Year	Total Applicants	Non-White Applicants	Percentage of Non-White Applicants
2024–25	18,513	7,588	41.0%
2023–24	17,575	7,166	40.8%
2022–23	16,917	6,734	39.8%
2021–22	17,862	7,094	39.7%
2020–21	17,800	6,880	38.7%

As younger generations in the U.S. become more diverse, ongoing efforts to recruit and retain candidates from underrepresented communities will help the profession better mirror the communities it serves.

**Professional Career Advancement**

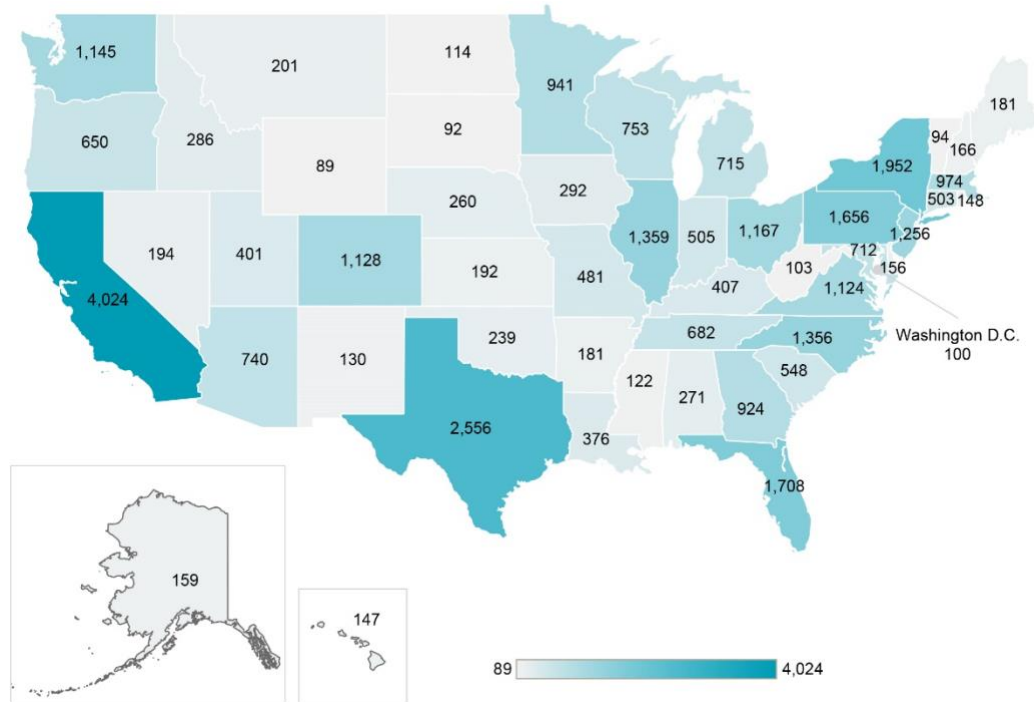
**Board Certifications**

Specialist certifications in physical therapy were established in 1985 to advance the profession by setting, maintaining, and promoting standards of excellence for clinical specialization. These certifications recognize the advanced knowledge, skills, and experience of physical therapists through board certification. As of July 2025, based on [data from the American Board of Physical Therapy Specialties](#), or ABPTS, there are 10 areas of specialization with 34,807 certifications (fewer than 1% reside outside the U.S., and 1.1% are emeritus).

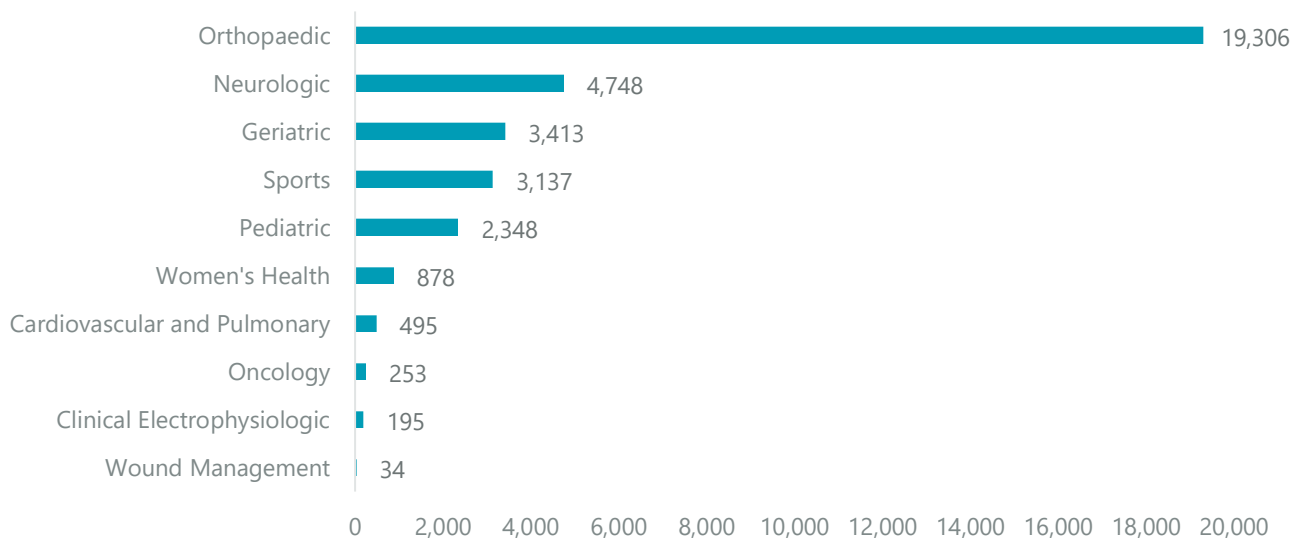
Currently, more than 10% of PTs have a board-certified specialty. Board-certified physical therapists may choose not to renew their certification due to retirement or for other reasons. As a result, the total number of certifications issued since 1985 (42,962) exceeds the current number of certified specialists.

The map below portrays the number of specialists per state, and the graph below displays the specialty areas in order of size (including the small percentage who reside in other countries and who are emeriti). These totals slightly overstate the number of specialists because some PTs are certified in more than one specialty. (Wound management recognized its first cohort of specialists in 2022, hence its small size.)

**Board-Certified Specialists by State 2025**



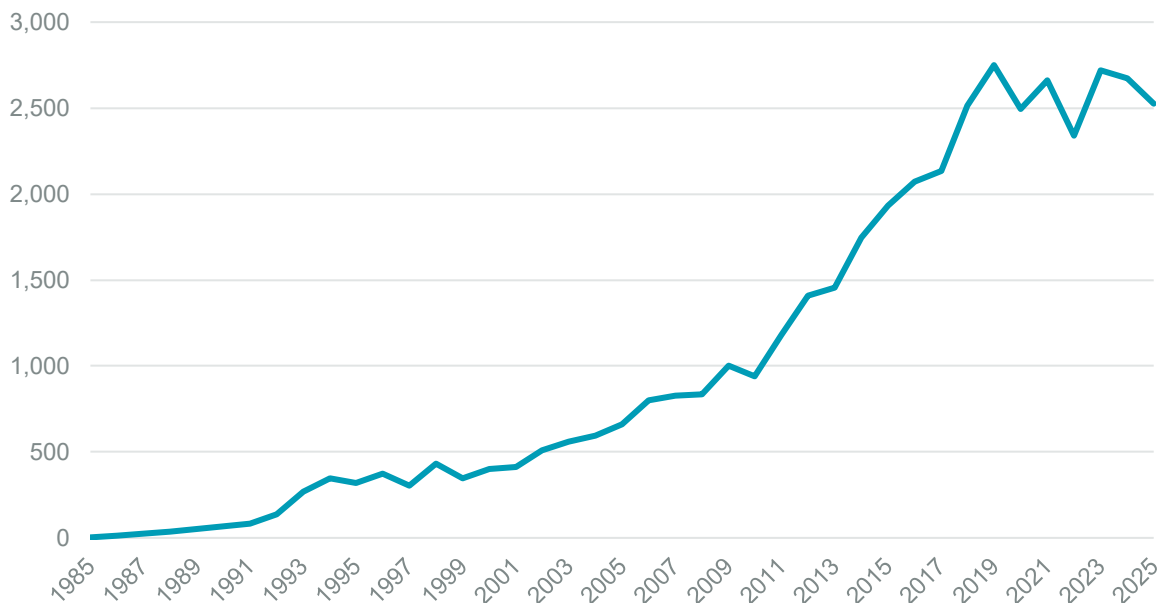
**Number of Board-Certified Specialists by Specialty Area in 2025**





According to ABPTS data, after more than three decades of nearly continuous growth, the number of new specialists exceeded 2,500 in 2018, and this figure has remained relatively stable around that amount since then. Between 2018 and 2025, the annual number of new specialists ranged from 2,339 to 2,750, with an average of 2,585. (Board-certified physical therapists may choose not to renew their certification due to retirement or for other reasons. As a result, the total number of certifications issued since 1985 (42,962) exceeds the current number of certified specialists.)

#### Number of Newly Certified Specialists by Year

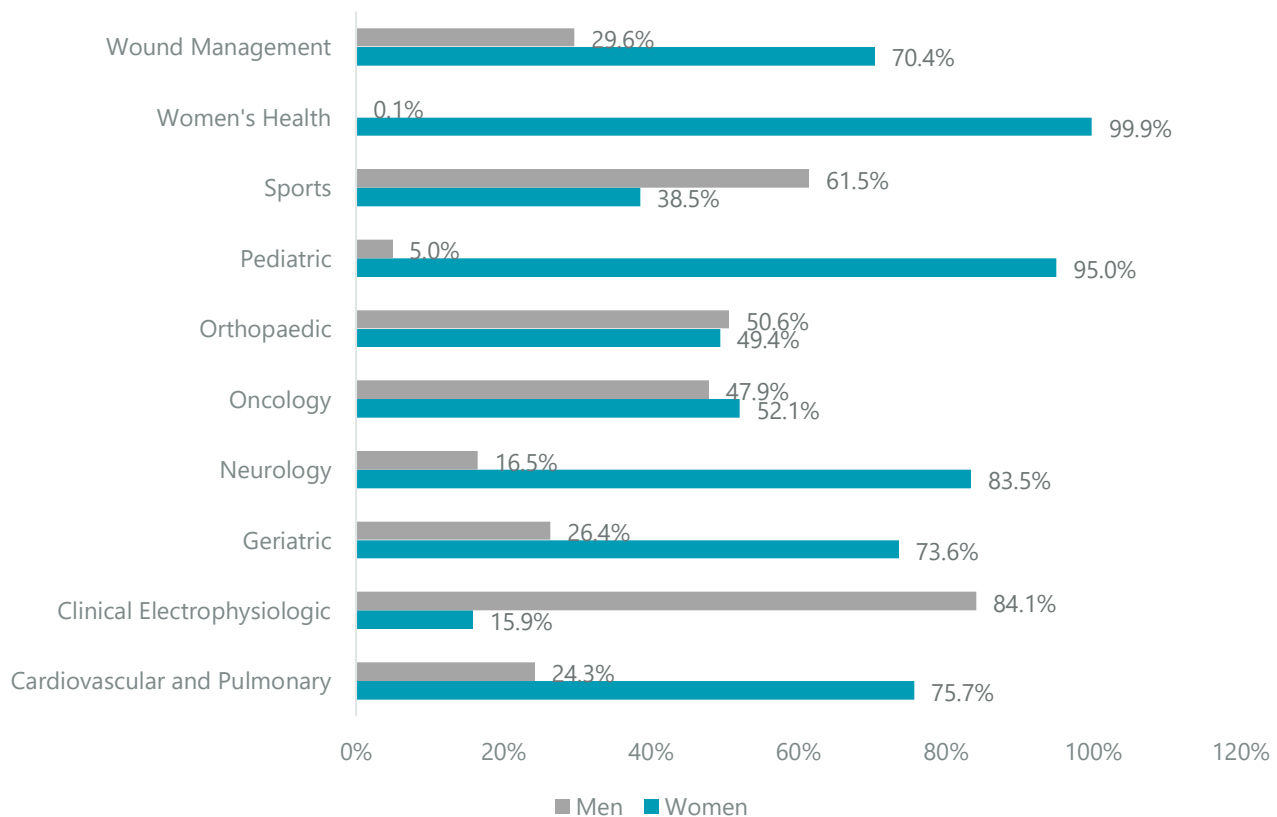


## Age and Gender in Board Certifications

The median age of board-certified physical therapists is 39 years, while the mean age is 42 years. This is only slightly younger than the median age of APTA PT members, which is 43 years, and the mean age, which is 46 years.

In terms of gender representation, for those who reported their gender, approximately 60% of board-certified PTs are women, compared to approximately 64.8% of all APTA member PTs. A higher proportion of women than men hold certifications in specialties such as oncology, cardio/pulmonary, neurology, geriatrics, pediatrics, and women’s health. Conversely, a greater number of men are certified in clinical electrophysiology and sports.

### Gender Distribution Among Board-Certified Specialists by Specialty Area



## Race and Ethnicity in Board Certifications

The race and ethnicity distribution of board-certified physical therapists is similar to that of APTA’s PT membership. However, if certifications reflected the profile of PT members, it would include roughly 190 more Black specialists and 155 more Latino specialists.

### Race and Ethnicity of Board-Certified Clinical Specialists, 2025

Race and Ethnicity	Total	Percentage
Black or African American	744	2.4%
American Indian or Alaska Native	96	0.3%
Asian, Native Hawaiian, or Pacific Islander	2,953	9.5%
Latino or Hispanic	1,379	4.4%
Other	755	2.4%
White, non-Latino	25,205	81.0%
Total	31,132	100%

Note: Excludes nonresponses.

The next table presents the distribution of race and ethnicity among examination applicants in 2023. This distribution is more diverse than those certified, reflecting, in part, the increased diversity in the younger population that makes up examination applicants.

### Race and Ethnicity Among Board Certification Examination Applicants, 2023

Race and Ethnicity	Number of Applicants	Percentage of Applicants
Black or African American	166	4.6%
American Indian or Alaska Native	15	0.4%
Asian, Native Hawaiian, or Pacific Islander	540	15.1%
Latino or Hispanic	258	7.2%
Other	93	2.6%
White, non-Latino	2,500	70.0%
Total	3,572	100%

Note: Excludes nonresponses.

### Residency and Fellowship Graduates

Advanced training through physical therapy residency and fellowship programs provides licensed, practicing physical therapists the opportunity to enhance their evidence-based practice and understanding of scientific principles in specialty areas through didactic, clinical, and mentorship experiences. Unlike some other health care disciplines that limit or restrict licensure until after graduates of the relevant academic program have completed a residency, graduates of DPT programs who pass the national physical therapy exam are granted full, unrestricted licenses; residencies are voluntary.

Residencies and fellowships differ in terms of depth and scope of practice. Residencies provide PTs with enhanced knowledge, skills, and responsibilities within a defined specialty area. For those specialties that offer board certification, the residency program prepares

physical therapists for the certification examination. Fellowships are planned learning experiences that train PTs in advanced knowledge, skills, and responsibilities within a specific subspecialty practice. Candidates for clinical fellowships must have either completed a residency program or be board-certified specialists in a specialty area related to the subspecialty they are pursuing.

According to data from the American Board of Physical Therapy Residency and Fellowship Education, as of 2024, there were 447 accredited residency programs and 44 accredited fellowship programs, representing 125 more programs since 2020. The number of fellowship programs has fluctuated over the last several years, with a high of 53 programs in 2018 and 2019.



As of 2024, orthopaedics has been the most popular residency program, with 6,299 alumni, followed by sports (1,261) and neurology (1,104). Among fellowships, the most popular areas are orthopaedic manual physical therapy (2,294) and higher education leadership (238).

**Residency Program Graduates, 2024 and All-Time Totals**

Practice Area	2024 Graduates	Total
Acute Care	16	78
Cardiovascular and Pulmonary	10	88
Clinical Electrophysiology	13	62
Faculty (non-clinical)	4	23
Geriatrics	20	277
Neurology	114	1,104
Oncology	7	39
Orthopaedics	581	6,299
Pediatrics	37	373
Sports	160	1,261
Women’s Health	31	225
Wound Management	2	12
Total Residents	995	9,841

### Fellowship Program Graduates, 2024 and All-Time Totals

Practice Area	2024 Graduates	Total
Critical Care	0	20
Hand Therapy	0	15
Higher Education Leadership	22	238
Movement System (no longer recognized)	N/A	108
Neonatology	2	31
Neurologic Movement Disorders	2	2
Orthopaedic Manual Physical Therapy	54	2,294
Performing Arts	1	7
Spine	8	63
Sports Division 1	7	72
Upper Extremity Athlete	6	38
Total Fellows	102	2,888



### Gender, Race, and Ethnicity in Residency and Fellowship Graduates

Among 2024 residency and fellowship graduates combined, the percentage of men (43%) is higher than in the general population of PTs (35.2%). This difference is particularly pronounced in fellowship programs, where men comprised the majority of graduates in 2024.

#### Residency and Fellowship Graduates by Gender, 2024

Gender	Residency Graduates	Percentage	Fellowship Graduates	Percentage
Women	490	54.4%	36	36.7%
Men	410	45.6%	62	63.3%
Total	900	100%	98	100%

Note: Data excludes nonresponses and totals may not match other tables as nonresponse numbers vary per question.

## Race and Ethnicity of Residency and Fellowship Graduates, 2024

Race and Ethnicity	Residency Programs		Fellowship Programs	
	Number of Graduates	Percentage	Number of Graduates	Percentage
Black or African American	42	5.1%	8	9.1%
American Indian or Alaska Native	3	0.4%	0	0.0%
Asian, Native Hawaiian, or Pacific Islander	101	12.2%	5	5.7%
Latino or Hispanic	68	8.2%	6	6.8%
Other	31	3.7%	0	0.0%
White, non-Latino	584	70.4%	69	78.4%
Total	829	100%	88	100%

Note: Data excludes nonresponses and totals may not match other tables as nonresponse numbers vary per question. The small number of annual fellowship graduates makes the percentages volatile from year to year.

### PTA Advanced Proficiency Pathways

APTA’s PTA Advanced Proficiency Pathways is the premier program designed for physical therapist assistants to increase their knowledge and demonstrate their expertise in a specific area of focus. Launched in 2017, the program currently offers pathways in the following specialties: acute care, cardiovascular and pulmonary, geriatrics, neurology, oncology, orthopedics, pediatrics, and wound management.

As of July 31, 2025, a total of 431 PTAs have completed an area of proficiency, while an additional 530 PTAs are currently enrolled in the program. Among graduates and current participants who reported their race, ethnicity, or gender, 74% are women, and 81% identify as white, non-Latino.



In terms of the areas of focus for graduates and current enrollees, more than half are pursuing orthopedics, while geriatrics ranks as the second most common area of interest. Neurology, acute care, and pediatrics each represent between 6.5% and 9.8% of graduates and current enrollees.

### Advanced Proficiency Pathways Graduates and Current Participants by Practice Area

Practice Area	Number of Graduates and Current Participants	Percentage
Acute Care	88	9.2%
Cardiovascular and Pulmonary	25	2.6%
Geriatrics	158	16.4%
Neurology	94	9.8%
Oncology	13	1.4%
Orthopedics	513	53.4%
Pediatrics	62	6.5%
Wound Management	8	0.8%
Total	961	100%

## Conclusion

The physical therapy profession is expanding and evolving, but it also faces several challenges. It has one of the largest workforces in health care, and while the number of physical therapists and physical therapist assistants is steadily increasing, their distribution remains uneven. There are fewer providers per capita in the West, South, and Southwest. Survey data indicate that more than half of PTs and PTAs believe there is a local workforce shortage. Shortages can create longer wait times for new clients, particularly in the West.

Although the workforce is growing, a significant number of professionals — nearly one in four PTs and one in five PTAs — are considering retirement, leaving the profession, or reducing their hours within the next two years. While the profession is becoming more diverse among younger practitioners and students, it remains less diverse than the general population.

This report underscores the necessity for ongoing workforce research and programs aimed at addressing these disparities, ensuring that the profession can meet the increasing demand for physical therapist services across the United States.

## Appendix

### Notes on APTA Data Sources

The 2025 APTA Physical Therapy Profile Survey was conducted online in May 2025 for physical therapists and physical therapist assistants. The survey received 4,350 responses from physical therapists and 483 responses from physical therapist assistants, though not all respondents answered every question.



For physical therapists, the adjusted sample frame — excluding nondeliverable emails — was 65,893, resulting in an adjusted response rate of 6.6%. For physical therapist assistants, the adjusted sample frame was 11,184, with an adjusted response rate of 4.3%. The response rates for 2025 were lower than those in previous APTA surveys because this year we expanded the sample to include inactive members — those whose memberships had expired between February 2020 and February 2025 — alongside current members. This expansion allowed us to reach a broader range of professionals (e.g., inactive members tend to be younger than active members). Approximately 22% of physical therapists and 29% of physical therapist assistant respondents were inactive members.

APTA member data is from the May 31, 2025 membership file.