

Physical Therapy Profile: Incomes in the Profession, 2025

A Report From the American Physical Therapy Association

December 2025

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A Physical Therapy Profile: Incomes in the Profession, 2025

A Report From the American Physical Therapy Association

Introduction and Background

The American Physical Therapy Association studies the physical therapy workforce to assess employment trends, position the profession to respond to economic changes, model provider supply and demand, and support advocacy that enhances health care delivery, as well as the profession's development and economic security.

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](#)

For more than two decades, APTA has collected data on income, demographics, and various workplace and professional topics from physical therapists and physical therapist assistants through its periodic Physical Therapy Profile Survey. This report uses data from the May 2025 survey to examine the relationship between reported income and factors that may influence income, including geographic location, practice setting, age, gender, race and ethnicity, hours worked, post-professional credentials, and work characteristics such as the percentage of time spent in direct care and supervisory positions.

To examine the isolated effects of these factors on predicted income while reducing the influence of outliers, APTA developed quantile regression models from the survey data for PTs and for PTAs. Median hourly wages for PTAs are also examined in a separate model. Regression models analyze how factors like age, work setting, post-professional credentials, and others are independently related to income, while controlling for all other variables in the model. (See Appendix B.)

This report is a companion to APTA's "[A Physical Therapy Profile: Demographics of the Profession, 2025](#)" report, which reviews additional information about the profession, including geographic distribution, age, racial and ethnic identity, shortages, and PT and PTA students from a wide variety of sources, including APTA's 2025 Physical Therapy Profile Survey.

What's New

New to this report, findings are presented in two formats:

- **Survey responses.** To explore topics such as the percentage of providers working full time, serving as administrators, or belonging to specific age groups, the report presents the frequency of responses from the survey (see Appendix A).
- **Regression models.** To examine the influence of various factors on incomes, the report employs econometric regression models that predict the impact of each factor on income, while controlling for all other variables (see Appendix B).

In addition to the regression models, several new topics and approaches to employment or earnings are covered:

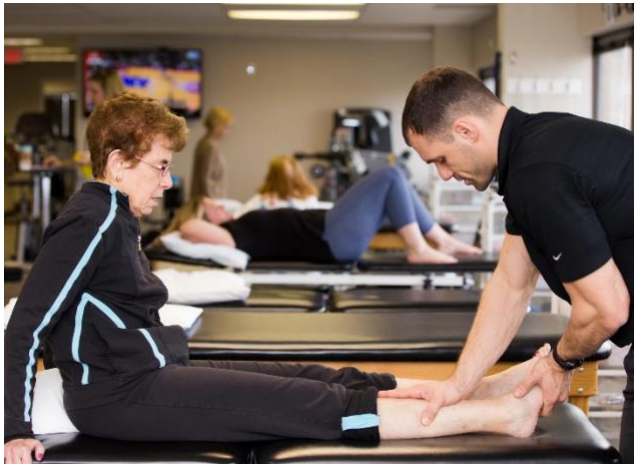
- Both APTA members and nonmembers were surveyed to better reflect the profession.
- Respondents had the option to report more than one work position.
- Sources of income were categorized into self-employment, hourly wages, salaried positions, or combinations of these.
- The regression models interact gender with age to illustrate how the gender gap in earnings varies across different age groups.
- In addition to examining the impact of board certification on income, the report explores other post-professional credentials and their effects, as well as the effects of administrative and supervisory roles.

Report Highlights

- **Incomes have not kept pace with inflation.** While incomes increased with inflation earlier this century, they have not kept pace with inflation since 2016. (Pages 11 and 24.)
- **Post-professional credentials are associated with higher earnings.** APTA board specialist certification, completing a fellowship program, and additional graduate degrees are positively associated with PT income. (Page 17.)
- **Most PTs and PTAs have one job in physical therapy, but many supplement their income with a limited number of hours of work each week in another position.** Approximately 30% of PTs and PTAs report working more than one job. However, for most, the hours worked per week at additional jobs are less than a full day, suggesting they are supplementing a primary position and not working two part-time jobs. (Page 5.)
- **Incomes vary across the nation.** Reported incomes are generally higher in western states and lower in midwestern and southern states; however, geographic differences are not always statistically significant when other predictors of income are considered and may reflect variations in unobserved local labor market conditions, such as the cost of living. (Pages 10 and 23.)
- **Incomes in nonmetropolitan areas are not substantially lower than in metropolitan areas.** When other predictors are considered in a regression model, the small, reported difference in incomes between these types of communities disappears. (Page 10.)
- **Workplace settings have a substantial impact on income.** PTs have higher median incomes in hospitals and inpatient rehabilitation settings. (Page 13.) PTAs earn a higher median hourly wage in hospitals, patients' homes or home care settings, and at skilled nursing facilities and long-term care settings. (Page 26.)
- **Age and gender play an important role in earnings.** Income rises with age, but increases can slow mid-career. Moreover, for PTs and PTAs, women report lower median incomes than men starting around age 40. The regression model predicts that this gap grows to approximately \$16,000 by age 65 for PTs. (Pages 18 and 24.)
- **Earnings for PTs are influenced by the role they play in their practice.** After controlling for age, post-professional credentials, and other factors, supervisors and administrators are predicted to have higher median incomes. (Page 13.)
- **A greater percentage of time spent on direct care is associated with lower predicted median incomes among PTs.** The relationship is not linear and is strongest among PTs with less than half their time in direct care. (Page 19.)

Data Considerations

Appendix A reviews the numbers and demographics of survey respondents and response rates. Survey respondents overrepresent certain groups, particularly academics, women, and older providers, compared to the profession. Nonetheless, median incomes and income ranges align closely with those reported by the Bureau of Labor Statistics, or BLS (see page 8 and page 23). While many demographic, workplace, and professional factors are controlled for in the regression model, tables presenting basic survey results do not account for these influences.



Although the regression models fit the data well, the results should not be relied upon for categories with small sample sizes. For example, there were insufficient non-white respondents to reliably analyze the effect of race and ethnicity on income. In addition, as is typical in econometric models of income, a significant portion of the income variation remains unexplained because numerous individual, local labor-market, and workplace factors not studied for this report significantly influence earnings.

Hours and Employment Positions

In the 2025 APTA Physical Therapy Profile Survey, respondents reported their hours and the nature of their employment. For those with multiple jobs, their primary work position is defined as the one where they earn the most, or, if two jobs have equal earnings, the one with the most hours.

Approximately 70% of both PTs and PTAs report working only one job, including 83% of self-employed PTs. Moreover, the median number of hours worked per week in secondary positions for PTs and PTAs is less than nine. This suggests that most respondents with a second job in physical therapy are supplementing their primary positions with several additional hours of secondary employment, rather than combining two part-time positions to create the equivalent of full-time employment.

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Among full-time physical therapists under age 65, about three-quarters report that their primary position is salaried, while 16% indicate they work an hourly-wage job. However, when comparing full-time and part-time PTs, self-employment increases from 8% to 21%, and hourly-wage employment also increases sharply, from 16% to 44%.

Among PTA respondents under age 65 who work full time, 55% hold hourly-wage positions, while 41% are in salaried roles. For part-time PTAs, nearly 79% hold hourly-wage jobs and only 15% are in salaried positions. Few PTAs report being self-employed in their primary position.

Primary Position Employment Type and Full-Time Status

Employment Type	PTs		PTAs	
	Full Time	Part Time	Full Time	Part Time
Salaried job	75.8%	35.1%	41.1%	15.2%
Self-employed	8.0%	21.3%	3.5%	6.1%
Hourly-wage job	16.3%	43.6%	55.4%	78.8%
	100%	100%	100%	100%

Note: Data excludes respondents over age 64. Part-time work is defined as less than 35 hours per week.

Across all primary position employment types, nearly 23% of PTs and 26% of PTAs under age 65 are employed part time (less than 35 hours per week) in their primary position. This percentage varies by employment type. For instance, while only about 12% of salaried PTs or PTAs work part time, part-time employment is much more common among providers who work in hourly wage jobs.

Full-Time Status by Employment Type in Primary Position

Employment Type	PTs		PTAs	
	Full Time	Part Time	Full Time	Part Time
Salaried job	88.1%	11.9%	88.7%	11.3%
Self-employed	55.9%	44.1%		
Hourly-wage job	56.3%	43.8%	67.1%	32.9%
All types	77.4%	22.6%	74.4%	25.7%

Note: Data excludes respondents over age 64. Part-time work is defined as less than 35 hours per week. There were too few self-employed PTA respondents to report.

For salaried PTs and PTAs, a 40-hour work week at their primary position is standard. However, a significant number of salaried PTs and PTAs report working more than 40 hours per week in their primary positions.

Average Hours Worked per Week in Primary Position

Physical Therapists	Percentile of Hours		
	25th	Median	75th
Salaried	40	40	45
Self-employed	28	40	50
Hourly wage	25	37	40
Physical Therapist Assistants			
Salaried	40	40	42
Hourly wage	32	38	40

Note: Excludes respondents over age 64. There were too few self-employed PTA respondents to report.

For respondents reporting average weekly hours exceeding 40, it is unclear whether these hours represent the expected hours for their position or if they are additional hours taken on to complete their workload. Additional observations include the following:

- The distribution of hours for self-employed PTs is wider than for salaried PTs. While many self-employed PTs work part-time, many also report working long hours.
- Hourly-wage PTs and PTAs are more likely to work part time, as indicated by the distribution of their hours.
- There are too few self-employed PTA respondents to meaningfully analyze their hours.

Physical Therapist Incomes

Median Incomes and Ranges

For PTs working full time, the median income from their primary position, as reported in APTA’s 2025 Physical Therapy Profile Survey, is \$100,000. This figure is nearly the same as the median income estimate derived from the 2024 BLS [Occupation and Employment Survey](#).

One way to measure income distribution is by using the interquartile range, or IQR, which is the difference between the 75th percentile and the 25th percentile of income. In other words, the IQR represents the dollar amount between the cutoff points for the top quarter and the bottom quarter of individuals sorted by their reported income. For the 2025 survey, the IQR for full-time PTs is \$33,000. As with median income, this is roughly the same as in the 2024 BLS data.

Percentile Incomes from BLS and APTA for PTs Working Full Time

Source	Percentile of Income			Interquartile Range
	25th	Median	75th	
2024 BLS	\$83,470	\$101,020	\$117,190	\$33,720
2025 APTA Profile Survey	\$87,000	\$100,000	\$120,000	\$33,000

Note: BLS estimates exclude self-employed PTs. APTA estimates exclude respondents who work less than 35 hours per week and those over age 64.



U.S. Census Bureau Divisions

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Middle Atlantic: New Jersey, New York, Pennsylvania

East North Central: Illinois, Indiana, Michigan, Ohio, Wisconsin

West North Central: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota

South Atlantic: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia

East South Central: Alabama, Kentucky, Mississippi, Tennessee

West South Central: Arkansas, Louisiana, Oklahoma, Texas

Mountain: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming

Pacific: Alaska, California, Hawaii, Oregon, Washington



Location and Historical Median Incomes

The following table provides the median income in nominal dollars of PTs from APTA’s Physical Therapy Profile Survey over the last two decades. Regarding geographic variation, the U.S. Census Bureau divides the states and D.C. into nine divisions within four regions. The table below presents the median income over time, both nationally and for each of the nine divisions.

Median Annual Income of Full-Time PTs by Division (Nominal Dollars)

Division	2004	2008	2010	2013	2016	2021	2025
Northeast							
New England	\$65,000	\$77,000	\$80,000	\$80,000	\$84,000	\$90,000	\$100,000
Middle Atlantic	\$70,750	\$80,000	\$80,000	\$86,000	\$85,000	\$93,000	\$102,000
Midwest							
East North Central	\$66,000	\$77,000	\$80,000	\$85,000	\$83,000	\$90,000	\$100,000
West North Central	\$62,000	\$73,000	\$75,000	\$75,500	\$80,000	\$90,000	\$97,000
South							
South Atlantic	\$67,000	\$80,000	\$80,000	\$83,000	\$85,000	\$90,000	\$100,000
East South Central	\$70,000	\$80,000	\$84,000	\$84,000	\$83,600	\$92,183	\$91,000
West South Central	\$70,500	\$80,000	\$85,000	\$86,450	\$86,000	\$94,700	\$100,000
West							
Mountain	\$65,000	\$75,000	\$80,000	\$83,000	\$82,000	\$88,000	\$100,000
Pacific	\$72,000	\$86,000	\$90,000	\$93,500	\$92,000	\$101,500	\$115,000
National	\$68,000	\$80,000	\$80,000	\$85,000	\$85,000	\$91,000	\$100,000

Note: Data excludes PTs working less than 35 hours per week and those 65 and older. Nominal dollars are not adjusted for inflation over time. Median income is from primary employment.

PTs in the Pacific division report greater median incomes, while those in the West North Central and East South Central divisions report lower median incomes.

Geographic divisions were included in a regression model of median income from all physical therapy employment, along with control variables such as age, workplace setting, gender, and weekly hours worked. The model predicts that median incomes in the Pacific division are significantly higher — approximately \$13,500 more — when controlling for other factors compared to the median income averaged across all divisions. In contrast, predicted median incomes in the East North Central, West North Central, South Atlantic, and East South Central divisions are about \$2,000 to \$6,000 lower than the median income averaged across all divisions.

A second regression model developed by APTA from its survey data predicts median incomes per state to range from \$84,000 to \$122,000. BLS workplace surveys, while not presented here, also reveal a large range of median incomes for PTs across states. [Their 2024 data by state](#) indicates median incomes ranging from \$86,000 to \$123,000.

Alaska, California, Maryland, Massachusetts, Nevada, New Jersey, Oregon, and Washington have statistically significantly higher predicted median incomes than the average median for all states (ranging from \$5,000 to \$22,600 higher). Conversely, 11 states, predominantly in the Midwest and South, have statistically significantly lower predicted median incomes (ranging from \$4,000 to \$15,000 lower). (See Appendix B.)

Of course, within each division and each state, there are numerous labor markets with varying social and economic characteristics that might contribute to these differences. For instance, differences in housing costs or shortages of physical therapy providers may explain a substantial portion of the geographic variation in income.

The median and 75th percentile (upper) incomes in nonmetropolitan areas, as reported in the survey, are roughly \$2,000 to \$4,000 lower than those in metropolitan areas, while at the 25th percentile, incomes are nearly equal. The fact that incomes across the board are generally similar between metropolitan and nonmetropolitan areas could be of interest to job seekers, given the typically lower cost of living in nonmetropolitan regions.

However, the survey reveals differences in work characteristics by area. For example, PTs outside metropolitan areas are more likely to hold supervisory positions: 36% of

respondents in metropolitan areas report supervising other PTs, compared with 43% in nonmetropolitan regions. Supervising is associated with higher earnings in our statistical model; thus, the higher rate of PTs reporting supervisory positions in nonmetropolitan areas may explain why the raw median incomes are similar across these areas. (Indeed, when included in the statistical model with other predictors, metropolitan location was unrelated to median income.)

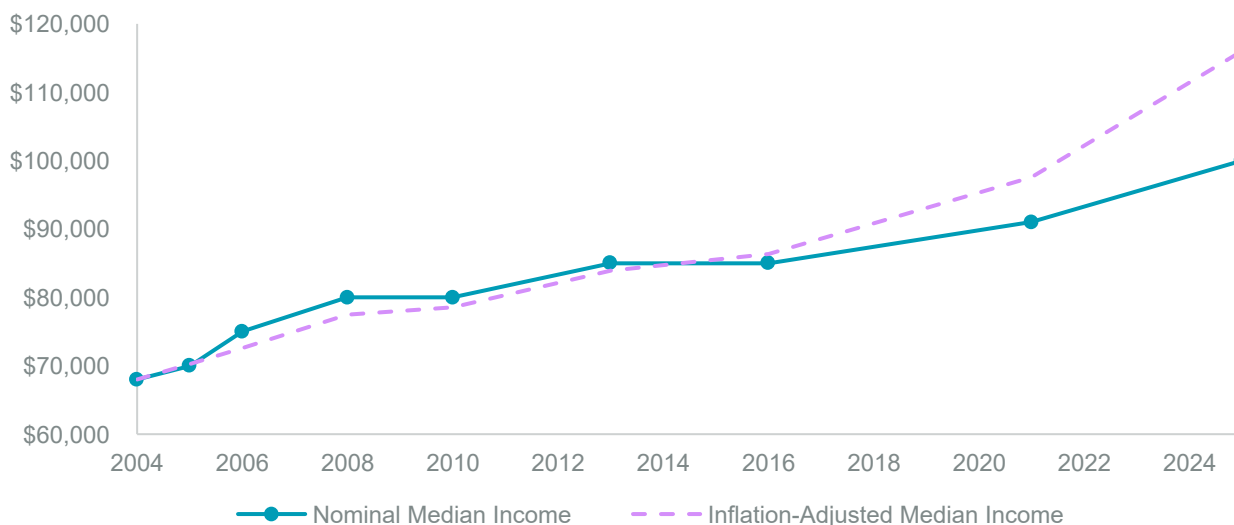
More research on salaries, working conditions, and other employment characteristics in nonmetropolitan areas is needed, as there are frequent reports of provider shortages in these areas (see APTA’s report, “[A Physical Therapy Profile: Demographics of the Profession, 2025](#)”).

Income Adjusted for Inflation

To explore how income changes over time, nominal dollars — income reported in a specific year — were converted into real dollars, which are adjusted for inflation using the [Consumer Price Index-Urban](#), or CPI-U. The graph below shows the median reported income in nominal and real dollars since 2004. When the solid line is above the dashed line, the median reported income is rising faster than the inflation-adjusted incomes from APTA’s 2004 Physical Therapy Profile Survey.

For 2025, the national median income of full-time PTs from their primary position was \$16,000 below the inflation-adjusted value if 2004 is used as the base year. Using a more recent base year would reduce this gap. If 2021 were used as the base year, the gap would be \$8,200, which is still a notable amount.

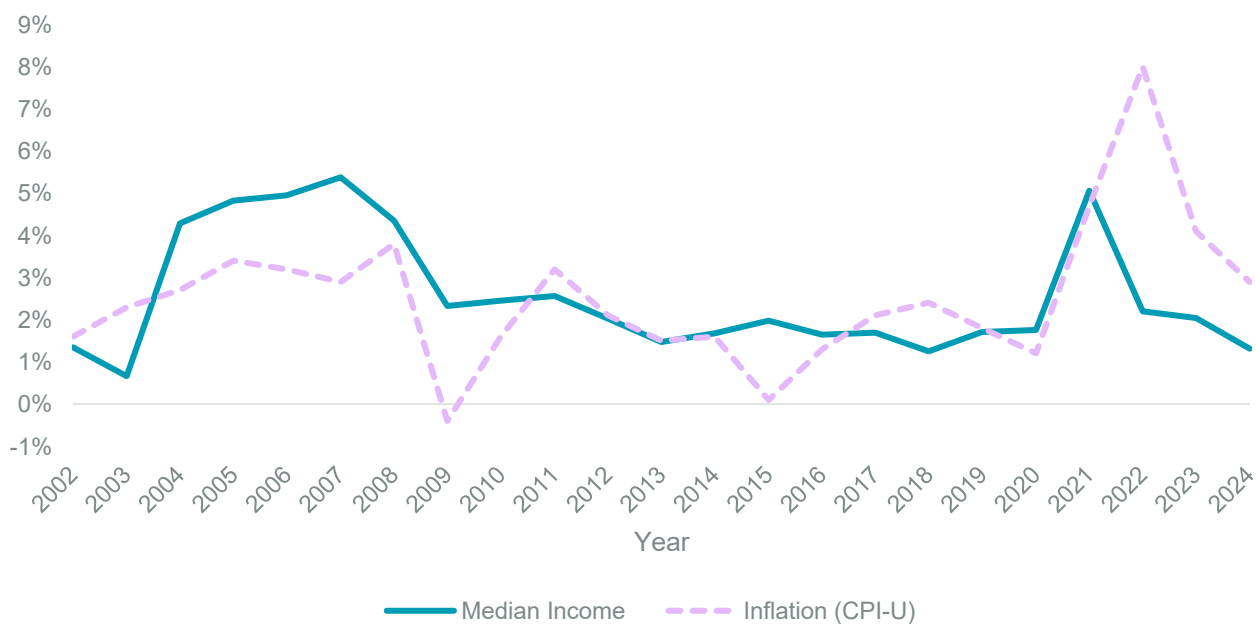
PT Nominal and Inflation-Adjusted Median Income, 2004–24



Adjusting nominal dollars since 2004 using the Personal Consumption Expenditures, or PCE, Price Index instead of the CPI-U would result in a gap about \$4,000 smaller than using the CPI-U. We use the CPI-U because it places greater emphasis on housing costs, which account for a larger share of household budgets than they did 20 years ago.

An alternative way to explore this issue is to compare the annual percentage change in median income for PTs, as reported by the BLS, with the annual inflation rate. It is important to note that the BLS median income data is based on snapshots from workplace surveys. Therefore, they reflect what typical positions pay rather than what employees actually earn, which can depend on hours and other factors. Additionally, there are [considerations](#) regarding the use of [BLS data](#) over time, so these figures are merely suggestive of income trends.

Change in Median PT Income and Inflation, 2002–24



Note: Data on median income is from the BLS.

In short, both APTA’s survey data and the BLS data suggest that salaries and wages for PTs generally kept pace with inflation earlier this century but have fallen behind more recently, especially after the pandemic.

Clinical Focus Areas

Because many clinical focus areas in physical therapy are closely associated with specific facilities and settings, these self-reported focus areas are not included in the regression model, although workplace settings are. Moreover, several clinical focus areas that APTA tracks received few survey responses, including clinical electrophysiology, wound management,

and lymphedema management. Overall, the raw survey data on median income from primary work positions among full-time PTs reveal that the only substantial income differences across clinical focus areas are found in pelvic health/women’s health and pediatrics.

Median PT Income for Primary Position by Clinical Focus Area

Focus	Median Income	Workplace Settings by Focus Area
Acute Care	\$102,000	83% of PTs in acute care work in hospital settings
Geriatrics	\$100,000	52% of PTs in geriatrics work in skilled nursing facility/long-term care or patient's home/home care settings
Neurology	\$100,000	60% of PTs in neurology work in inpatient rehabilitation facilities or hospital-based outpatient settings
Orthopedics	\$100,000	49% of PTs in orthopedics work in private outpatient offices and 35% work in hospital-based outpatient settings
Pediatrics	\$95,000	27% of PTs in pediatrics work in school system settings and another 40% work in private outpatient or hospital-based outpatient settings
Sports	\$100,000	30% of PTs in sports work in private outpatient settings, 31% work in hospital-based outpatient settings, 23% work in academic institutions
Pelvic Health/ Women’s Health	\$91,000	47% of PTs in pelvic health/women's health work in private outpatient settings & 41% work in hospital-based outpatient settings
Other	\$105,000	40% of PTs in the other category work in hospital-based outpatient settings
Total	\$100,000	

Workplace Setting and Supervisory Role

Income can be heavily influenced by the workplace setting or facility. The median income for full-time PTs is lowest in private outpatient practices and school system (preschool through secondary) settings and highest in hospital and academic institution (post-secondary) settings. Acute care hospitals and skilled nursing facilities/long-term care settings have the largest salary ranges between the 25th and 75th percentiles.

PT Median Annual Income by Workplace Setting

Workplace Setting	Percentiles		
	25th	Median	75th
Academic institution (post-secondary)	\$92,000	\$105,000	\$120,000
Acute care hospital	\$90,000	\$107,600	\$127,000
Hospital-based outpatient facility or clinic	\$90,000	\$104,000	\$123,000
Inpatient rehabilitation facility	\$88,000	\$101,000	\$120,000
Patient's home/home care	\$86,000	\$101,000	\$115,000
Private outpatient office or group practice	\$82,000	\$94,000	\$110,000
School system (preschool through secondary)	\$84,000	\$95,000	\$113,400
Skilled nursing facility/long-term care	\$83,000	\$102,000	\$122,000
Total	\$87,000	\$100,000	\$120,000

Note: Samples were too small for accurate estimates for the health and wellness, research center, and industry settings, but these were included in the total.

At the 75th percentile of incomes by setting, the lowest incomes are in the private outpatient practice, school systems (preschool through secondary), and patient's home/home care settings. Hospitals, academic institutions, skilled nursing facilities and long-term care settings, and inpatient rehabilitation facilities have notably higher values at this upper range of reported incomes.

Note that skilled nursing facilities and long-term care workplaces have one of the lowest reported incomes at the 25th percentile and one of the highest at the 75th percentile.

Some differences across workplace settings might stem from variations in credentials and managerial roles. As shown on the next page, some settings with higher reported incomes tend to have a higher percentage of respondents holding credentials beyond those required for licensing. However, skilled nursing and long-term care facilities are an exception; they show a greater range of reported incomes but relatively fewer post-professional credentials among their workforce.

Skilled nursing facilities and long-term care workplaces have one of the lowest reported incomes at the 25th percentile and one of the highest at the 75th percentile.

Percentage of Full-Time PTs With Post-Professional Credentials by Setting

Workplace Setting	Completed Residency	Board Certified	Completed Fellowship	PhD, ScD, EdD
Academic institution (post-secondary)	14.3%	61.9%	10.7%	52.7%
Acute care hospital	5.8%	31.2%	1.3%	1.3%
Hospital-based outpatient facility or clinic	16.3%	47.5%	5.9%	3.6%
Inpatient rehabilitation facility	7.8%	30.8%	0.0%	1.9%
Patient's home/home care	2.9%	31.4%	1.9%	2.9%
Private outpatient office or group practice	12.8%	39.1%	5.3%	2.2%
School system (preschool through secondary)	0.0%	14.5%	1.6%	6.5%
Skilled nursing facility/long-term care	5.2%	20.7%	0.0%	0.0%
Total	12.2%	42.9%	5.4%	11.5%

However, a large percentage of employees in skilled nursing facilities and long-term care settings report being administrators (38%) or supervisors of other physical therapists (41%). This sizeable percentage of employees in senior positions may account for the income range observed in these settings, where earnings are higher at the 75th percentile than in other settings, perhaps due to the larger than usual percentage of supervisory and administrative workers.

Full-Time PTs in Administrative or Supervisory Roles and Tenure by Setting

Workplace Setting	Administrators	Supervisors of Other PTs	Years at Current Position (Percentile)		
			25th	Median	75th
Academic institution (post-secondary)	34.2%	26.6%	3	7	13
Acute care hospital	26.4%	39.8%	3	8	18
Hospital-based outpatient facility or clinic	27.0%	34.8%	3	7	16
Inpatient rehabilitation facility	26.0%	35.9%	3	6	16
Patient's home/home care	32.4%	23.8%	3	5	10
Private outpatient office or group practice	51.7%	54.1%	2	6	15
School system (preschool through secondary)	27.4%	19.4%	5	13	20
Skilled nursing facility/long-term care	37.9%	41.4%	3	7	13
Total	35.9%	38.8%	3	6.8	15

A few additional observations stand out from the survey data:

- Physical therapists working in school systems (preschool through secondary) are the least likely to serve as supervisors of another PT.
- PTs in school systems tend to have longer tenures at their current positions than PTs in other settings.
- Respondents working in private clinics are far more likely than others to be administrators or to supervise other PTs, and many hold additional credentials, such as board certification. However, respondents in private clinics generally earn lower median wages than those in many other settings.

In short, the potential impact of credentials and administrative and supervisory roles needs to be considered in context.

Practice ownership, management, and supervision are tied closely to age. Nearly half of the PT survey respondents age 40 or older and working full time supervise other PTs. Additionally, approximately 47% of respondents in their 40s are administrators, and this rate increases to 56% for those over 50.

Full-Time PT Roles in the Workplace by Age

Age	Practice Owners	Administrators	Supervisors
<30	1.8%	2.3%	9.5%
30 to 39	8.6%	18.3%	29.4%
40 to 49	17.5%	47.4%	49.9%
50 to 64	15.9%	56.0%	49.0%
Total	12.6%	36.6%	39.2%

In the regression model that accounts for credentials, age, setting, and other predictors of income, the roles of administrator and supervisor for other physical therapists each add approximately \$5,000 to the predicted median income.

In terms of workplace settings, PTs working for private practices have a predicted median income that is nearly \$7,000 lower than the average predicted median for PTs in other workplace settings. Meanwhile, PTs employed in hospitals, whether in acute care settings or hospital-based outpatient clinics, and those at inpatient rehabilitation facilities are predicted to earn several thousand dollars more than the average (see Appendix B).

Post-Professional Credentials

As noted, the impact of post-professional credentials on income must be considered in a broader context. This section of the report examines post-professional credentials in greater detail, beginning with an analysis of raw survey data, followed by a regression model that controls for other factors.

Median Total Income for PTs by Post-Professional Credential

Post-Professional Credential	Percentiles		
	25th	Median	75th
None	\$85,000	\$100,000	\$123,000
Residency	\$90,000	\$104,000	\$125,000
Board certification	\$93,600	\$109,000	\$128,000
Fellowship	\$100,000	\$120,000	\$145,000
PhD, ScD, EdD	\$101,000	\$120,000	\$140,000

Note: Data excludes part-time employees and those over age 64. This table presents the median income for all physical therapy jobs.

Survey data indicate that completing a fellowship program or PhD (or similar) is associated with a substantially higher median income. However, respondents with these credentials tend to be older, with median ages of 52 and 45, respectively, compared to a median age of 42 for those without these credentials. This age difference may partly explain the higher earnings. In contrast, individuals who have completed a residency program tend to be younger, with a median age of 37, which means the financial benefit from residency may not yet be evident.

The regression model shows no statistically significant difference in estimated median income between those who have completed a residency and those who have not. However, the income advantages of residency programs might be obscured by the fact that residency is often a stepping stone to APTA board specialist certification, which is the most common of these credentials. In other words, few PTs complete residency without pursuing board certification, which the model predicts adds nearly \$2,600 to a PT's median annual income.

Interestingly, completing a fellowship program adds \$6,600 to the predicted income at the 75th percentile, but does not have an appreciable effect on the median income. That is, among higher-income professionals, completing a fellowship is associated with increased earnings, but not among those with incomes around the median. This situation could happen if many positions experience an earnings ceiling, but specialized or senior positions place a premium on post-professional credentials. At the 75th percentile, the effects of the

other credentials are similar to those at the median (i.e., only fellowships have a markedly different effect at the 75th percentile than at the median).

Holding a PhD, ScD, or EdD is associated with an \$8,000 greater predicted median income when all other factors are held at their mean. Note that the effects of any of these post-professional credentials may increase as PTs age. However, due to space considerations, the interaction effects of age and credentials are not explored here.

Age and Gender

Income increases with age, but the trends differ for men and women. (Less than 1% of 2025 respondents identified as nonbinary.)

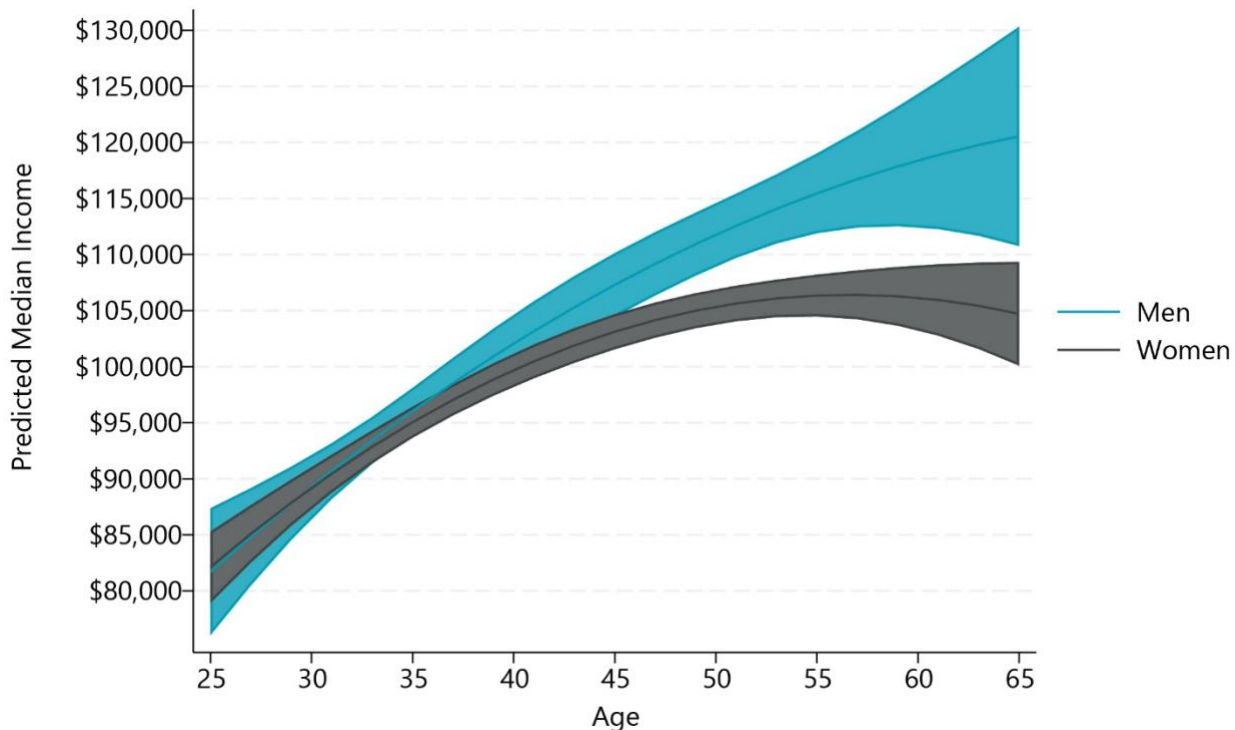
From the regression model, women's predicted incomes are noticeably lower than men's, matching existing research on earnings and gender in the profession. Similar gender differences appear in models of APTA's Physical Therapy Profile surveys from 2021 and 2016.

In summary, the 2025 data reveal statistically significant income differences by gender beginning around age 40, with a predicted median income gap of approximately \$4,000 less for women. This gap widens to \$16,000 by age 65. Although the size of the gender income gap can vary based on modeling choices, the gap persists across alternative specifications.

(In older age ranges, reported incomes vary increasingly as more providers move to part-time employment and the number of respondents decreases, making estimates harder to model. This is indicated by the wider confidence intervals in the figure, particularly for men. Therefore, income is not predicted beyond age 65.)

The 2025 data reveal statistically significant income differences by gender beginning around age 40, with a predicted median income gap of approximately \$4,000 less for women. This gap widens to \$16,000 by age 65.

Predicted Median Income by Age and Gender



Note: Income is for all physical therapy jobs. Shaded areas represent the 95% confidence interval for the predicted median income.

Race and Ethnicity

Among non-white respondents, only those respondents who identified as Asian had more than 100 responses, making it difficult to test the effects of racial and ethnic identity on income.

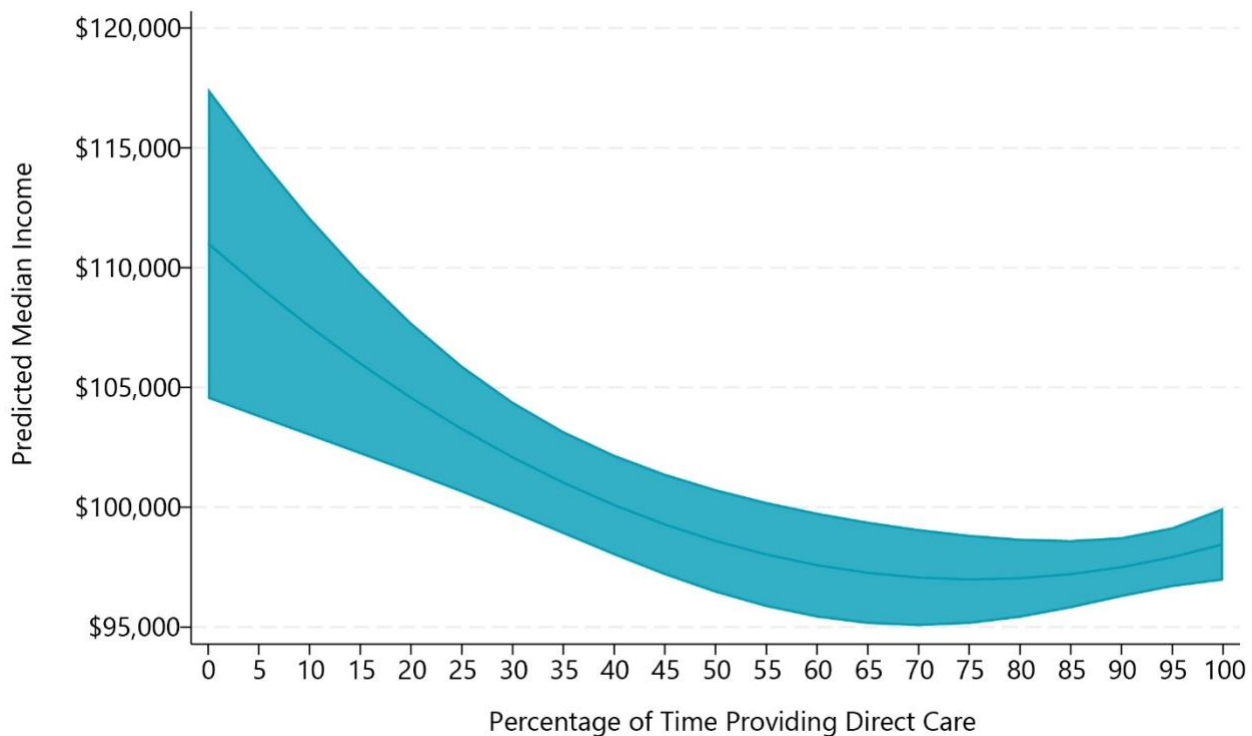
Provision of Direct Care

A greater percentage of time spent on direct care is associated with lower predicted median incomes among PTs. PTs who are administrators or supervisors tend to earn more than other positions and spend less time providing direct care to patients. For instance, administrators and supervisors spend an average of 52% and 59% of their time providing direct care, respectively, compared with 72% for their nonadministrative peers and 68.5% for nonsupervisory PTs.

The decrease in median income with increasing time spent on direct care is not linear. Initially, the decline is steep: predicted median income falls by roughly \$2,000 to \$4,000 for every ten-point increase in time spent on direct care. Around the 50% mark, however, the marginal decline has slowed significantly, and after approximately 70%, there is no further

substantial effect on predicted median income. The slight uptick at the end of the figure is likely due to the fact that one-fifth of the sample in the model reports spending 100% of their time on direct care.

Predicted Median Income by Percentage of Time Providing Direct Care



Note: Income is for all physical therapy jobs. Shaded areas represent the 95% confidence interval for the predicted median income.

Examinations Versus Treatment

PTs at the 75th percentile of income who see a larger share of patients for initial examinations, as opposed to treatment, are predicted to earn slightly more. According to the regression model, predicted income at the 75th percentile increases by approximately \$300 to \$500 for each additional five percentage points of initial examinations out of all patient visits when that percentage ranges from 10% to 50%. After the 50% mark, however, the marginal change in income becomes insignificant. (Note that for predicted median income, this factor was not statistically significant.)

PTs at the 75th percentile of income who see a larger share of patients for initial examinations, as opposed to treatment, are predicted to earn slightly more.

This dynamic at the upper levels of income may reflect physical therapists' ability to charge more for examinations than for treatment. However, the median respondent working in acute care facilities reports that 50% of their patient visits are for initial examinations, compared to 30% at skilled nursing facilities and 15% at private outpatient practices. Therefore, the association with income may, in part, reflect unobserved differences or workplace dynamics across settings related to workload characteristics, rather than workload characteristics alone.



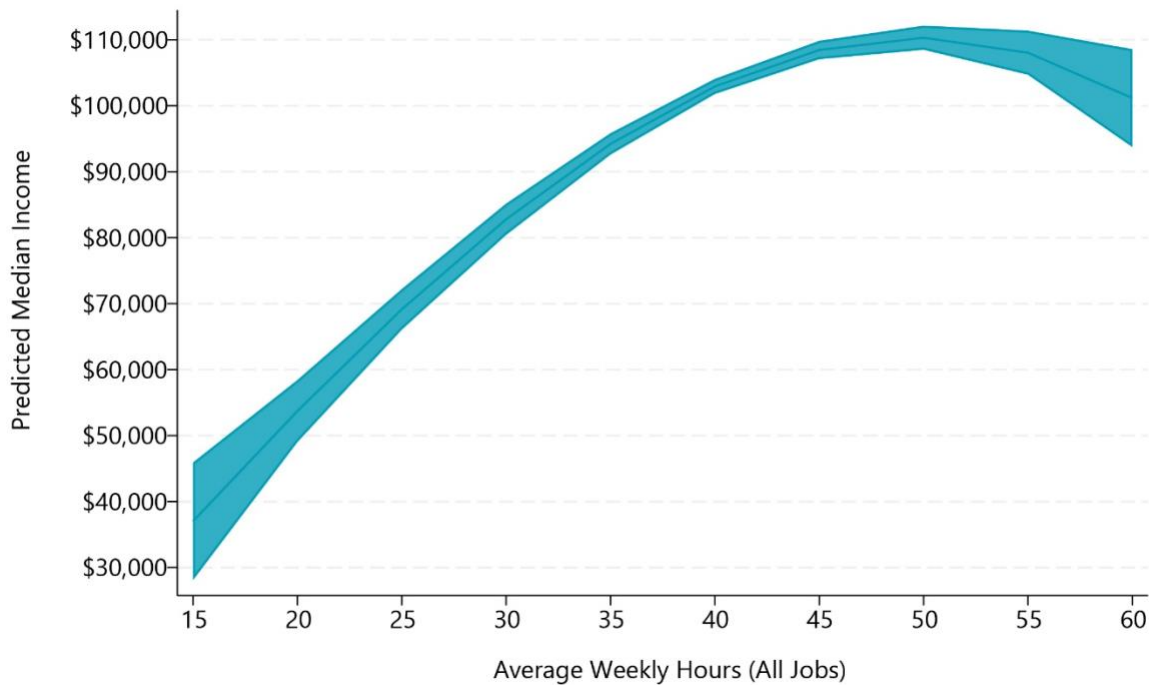
Average Hours Worked per Week

As an income predictor, interpreting the average hours worked per week can be challenging because the regression model includes hourly-wage workers, self-employed individuals, and salaried employees, as well as individuals working more than one job. While more hours typically correlate with greater income, the relationship tends to plateau. This plateau may reflect salaried workers who receive the same pay regardless of the additional hours they report working. For instance, respondents may report the hours they put into their job versus the hours they are required or expected to be present at their job.

The slight downward trend and the widening of the confidence interval at the highest number of hours likely reflect respondents with a wide range of employment situations, from owners or specialists working long hours to PTs working multiple part-time jobs. In other words, some PTs may supplement their income with extra hours to earn what others make in a single 40-hour workweek, while others may take home more pay in exchange for a longer workweek.

Note: The statistical model was adjusted to include only those respondents who reported working between 15 and 60 hours in a typical week. Respondents outside this range were few and often reported incomes or hours indicating atypical careers or reporting errors.

Predicted PT Median Income by Average Weekly Hours



Note: Income and hours are for all physical therapy jobs. Shaded areas represent the 95% confidence interval for the predicted median income.

Sources of Income

Compared with PTs who report receiving only a salaried income, which is the most common situation, those with a combination of salary and self-employment income have a predicted median income that is approximately \$13,500 higher. Income from a combination of hourly wages and self-employment is about \$11,000 higher, while income from a combination of hourly wages and salary is about \$2,600 higher. In contrast, PTs earning only hourly wages are predicted to have a median income about \$3,000 lower. Other income combinations yield predicted median incomes similar to those with only salaries.



Physical Therapist Assistant Incomes

Median Incomes and Ranges

The range of incomes for PTAs from APTA’s 2025 Physical Therapy Profile Survey is similar to those from the 2024 [BLS Occupation and Employment Survey](#). The exception is that for APTA survey respondents, the 75th percentile for earnings is higher than the BLS estimates. Thus, the interquartile range — the 75th percentile minus the 25th percentile — for the 2025 APTA survey is \$5,000 higher than what the 2024 BLS reports.

Percentile Incomes from BLS and APTA for PTAs Working Full Time

Source	Percentile			Interquartile Range
	25th	Median	75th	
2024 BLS	\$58,240	\$65,510	\$77,270	\$19,030
2025 APTA Profile Survey	\$58,000	\$65,000	\$82,193	\$24,193

Note: APTA estimates exclude respondents who work less than 35 hours per week and those over age 64. BLS surveys exclude self-employment.

Location and Historical Median Incomes

The 2025 APTA Physical Therapy Profile Survey received fewer than 400 responses for some questions. Therefore, when tables display survey data across multiple subgroups, such as Census geographic divisions, the results must be interpreted with caution. Nonetheless, as in years past, full-time PTAs in states in the Mountain and Pacific divisions report higher earnings from their primary position than those in other divisions. PTAs in the Midwest and much of the South report lower median incomes.

However, only the Pacific division is predicted to have a substantially higher median income compared to the mean of all divisions in a regression model that controls for other factors. Even then, that difference, of nearly \$13,000, only borders statistical significance. In short, differences in the table should be interpreted cautiously until additional years of data or data from other sources are analyzed.

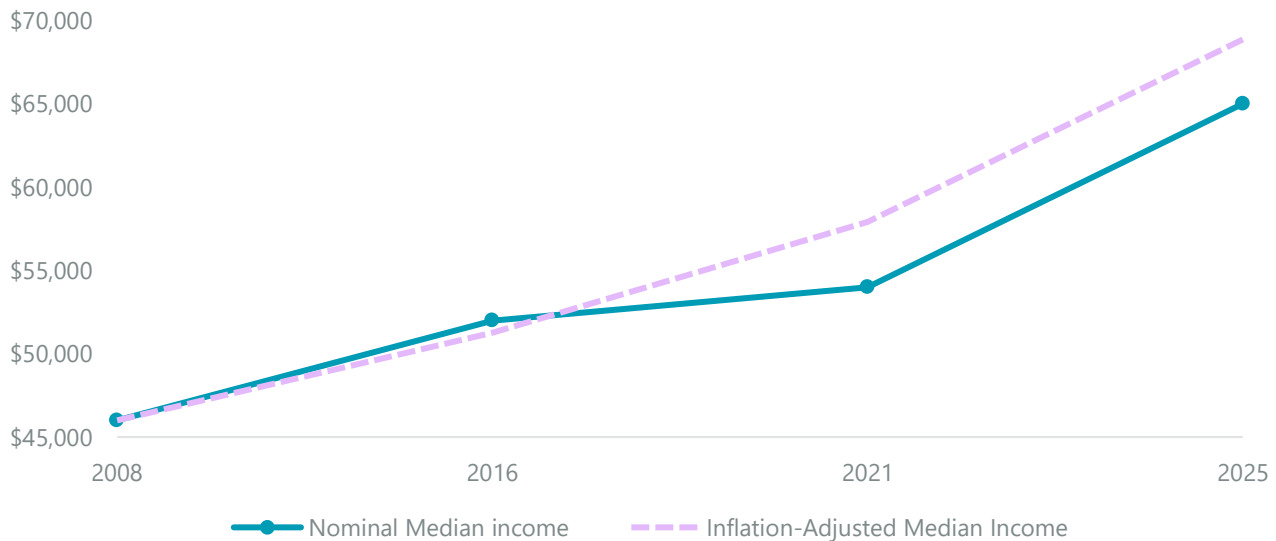
Median Annual Income of Full-Time PTAs by Division (Nominal Dollars)

Division	2008	2016	2021	2025
Northeast				
New England	\$47,000	\$52,000	\$59,000	*
Middle Atlantic	\$42,500	\$51,250	\$57,000	\$63,000
Midwest				
East North Central	\$45,000	\$50,000	\$50,750	\$62,000
West North Central	\$41,000	\$49,000	\$50,000	\$61,700
South				
South Atlantic	\$50,000	\$53,000	\$55,000	\$64,000
East South Central	\$51,000	\$54,000	\$54,000	\$62,000
West South Central	\$50,000	\$55,000	\$55,450	\$63,107
West				
Mountain	\$45,000	\$49,950	\$50,000	\$70,000
Pacific	\$50,000	\$55,500	\$60,000	\$72,000
National	\$46,000	\$52,000	\$54,000	\$65,000

*Sample too small for an accurate estimate.

Income Adjusted for Inflation

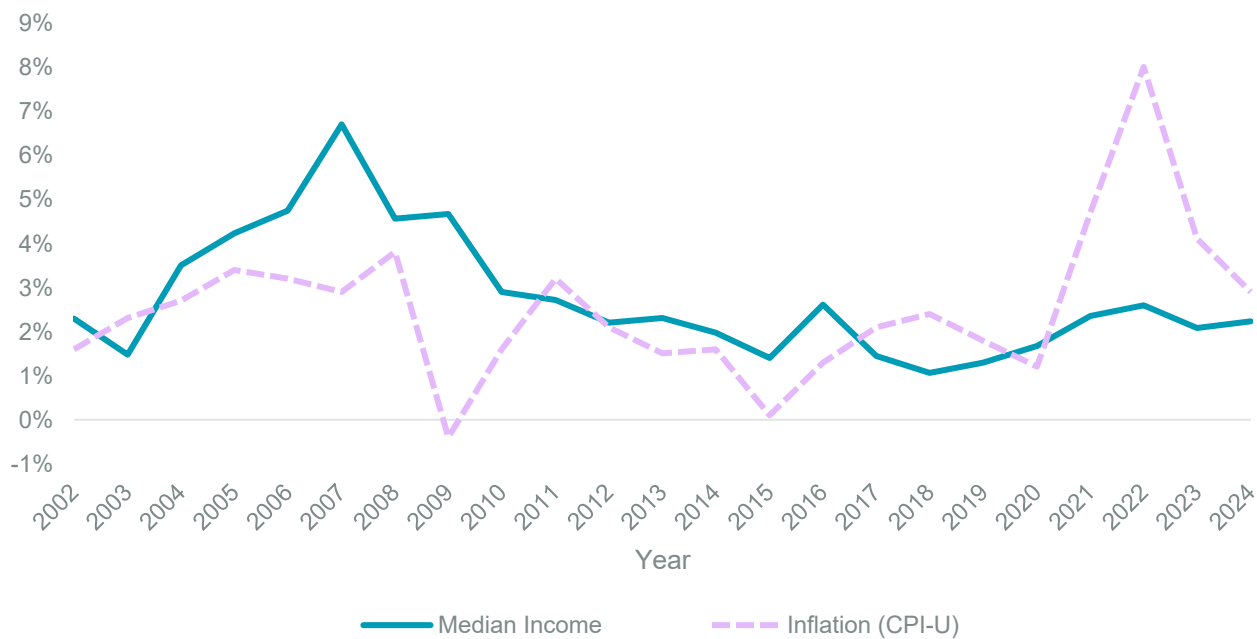
PTA Nominal and Inflation-Adjusted Median Income, 2008–25



The figure above displays median income with and without inflation adjustment and, as with PTs and many other health professions, shows that median income has not kept up with inflation (see page 11 for an explanation of the adjustment). Using 2008 as a base, the income gap is about \$3,000. Due to data availability, we use a more recent base year for PTAs than for PTs, which may result in a smaller gap relative to income.

An alternative way to explore the issue is to compare the annual percentage change in median income for PTAs, as reported by the BLS, with the annual inflation rate. (Note that the data considerations for this display for PTs on page 12 apply for PTAs.) As with PTs, increases in PTA median income appear to have kept up with inflation, as measured by the CPI-U, until the pandemic.

Change in Median PTA Income and Inflation, 2002–24



Note: Data on median income is from the BLS.

Age and Gender

According to the 2025 APTA survey, median income for full-time PTAs ranges from the mid-\$50,000s for those under age 30 to nearly \$80,000 for those ages 50 to 64. Older respondents report a wider range of incomes than younger respondents.

Median Income of Full-Time PTAs by Age

Age	Percentile of Income		
	25th	Median	75th
<30	\$44,000	\$57,000	\$65,000
30 to 39	\$58,000	\$63,000	\$77,480
40 to 49	\$60,000	\$68,750	\$90,000
50 to 64	\$62,000	\$78,000	\$94,000
Total	\$59,000	\$67,000	\$86,813

The regression model estimates that a gender gap in median income from all physical therapy employment of about \$7,000 to \$8,000 per year exists among PTAs aged 40 to 55, but not among younger or older respondents.

Race and Ethnicity

There were insufficient non-white respondents in the APTA survey to draw reliable conclusions about the impact of racial and ethnic identity on median income or hourly wages for PTAs.

Setting

The median incomes for PTAs working in hospitals and academic settings are expected to be \$6,000 to \$8,000 higher than the average median across all facilities and settings. For hourly wages, PTAs in acute care hospitals are predicted to earn about \$3.60 more per hour, while those in private practice settings are predicted to earn \$3 less than the median averaged across all workplace settings.

Because private outpatient practices are the most common setting for PTAs, the hourly wages of PTAs were also compared against this setting.

PTAs working in skilled nursing facilities/long-term care, acute care hospitals, and patient's home/home care settings have predicted median hourly wages between approximately \$5 and \$7 higher than private outpatient practices. (See Appendix B).

PTAs in acute care hospitals are predicted to earn about \$3.60 more per hour, while those in private practice settings are predicted to earn \$3 less than the median averaged across all workplace settings.

Hours

The relationship between the number of hours worked per week and the predicted median income in the regression model for PTAs is nearly linear. For each additional hour worked per week, the predicted median income typically rises by about \$800 to \$1,000 annually, but this only applies up to around 50 hours. After 50 hours per week, each extra hour contributes approximately \$400 to \$800 annually to the predicted median income. Note that the model is not predicting the hourly wage, but rather how the median income is related to the number of

hours worked. A separate model for respondents reporting their hourly wages indicates that working more hours is associated with \$2 to \$4 higher hourly wages per hour, but only among those working between 40 and 55 hours per week.

Sources of Income

Sources of income were compared with those of hourly wage-only earners, which is the most common employment arrangement for PTAs in the profile survey. PTAs who report income solely from salaries have a predicted median income that is \$11,300 higher than hourly wage-only respondents. There were too few respondents with other combinations of income sources to reliably measure their impact compared to hourly wage-only or salary-only professionals.



Conclusion

In support of APTA's goal to improve payment in the field, the results of the 2025 Physical Therapy Profile Survey provide important insights into the economic outlook for physical therapists and physical therapist assistants. According to the survey, the median incomes for PTs and PTAs continue to increase, although they have not kept pace with inflation. While most respondents hold only one job, a significant number work a few hours a week in a second role. Part-time work and self-employment become more common after respondents reach the middle of their careers. More research into self-employment and part-time work is needed.

Key factors influencing income include workplace setting, age, and employment type, with salaried positions generally offering higher pay than hourly-wage roles. Notably, PTs with post-professional credentials earn higher incomes, as do those in administrative or managerial positions. However, the reports' findings reveal an income disparity after approximately age 40: women earn significantly less than their male counterparts, even after accounting for various factors. The association between race, ethnicity, and income remains unclear due to small sample sizes in some categories, underscoring the need for further research.

As the demand for physical therapist services continues to grow, this report underscores the need for equitable compensation and highlights the importance of advancing payment for the profession.

Appendix A: APTA Physical Therapy Profile Survey

The 2025 APTA Physical Therapy Profile Survey was conducted online in May 2025. 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 some 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.

The values presented in the summary tables for the variables used in this report and in APTA’s “A Physical Therapy Profile: Demographics of the Profession, 2025” report for PTs and PTAs may differ. This can happen based on who is included in certain tables or differences in missing data when different combinations of variables used.

Summary for Physical Therapists in the 2025 APTA Physical Therapy Profile Survey

	Variable	Mean	Standard Deviation
Census Regions	Northeast	0.188	
	Midwest	0.281	
	South	0.298	
	West	0.232	
	Women	0.711	
	Men	0.289	
	Age	47.6	13.4
Age Categories	< 30	0.070	
	30 to 39	0.268	
	40 to 49	0.228	
	50 to 64	0.307	
	65 or older	0.127	

	Variable	Mean	Standard Deviation
Race and Ethnicity	Native American	0.002	
	Asian, Pacific Islander, Native Hawaiian	0.062	
	Black	0.019	
	White	0.826	
	Latino	0.038	
	Multiracial	0.013	
	Unknown/Didn't Answer	0.040	
	Practice Owner	0.153	
	Administrator	0.354	
	Supervises Other PTs	0.336	
	Completed Residency Program	0.106	
	Board-Certified Specialists	0.448	
	Completed Fellowship Program	0.048	
	PhD, ScD, EdD	0.104	
	Does Not Provide Direct Care	0.144	
	Percentage of Time on Direct Care	0.626	0.379
	Percentage of Patients seen for Initial Examination	0.250	0.234
Workplace Setting	Academic Institution (post-secondary)	0.161	
	Acute Care Hospital	0.100	
	Health and Wellness Facility	0.010	
	Hospital-based Outpatient Facility/Clinic	0.247	
	Industry	0.007	
	Inpatient Rehab Facility	0.038	
	Other	0.049	
	Patient's Home/Home Care	0.056	
	Private Outpatient Office	0.278	
	Research Center	0.004	
	School system (pre-collegiate)	0.028	
	Skilled Nursing Facility/Long-term Care	0.023	
	Clinical Focus	Acute care physical therapy	0.101
Aquatic physical therapy		0.003	
Cardiovascular and pulmonary		0.006	
Clinical electrophysiology		0.002	
Geriatrics		0.103	
Hand rehabilitation		0.002	
Lymphedema management		0.005	
Neurology		0.096	
Oncology		0.007	
Orthopedics	0.426		

	Variable	Mean	Standard Deviation
Clinical Focus	Pediatrics	0.107	
	Sports	0.038	
	Pelvic Health/Women's health	0.066	
	Wound management	0.005	
	Other (please specify)	0.033	
	> 1 Job (PT-related)	0.263	
Income Sources	Hourly Wage Only	0.204	
	Self-employment Only	0.086	
	Hourly Wages and Self-employment	0.029	
	Salary Only	0.508	
	Hourly Wage and Salary	0.105	
	Self-employment and Salary	0.048	
	All Three	0.021	
	Income (Primary Position)	\$100,963	\$178,194
	Income (All Positions)	\$107,839	\$179,889
	Average Weekly Hours (Primary Position)	38.2	10.9
	Average Weekly Hours (All Positions)	42.0	17.4
Capacity to Meet Demand	Has room without extra hours	0.171	
	At capacity without extra hours	0.375	
	Used extra hours to meet demand	0.280	
	Can not meet demand even with extra hours	0.174	
	Waitlist for New Clients (Days)	14.9	26.6
	Believe there is a local PT shortage	0.542	
	Believe there is a local PTA shortage	0.477	
	Metropolitan Area	0.863	

Note: Fewer than 1% of respondents identified as nonbinary for gender. For analytical purposes, all race/ethnicity categories are mutually exclusive from one another. Latino or Hispanic respondents may have also selected other categories, but are placed in Latino. Other respondents selecting more than one category are placed in the multiracial category. See the report text for which states are in the Census regions. For space reasons, only the nine divisions are reported here.

Summary for Physical Therapist Assistants in the 2025 APTA Physical Therapy Profile Survey

	Variable	Mean	Standard Deviation
Census Regions	Northeast	0.141	
	Midwest	0.334	
	South	0.315	
	West	0.210	
Age	Women	0.821	
	Men	0.179	
	Age	45.9	12.0
Age Categories	< 30	0.081	
	30 to 39	0.259	
	40 to 49	0.259	
	50 to 64	0.336	
	65 or older	0.065	
Race and Ethnicity	Native American	0.007	
	Asian, Pacific Islander, Native Hawaiian	0.030	
	Black	0.044	
	White	0.740	
	Latino	0.081	
	Multiracial	0.016	
	Unknown/Didn't Answer	0.082	
Workplace Setting	Does Not Provide Direct Care	0.139	
	Percentage of Time on Direct Care	0.709	0.362
	Percentage of Direct Care on Initial Examinations	0.077	0.143
Workplace Setting	Academic Institution (post-secondary)	0.137	
	Acute Care Hospital	0.073	
	Health and Wellness Facility	0.014	
	Hospital-based Outpatient Facility/Clinic	0.192	
	Industry	0.005	
	Inpatient Rehab Facility	0.023	
	Other	0.037	
	Patient's Home/Home Care	0.075	
	Private Outpatient Office	0.342	
	Research Center	0.005	
	School system (pre-collegiate)	0.007	
	Skilled Nursing Facility/Long-term Care	0.091	

	Variable	Mean	Standard Deviation
Clinical Focus	Not answered	0.011	
	Acute care physical therapy	0.084	
	Aquatic physical therapy	0.016	
	Cardiovascular and pulmonary	0.008	
	Clinical electrophysiology	0.000	
	Geriatrics	0.208	
	Hand rehabilitation	0.000	
	Lymphedema management	0.003	
	Neurology	0.045	
	Oncology	0.005	
	Orthopedics	0.466	
	Pediatrics	0.039	
	Sports	0.013	
	Pelvic Health/Women's health	0.074	
	Wound management	0.000	
	Other (please specify)	0.029	
		> 1 Job (PT-related)	0.225
Income Sources	Hourly Wage Only	0.562	
	Self-employment Only	0.047	
	Hourly Wages and Self-employment	0.021	
	Salary Only	0.261	
	Hourly Wage and Salary	0.085	
	Self-employment and Salary	0.007	
	All Three	0.017	
	Income (Primary Position)	\$60,650	\$43,383
	Income (All Positions)	\$66,903	\$52,320
	Average Weekly Hours (Primary Position)	36.2	9.6
	Average Weekly Hours (All Positions)	40.9	21.3
	Believe there is a local PT shortage	0.607	
	Believe there is a local PTA shortage	0.529	
	Metropolitan Area	0.799	

Note: Fewer than 1% of respondents identified as nonbinary for gender. For analytical purposes, all race/ethnicity categories are mutually exclusive from one another. Latino or Hispanic respondents may have also selected other categories, but are placed in Latino. Other respondents selecting more than one category are placed in the multi-racial category. See the report text for which states are in the Census Regions. For space reasons, only the nine divisions are reported here.

Appendix B: Regression Models

Multivariate regression models report the effect of a predictor on income while holding all other predictors in the model constant. Analyses were conducted in StataNow/SE version 19.5. The models were restricted to respondents who worked between 15 and 60 hours a week, were under the age of 65, and had incomes ranging from \$30,000 and \$190,000 for PTs and \$25,000 and \$115,000 for PTAs. These choices, based on the distribution of income and hours for these providers, reduce the impact of outliers from atypical careers and earnings, as well as respondents' data-entry mistakes. For PTs, the model had 2,530 observations. For PTAs, the model had 284 observations. The sample sizes for the models are smaller than the number of survey respondents due to missing data for some variables. Where possible, missing data were imported from the membership files.

Technical Details and Model Selection

The dependent variable (total reported earnings from all jobs) for PTs had a skewness measure of 0.453 and a kurtosis of 3.379. For the PTA model, the same measures were 0.364 and 2.804. These indicate that the outcomes were slightly skewed. Because of this, and because the models use median income as the dependent variable instead of mean income, income was not transformed. The kurtosis measures indicate that the data is somewhat leptokurtic, meaning there are more observations at the high or low ends of income than a normal distribution function would predict. This is to be expected with income data. The statistical models of the physical therapist survey data employed a bootstrapped quantile regression model, which improves the reliability of the standard errors. The PTA models also employed quantile regression; however, the sample size was too small to utilize bootstrapped standard errors.

Five thousand bootstrapped iterations were conducted for the PT models. The pseudo-R-squared for the median income regression model for PTs was 0.349, which is considered moderate to high for quantile regression (other models had a pseudo-R-squared between 0.3 and 0.4). The report focuses on median income, but for PTs, a model for income at the 75th percentile was also run, as was a Huber estimation model (also known as robust regression) on mean income. The findings were largely consistent across all models; notably, however, the effect of completing a fellowship is positively associated with the 75th percentile of income but not with median income, as is the effect of a greater percentage of patient visits that are for initial examinations (as opposed to treatment).

Marginal Predicted Effects on Median Income of PTs by Select Predictors

For space considerations, only the marginal impact of states that are statistically significantly higher or lower than the mean state marginal impact is reported.

Predictors*	Marginal Effect (Contrast)	Delta-method Standard Error	p> z	95% Confidence Interval	
Census Divisions					
New England	\$543	\$1,538	0.724	-\$2,472	\$3,558
Middle Atlantic	\$877	\$1,236	0.478	-\$1,546	\$3,300
East North Central	-\$2,968	\$943	0.002	-\$4,817	-\$1,119
West North Central	-\$3,625	\$913	0.000	-\$5,415	-\$1,835
South Atlantic	-\$1,868	\$1,096	0.088	-\$4,016	\$280
East South Central	-\$5,731	\$1,672	0.001	-\$9,008	-\$2,454
West South Central	-\$1,664	\$1,394	0.233	-\$4,397	\$1,069
Mountain	\$980	\$1,260	0.437	-\$1,489	\$3,449
Pacific	\$13,456	\$1,348	0.000	\$10,814	\$16,098
States					
Alaska**	\$16,260	\$6,062	0.007	\$4,379	\$28,142
Arkansas	-\$11,298	\$3,168	0.000	-\$17,506	-\$5,089
California	\$22,644	\$2,276	0.000	\$18,182	\$27,106
Florida	-\$5,656	\$2,342	0.016	-\$10,245	-\$1,066
Iowa	-\$3,990	\$2,322	0.086	-\$8,541	\$562
Maryland	\$9,113	\$2,954	0.002	\$3,323	\$14,903
Massachusetts	\$5,361	\$2,470	0.030	\$520	\$10,202
Michigan	-\$4,872	\$1,804	0.007	-\$8,408	-\$1,335
Mississippi**	-\$7,727	\$4,001	0.053	-\$15,569	\$115
Missouri	-\$6,187	\$2,127	0.004	-\$10,356	-\$2,018
Nebraska	-\$4,827	\$2,738	0.078	-\$10,194	\$540
Nevada**	\$8,294	\$4,298	0.054	-\$130	\$16,719
New Jersey	\$11,244	\$3,220	0.000	\$4,933	\$17,555
North Carolina	-\$4,523	\$2,071	0.029	-\$8,583	-\$464
Ohio	-\$3,716	\$2,005	0.064	-\$7,645	\$213
Oklahoma**	-\$15,136	\$4,853	0.002	-\$24,648	-\$5,624
Oregon	\$9,092	\$2,357	0.000	\$4,472	\$13,711
South Dakota**	-\$9,666	\$5,756	0.093	-\$20,947	\$1,616
Washington	\$9,397	\$2,271	0.000	\$4,945	\$13,848

Predictors*	Marginal Effect (Contrast)	Delta-method Standard Error	p> z	95% Confidence Interval	
Women (Compared to Men)	-\$4,572	\$1,133	0.000	-\$6,793	-\$2,351
Administrative Role	\$5,146	\$1,317	0.000	\$2,564	\$7,727
Supervisor Role	\$5,298	\$1,219	0.000	\$2,909	\$7,687
Completed Residency	\$885	\$1,298	0.495	-\$1,660	\$3,430
Completed Board Certification	\$2,578	\$964	0.008	\$688	\$4,468
Completed Fellowship (median)***	\$1,958	\$2,426	0.420	-\$2,797	\$6,714
Completed Fellowship (75th percentile)***	\$6,667	\$3,367	0.048	\$67	\$13,267
PhD, ScD, EdD	\$8,072	\$1,939	0.000	\$4,271	\$11,872
Settings****					
Academic Institution post-secondary	-\$10,962	\$2,341	0.000	-\$15,551	-\$6,373
Acute care hospital	\$5,301	\$1,745	0.002	\$1,881	\$8,721
Hospital-based outpatient facility or clinic	\$3,057	\$1,506	0.042	\$104	\$6,009
Inpatient rehabilitation facility	\$5,189	\$2,202	0.018	\$873	\$9,505
Other	-\$1,568	\$2,750	0.569	-\$6,959	\$3,823
Patient's home/home care	\$577	\$2,550	0.821	-\$4,420	\$5,574
Private outpatient practice	-\$6,983	\$1,567	0.000	-\$10,054	-\$3,912
School system (preschool through secondary)	-\$1,663	\$2,907	0.567	-\$7,361	\$4,034
Skilled nursing facility/long-term care	-\$3,473	\$3,356	0.301	-\$10,052	\$3,105
Unknown	\$10,526	\$9,928	0.289	-\$8,932	\$29,984
Source of Income (Salary Only is Reference)					
Hourly Wages Only	-\$3,119	\$1,296	0.016	-\$5,661	-\$578
Self-employment Only	\$2,715	\$3,765	0.471	-\$4,667	\$10,098
Hourly Wages and Self-employment	\$10,988	\$5,329	0.039	\$537	\$21,438
Hourly Wages and Salary	\$2,550	\$1,517	0.093	-\$424	\$5,524
Salary and Self-employment	\$13,507	\$2,818	0.000	\$7,980	\$19,033
All Three Sources	\$7,087	\$4,866	0.145	-\$2,455	\$16,630

* The marginal effects of binary predictors (e.g., supervisor) are contrasts of those with and without that characteristic. For categories with multiple values (e.g., workplace setting), predictors' marginal effects are contrasts with the mean median income of all categories, unless otherwise noted.

** Predictors with less than 20 observations. Interpret these results with caution.

*** Completing a fellowship has no effect on the median income in the model but a substantial effect on the 75th percentile of income.

**** Several workplace settings had too few observations to model and are included in Other.

Marginal Predicted Effects on Median Income or Hourly Wage of PTAs by Workplace Setting

Due to the small number of observations for PTAs that could be included in the quantile regression models, only the marginal impact of workplace settings is reported here for total income (from all sources) and for hourly wages. The effects of other predictors — such as gender and age — are reported in the text of the report.

Predictors*	Marginal Effect (Contrast)	Delta-method Standard Error	p> z	95% Confidence Interval	
Settings (Median Total Income)*					
Academic Institution (post-secondary)	\$8,354	\$3,968	0.035	\$577	\$16,131
Acute care hospital	\$7,528	\$4,662	0.106	-\$1,610	\$16,666
Hospital-based outpatient facility or clinic	\$5,882	\$3,550	0.098	-\$1,077	\$12,841
Inpatient rehabilitation facility	-\$995	\$7,291	0.892	-\$15,285	\$13,296
Other	\$2,023	\$5,527	0.714	-\$8,809	\$12,856
Patient's home/home care	\$6,712	\$5,981	0.262	-\$5,010	\$18,434
Private outpatient office	-\$1,284	\$3,323	0.699	-\$7,797	\$5,230
School system (preschool through secondary)	-\$18,316	\$12,335	0.138	-\$42,492	\$5,859
Skilled nursing facility/long-term care	-\$1,402	\$4,324	0.746	-\$9,877	\$7,072
Unknown	-\$8,503	\$16,202	0.600	-\$40,258	\$23,253
Settings (Median Hourly Wage)*					
Academic Institution (post-secondary)	\$0.10	\$3.26	0.975	-\$6.28	\$6.49
Acute care hospital	\$3.59	\$1.90	0.058	-\$0.12	\$7.31
Hospital-based outpatient facility or clinic	\$1.67	\$1.78	0.349	-\$1.82	\$5.16
Inpatient rehabilitation facility	-\$0.77	\$3.11	0.805	-\$6.86	\$5.32
Other	\$4.48	\$2.52	0.075	-\$0.45	\$9.41
Patient's home/home care	\$3.20	\$2.77	0.248	-\$2.23	\$8.62
Private outpatient office	-\$3.12	\$1.59	0.049	-\$6.23	-\$0.01
School system (preschool through secondary)	-\$11.30	\$8.19	0.168	-\$27.34	\$4.75
Settings (Median Hourly Wage)**					
Academic Institution (post-secondary)	\$3.22	\$3.94	0.415	-\$4.58	\$11.03
Acute care hospital	\$6.71	\$1.88	0.001	\$2.98	\$10.43
Hospital-based outpatient facility or clinic	\$4.79	\$1.55	0.003	\$1.71	\$7.87
Inpatient rehabilitation facility	\$2.35	\$3.19	0.462	-\$3.97	\$8.67
Other	\$7.60	\$2.74	0.006	\$2.17	\$13.03
Patient's home/home care	\$6.32	\$2.74	0.023	\$0.89	\$11.74
School system (preschool through secondary)	-\$8.18	\$9.30	0.381	-\$26.61	\$10.26
Skilled nursing facility/long-term care	\$5.26	\$2.04	0.011	\$1.21	\$9.31

* Predictor's marginal effects are compared to the mean predicted median income across all categories for that predictor. Several workplace settings had too few observations to model and are included in Other.

** Hourly wage compared to the predicted median hourly wage for PTAs in the private outpatient office setting.