



2021 Packet I

Main Motions to the House of Delegates

June 23, 2021

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Memo



FROM: Bill McGehee, PT, PhD, Speaker of the House

DATE: June 23, 2021

SUBJECT: 2021 House of Delegates Packet I

As delegates are aware, the 2021 session of the House of Delegates will begin on August 28, 2021, in a virtual format and continue September 11-12, 2021, in Washington, DC.

Packet I and additional information are attached to assist in your preparation. Details about the virtual format will be communicated with delegates as they are available.

Thank you for all that you do for this association. We are wishing you and yours good health.

APPENDIX A

MOTIONS TO THE HOUSE

Packet I

Packet I contains 13 motions, including a motion proposed by the Special Committee to Review APTA Bylaws and Prepare Amendments (SCB) to amend the APTA bylaws by revision, as well as 10 proposed primary amendments to the SCB's revision. Packet I is being provided as the official notice of all motions, including bylaw amendments, that are coming before the 2021 House of Delegates and may be downloaded from the House of Delegates Hub in the House Resources file library.

Individual motions in Word format will also be found in the House Resources, Packet I folder, to facilitate development and tracking of amendments. Line numbers may differ between the compiled PDF version of the Packet and the individual Word versions. In case of a conflict, the text and line numbering in the PDF version of a motion will be considered official.

There are several items the Speaker wishes to draw to your attention regarding the motions coming before the House.

- This document contains proposed amendment language that components intend to make to RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, proposed by the SCB. The Speaker strongly encourages those considering additional amendments to RC 1-21 and amendments to RC 2-21 Amend by Revision: Standing Rules of the American Physical Therapy Association, to submit them as soon possible. Revisions to the bylaws and standing rules deserve serious and thoughtful consideration. The SCB has worked since August 2019 to gather information, seek input and feedback, and bring forward a revision package that reflects very thoughtful and well-informed deliberation. Last minute amendments will not provide for such thoughtful and well-informed deliberation. The Speaker believes this will not serve our Association well and should be avoided. The procedure for submitting proposed amendments to the bylaws and standing rules revisions, and all other motions, in this packet is outlined below.
- [Amendment Submission Form](#)
All proposed amendments to motions published in Packet I, including replacement language from motion makers, must be submitted using the [Amendment Submission Form](#) found on the House Hub. Delegates contemplating amendments to motions should communicate with the motion maker and the Reference Committee liaison as soon as possible.
- [Implications for motion language](#)
This document lists words that are appropriate for positions and for charges, and the definitions of those words. The goal is to provide consistency in use of terms and clarity of intent. Review this document as you read the motions, and particularly if you are contemplating amendments. Please refer to the APTA position [Preferred Nomenclature for the Provision of Physical Therapist Services](#) for definitions of the terms 'physical therapy services' and 'physical therapist services'. This will aid understanding of how and when these terms are used throughout the motions.
- Motions are placed into categories created by the Reference Committee to guide the order. Bylaw amendments are placed first since 2021 is a bylaw year, and any motions not meeting main motion criteria, as delineated in APTA Standing Rule 17 are placed at the end of the agenda. The

Speaker would like to thank all motion makers for their diligence as all motions met the Standing Rule 17 criteria.

- Some motions comprise several parts, indicated by 'Part A', 'Part B', etc. These motions have conforming amendments, which means, in order to maintain consistency, the question cannot be divided, and all parts will be debated and voted on with a single vote.
- Motion language has been edited and formatted to be consistent with standards for documents published by APTA. The same has not been done to support statements. These statements are the sole purview of the motion maker and have been presented as submitted. Support statements for each motion are preserved in the [Archive section of the House of Delegates Community](#), and are readily accessible to all APTA members. The support statement format has been revised to respond to delegate requests for more background information provided by motion makers.

Business of the House is conducted through the introduction of main motions. Finding balance in the current climate will be a challenge for many. We suggest allotting time weekly if possible, to reading motions and support statements, reports, and delegate comments on the hub. The Parliamentary Motions Guide found in this packet offers guidance to help navigate the parliamentary rules of the House.

Questions about a motion should be directed to the maker of the motion on the discussion thread under '[Motion and Report Discussions](#)' on the House hub. Delegates are encouraged to use this medium, and not social media, so that all delegates are aware of the information being shared. Hub discussion should not be used for debate of the motion. Delegates are reminded to make comments that are clear, concise, and that facilitate an open exchange of ideas. No formal motion discussion groups will be arranged this year by the House officers. Motion makers wishing to convene a discussion group regarding their motion(s) may do so in whatever format they wish and may communicate that information on the House hub. A toolkit to help structure these discussions will be made available on June 25.

Chief Delegates will use the Cosponsor Signup to indicate cosponsorship of a motion and the Consent Calendar Signup to register support for a motion to be placed on consent, which will be made available by Friday, June 25.

The House officers wish to thank delegates for their preparation thus far and for their timely submission of motions. We have the opportunity to work effectively and efficiently in a new format that combines virtual meetings with in-person meetings. We are confident the House will complete high quality work. Early and frequent networking with delegates and motion makers will greatly improve our ability to resolve conflict and reach mutual understanding for the good of the association and the profession. Do not hesitate to contact us if you have questions, concerns, or suggestions for expediting the business of the House.

Implications for Motion Language



The following standardized language, developed by the Reference Committee, clarifies the implications of certain language that may be used in motions to be considered by the House of Delegates. Motion makers should refer to this standardized list to ensure that the words selected are consistent with the intent of the action or expected outcomes.

The first table applies to motions to create standards, positions, and guidelines. Motions in these categories will be included on the [APTA Policies and Bylaws](#) webpage.

The second table applies to motions that are designed to request specific action of the Board of Directors. Motions in this category, once passed, will be addressed by the Board to determine appropriate next steps.

A. Motions That Are Designed to Create Standards, Positions and Guidelines

There are no direct or immediate fiscal implications for any of these actions.

Word	Definition	Interpretation
Be/Is/Are	Used to describe the qualities or condition of a person or thing.	Describes expected behavior
Believe	A statement of opinion	Affirmative statement of values
Oppose	To disagree with	Affirmative statement of disagreement
Recommend	To counsel or advise (that something be done)	Only a suggestion; does not require action
Shall	Used to express duty or obligation	Obligates action and is preferred over “should” and stronger than “may”
Support	To agree with	Affirmative statement of agreement
Will	To decree; to resolve with a forceful will	Implies expectation, not action
Other verbs may be used as appropriate to describe the expected behavior of the targeted groups. However, the verbs listed below for use with charges should not be used in standards, positions, and guidelines.		

Last Updated: 2/17/2021

Contact: governancehouse@apta.org

B. Motions That Charge the Board of Directors to Take a Certain Action

Word	Definition	Interpretation	Fiscal Implication (monetary and human resources)
Advocate	To speak in favor of; recommend	Emphasize, raise awareness of. Not as strong as pursue and promote	Minimal to moderate
Develop	To bring into being; make active	Requires an end product	Usually significant
Encourage	To foster; to stimulate	Nonfinancial; to foster member action	None
Endorse	To give approval	General approval with minimal financial commitment	Minimal
Explore	To look at something in a careful way to learn more about it; research	The end product is information, rather than a recommendation	Minimal to significant
Evaluate	To determine or fix the value of; to examine carefully or appraise	Requires an end product	Minimal to significant
Identify	To find out the original nature or obligation	Requires an end product	Moderate to significant
Implement	To put into effect	Put into effect; make happen	Usually significant
Promote	To raise to a more important or reasonable rank; to contribute to the progress or growth of; to urge adoption of	Raise to a more important rank; emphasize; raise awareness; not as strong as “pursue”; stronger than advocate, endorse	Minimal to moderate
Provide	To furnish; supply; to make available	Requires an end product	Minimal to significant
Pursue	To strive to obtain or accomplish	Goal-directed activity with an identified end product	Moderate to significant

C. Inappropriate to Use in Charges

Word	Definition	Rationale for Not Using the Term
Charge		Unnecessary, since certain types of motions are charges
Consider	To think about seriously	Inappropriate for use in motions, as it does not provide clear direction
May	To be allowed or permitted	Inappropriate for use in motions, as it does not provide clear direction
Ought	Probability or likelihood; duty or obligation	Inappropriate for use in motions; use “shall”
Should	Used to express expectation	Implies expectation but no action

Parliamentary Motions Guide

Based on *Robert's Rules of Order Newly Revised (12th Edition)*

The motions below are listed in order of precedence. Any motion can be introduced if it is higher on the chart than the pending motion.

YOU WANT TO:	YOU SAY:	INTERRUPT?	2 ND ? ¹	DEBATE?	AMEND?	VOTE?
§21 Close meeting	I move to adjourn	No	Yes	No	No	Majority
§20 Take break	I move to recess for	No	Yes	No	Yes	Majority
§19 Register complaint	I rise to a question of privilege	Yes	No	No	No	None
§18 Make follow agenda	I call for the orders of the day	Yes	No	No	No	None
§17 Lay aside temporarily	I move to lay the question on the table	No	Yes	No	No	Majority
§16 Close debate	I move the previous question	No	Yes	No	No	2/3
§15 Limit or extend debate	I move that debate be limited to ...	No	Yes	No	Yes	2/3
§14 Postpone to a certain time	I move to postpone the motion to ...	No	Yes	Yes	Yes	Majority
§13 Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
§12 Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
§11 Kill main motion	I move that the motion be postponed indefinitely	No	Yes	Yes	No	Majority
§10 Bring business before assembly (a main motion)	I move that [or "to"] ...	No	Yes	Yes	Yes	Majority

¹ Some more formal requirements, like seconds to motions, may not apply in smaller boards or any size committee.

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Parliamentary Motions Guide

Based on *Robert's Rules of Order Newly Revised (12th Edition)*

Incidental Motions - No order of precedence. Arise incidentally and decided immediately.

YOU WANT TO:	YOU SAY:	INTERRUPT?	2 ND ?	DEBATE?	AMEND?	VOTE?
§23 Enforce rules	Point of order	Yes	No	No	No	None
§24 Submit matter to assembly	I appeal from the decision of the chair	Yes	Yes	Varies	No	Majority or tie sustains
§25 Suspend rules	I move to suspend the rules which ...	No	Yes	No	No	2/3
§26 Avoid main motion altogether	I object to the consideration of the question	Yes	No	No	No	2/3 against consideration
§27 Divide motion	I move to divide the question	No	Yes	No	Yes	Majority
§29 Demand rising vote	I call for a division	Yes	No	No	No	None
§33 Parliamentary law question	Parliamentary inquiry	Yes (if urgent)	No	No	No	None
§33 Request information	Request for information	Yes (if urgent)	No	No	No	None

Motions That Bring a Question Again Before the Assembly - no order of precedence. Introduce only when nothing else pending.

§34 Take matter from table	I move to take from the table ...	No	Yes	No	No	Majority
§35 Cancel or change previous action	I move to rescind/ amend something previously adopted...	No	Yes	Yes	Yes	Varies
§37 Reconsider motion	I move to reconsider the vote ...	No	Yes	Varies	No	Majority

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9/2020

Main Motion to the 2021 House of Delegates



Required for Adoption: Previous Notice, 2/3 Vote

Category: 1

Motion Contact: Kathleen K Mairella, PT, DPT, MA, Chair, Special Committee to Review APTA Bylaws and Prepare Amendments
E-mail: kkmairella@gmail.com

RC Contact: Jane Baldwin, PT, DPT
E-mail: jbbaldwin@mghihp.edu

PROPOSED BY: SPECIAL COMMITTEE TO REVIEW APTA BYLAWS AND PREPARE AMENDMENTS

RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

That Bylaws of the American Physical Therapy Association be amended by revision.

BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

ARTICLE I. NAME

The name of this association shall be the American Physical Therapy Association (the "Association").

ARTICLE II. OBJECT

The object of this Association shall be to represent and promote the profession of physical therapy; to meet the needs and interests of its members in order to address the physical therapy needs of members of society; and to develop and advance the art and science of physical therapy, including practice, education, and research.

ARTICLE III. MEMBERS

Section 1: Categories and Qualifications of Members

There shall be six categories of membership with the following qualifications, including additional requirements identified by Association policy adopted by the Association's Board of Directors (the "Board"):

- A. **Physical Therapist.** A Physical Therapist member shall be a graduate physical therapist.
- B. **Physical Therapist Assistant.** A Physical Therapist Assistant member shall be a graduate physical therapist assistant.
- C. **Student Physical Therapist.** A Student Physical Therapist member shall be an individual enrolled in a physical therapist professional education program.
- D. **Student Physical Therapist Assistant.** A Student Physical Therapist Assistant member shall be an individual enrolled in a physical therapist assistant education program.
- E. **Honorary.** An Honorary member shall be an individual, other than a member in any other membership category, who has rendered outstanding service to the Association or made notable contributions to the health of humanity. Honorary members shall be proposed by a component, nominated by a two-thirds vote of the Board, and elected by a two-thirds vote of the House of Delegates (the "House").
- F. **Catherine Worthingham Fellow.** A Catherine Worthingham Fellow shall be a Physical Therapist member whose contributions to the profession through leadership, influence, and achievement for a period of not less than 15 years preceding nomination demonstrate frequent and sustained

1 efforts to advance the profession. Catherine Worthingham Fellows shall be nominated by a
2 member or component and elected by a two-thirds ballot of the membership of the Board.

3
4 **Section 2: Rights of Members**

- 5 **A.** All members shall have the right to attend the House. Any member of a member group may attend
6 the group's business meetings and speak.
7 **B.** All members shall receive the official journal of the Association.
8 **C.** Except as provided in these bylaws, the following membership categories have the following
9 rights:
10 (1) **Physical Therapist:** all rights of membership, including the right to make motions and vote
11 at component meetings; serve as an officer or director of the Association or component;
12 serve as a component delegate to the House; serve on the Nominating Committee of the
13 Association or component; and serve on committees as permitted in these bylaws.
14 (2) **Physical Therapist Assistant:** subject to component bylaws, to make motions and vote at
15 component meetings; serve on a component's board of directors except as defined in
16 these bylaws; serve as a delegate from the Physical Therapist Assistant Engagement
17 Group to the House; serve on the Nominating Committee of a component; and serve on
18 committees as permitted in these bylaws.
19 (3) **Student Physical Therapist and Student Physical Therapist Assistant:** serve as a delegate
20 from the Student Engagement Group to the House and serve on committees as permitted
21 in these bylaws.
22 (4) **Catherine Worthingham Fellow:** use the initials FAPTA, signifying a Catherine
23 Worthingham Fellow of APTA.
24

25 **Section 3: Admission to Membership**

26 Individuals shall apply for membership following the process prescribed by the Board and shall be
27 admitted if they meet the prescribed qualifications and pay required dues.
28

29 **Section 4: Chapter Assignment**

30 All members, other than those employed by the Association or who reside for at least one year where
31 no chapter exists, shall be assigned to a chapter having territorial jurisdiction of the area where the
32 member practices, resides, or attends school, or to an immediately adjacent chapter in which the
33 member demonstrates the possibility of more active participation. Members who reside outside the
34 United States, are active uniformed services personnel, or are spouses or partners of active uniformed
35 services personnel may choose a chapter.
36

37 **Section 5: Dues**

38 The Board shall establish dues and may create different dues categories.
39

40 **Section 6: Good Standing**

41 A member is in "good standing" if the member:

- 42 **A.** Complies with the Binding Ethical Documents of the Association applicable to the individual's
43 membership category.
44 **B.** Makes timely payments of Association and chapter dues.
45 **C.** Is not under current suspension or revocation of a license to practice as a physical therapist or of
46 a license or certificate to practice as a physical therapist assistant.
47

48 **Section 7: Disciplinary Action**

49 Any member who is not in good standing may be expelled from membership or otherwise disciplined.
50 Complaints that a member has violated relevant provisions of the Binding Ethical Documents shall be
51 processed in accordance with Association policy adopted by the Board.
52

53 **Section 8: Reinstatement**

- 54 **A.** The Board may reinstate any former member in accordance with Association policy adopted by the
55 Board.
56 **B.** There shall be no reinstatement fee charged by the Association or its components.

ARTICLE IV. MEMBER GROUPS

Section 1: Components

A. Definitions

- (1) A “chapter” consists of the group of members in a state or U.S. territory.
- (2) A “section/academy” consists of the group of members who have a common interest in specific areas of physical therapy. The terms “section” and “academy” are synonymous.
- (3) Chapters and sections/academies are collectively referred to as “components.”

B. Formation

Components shall be approved by the House of Delegates (the “House”) in accordance with the standing rules.

C. Structure

- (1) Components shall have bylaws that do not conflict with these bylaws and must be approved by the Board of Directors (the “Board”).
- (2) Components shall be incorporated and have corporate articles that must be approved by the Board.
- (3) Component policies and positions shall not conflict with Association Policies, Positions, and Binding Ethical Documents.
- (4) A component may create subgroups, including districts or special interest groups. Such subgroups shall:
 - a. Operate under rules that do not conflict with the Association or component bylaws and must be approved by the component.
 - b. Not require members to pay subgroup dues.
- (5) Each component may establish its own dues structure provided that:
 - a. Component dues structure shall not conflict with these bylaws
 - b. Component dues shall not exceed Association dues for that dues category without approval from the Board. Such approval shall be granted when the component has complied with criteria established by the Board.
 - c. Chapters shall maintain a single chapter corresponding membership category in chapter bylaws for Physical Therapist, Physical Therapist Assistant, Student Physical Therapist, and Student Physical Therapist Assistant members who are not assigned to that chapter. Dues for corresponding members shall not exceed the chapter’s member dues for the same category. Corresponding members shall have the right to attend and speak at chapter meetings, to receive chapter publications and correspondence, and to have access to chapter information resources provided to chapter members.

D. Obligations

Each component shall:

- (1) Further the object of the Association as set forth in these bylaws and in Association Policies, Positions, and Binding Ethical Documents in the component’s state or territorial jurisdiction or specific area of physical therapy.
- (2) Perform the duties and assume the responsibilities that these bylaws place on components.
- (3) Conduct its affairs in accordance with its bylaws.
- (4) Maintain complete and accurate financial records that shall be annually reviewed by an audit committee or examined professionally.
- (5) Enter into written agreements with the Board to facilitate business between the Association and the component.
- (6) Submit to the Board annual reports of its activities and such other reports as requested by the Board.
- (7) Hold an annual meeting of its membership.
- (8) Be represented in each session of the House unless a waiver is approved by the Board.
- (9) Include in its bylaws all categories of membership established in these bylaws, except that Catherine Worthingham Fellow of APTA is not required.

E. Trusteeship

The Board in its discretion may conduct the affairs and assume custody of the records, funds, and management of any component that the Board determines has failed to comply with its obligations to members or to the Association. Such action shall be subject to ratification by the House at its next session.

F. Dissolution

- (1) A component may dissolve pursuant to the provisions of its bylaws or corporate articles.
- (2) The Board may dissolve a component that has failed to satisfy its obligations or to observe the limitations on components as set forth in these bylaws.
 - a. The component must be given notice of the charges and an opportunity to be heard in its own defense, and the judgement of dissolution must be supported by two-thirds of the membership of the Board.
 - b. A component that has been dissolved by the Board shall have the right to appeal to the next session of the House, whose decision shall be final. Pending any decision by the House, the decision of the Board shall remain in effect.

G. Property and Records

If a component is dissolved, its property and records shall be conveyed to the Association after payment of any bona fide debts. The Association shall not be obligated for any component debts unless the component has been specifically authorized by the Board to act on behalf of the Association. In the case of components merging, the property and records shall be retained by the continuing component.

Section 2: Institutional Groups

A. Definition

Institutional Groups represent institutions that share a common practice setting or area of interest in physical therapist practice, education, or research. Institutions that are members of Institutional Groups shall not be members of the Association and shall not be required to pay dues to the Association. Unless required by the Institutional Group's bylaws, institutions may be represented by individuals who are not individual members of the Association. The purpose of such Institutional Groups shall be to further the interests of the Association and the profession.

B. Formation

Institutional Groups may be created by the House in accordance with the standing rules.

C. Structure

Institutional Groups shall:

- (1) Have bylaws that do not conflict with these bylaws and must be approved by the Association.
- (2) Be incorporated and have corporate articles that must be approved by the Association.
- (3) Have policies and positions that do not conflict with Association policies and positions.
- (4) Enter into written agreements with the Board to carry out Association business.

D. Obligations

Institutional Groups shall be subject to these bylaws, all Association policies, and such rules as prescribed by the Board. Institutional Groups may establish dues.

E. Trusteeship

The Board in its discretion may conduct the affairs and assume custody of the records, funds, and management of an Institutional Group that the Board determines has failed to comply with its obligations. Such action shall be subject to ratification by the House at its next session.

F. Dissolution

- (1) An Institutional Group may dissolve pursuant to the provisions of its bylaws or corporate articles.
- (2) The Board may dissolve an Institutional Group that has failed to satisfy its obligations or to observe the limitations on member groups as set forth in these bylaws.
 - a. The Institutional Group must be given notice of the charges and an opportunity to be heard in its own defense, and the judgement of dissolution must be supported by two-thirds of the membership of the Board.

- b. An Institutional Group that has been dissolved by the Board shall have the right to appeal to the next session of the House, whose decision shall be final. Pending any decision by the House, the decision of the Board shall remain in effect.

G. Property and Records

If an Institutional Group is dissolved, its property and records shall be conveyed to the Association after payment of any bona fide debts. The Association shall not be obligated for any Institutional Group debts unless the Group has been specifically authorized by the Board to act on behalf of the Association.

Section 3: Engagement Groups

A. Definition

Engagement Groups shall consist of members who represent a community of interest in which members may engage with the Association. The purpose of such groups shall be to further the interests of the Association and the profession.

B. Formation

(1) Engagement Groups may be created in accordance with Association policy adopted by the Board.

(2) Engagement Groups shall not be incorporated.

C. Obligations

Engagement Groups shall be subject to these bylaws, all Association policies, and such rules as prescribed by the Board.

D. Physical Therapist Assistant Engagement Group. An Engagement Group composed of Physical Therapist Assistant members shall represent Physical Therapist Assistant members. This Engagement Group shall be organized and fulfill such obligations as prescribed by the Board, including the duty of selecting delegates to the House.

E. Student Engagement Group. An Engagement Group composed of Student Physical Therapist and Student Physical Therapist Assistant members shall represent Student Physical Therapist and Student Physical Therapist Assistant members. This Engagement Group shall be organized and fulfill such obligations as prescribed by the Board, including the duty of selecting delegates to the House.

Section 4: Limitations

All Member groups are subject to the following limitations:

A. Association Policies, Positions, and Binding Ethical Documents.

B. Membership categories and the rights for each category only as established in these bylaws, except that this limitation shall not apply to Institutional Groups. Components may provide for the right of Physical Therapist Assistant members to hold office, with the exception of the office of President, President Elect, Vice President and Chief Delegate, or any position that may succeed to the presidency.

C. No member group shall profess or imply that it speaks for or represents the Association or Association members other than those currently holding membership in the member group unless authorized to do so by the Board.

ARTICLE V. HOUSE OF DELEGATES

Section 1: Authority

In its role as the representative body of the membership, the House of Delegates (the "House") shall:

A. Speak and act on behalf of the membership for the profession.

B. Establish Association Policies and Positions for the profession.

C. Adopt Binding Ethical Documents to govern the conduct of physical therapists and physical therapist assistants.

D. Recommend or instruct the Board of Directors (the "Board") to act, subject to these bylaws and the Board's fiduciary responsibility to manage the affairs of the Association.

E. Create and amend the bylaws.

F. Create and amend standing rules.

G. Elect the Board, except for the public member.

H. Elect the Nominating Committee.

Section 2: Annual Session

The annual session of the Association shall consist of one or more meetings of the House held at a time and place specified by the Board.

Section 3: Special Sessions

Special sessions of the House may be called between annual sessions by a two-thirds vote of the Board and shall be called in response to a written request from components representing a majority of the delegate votes in the previous annual session of the House.

Section 4: Notice of Sessions

A. Annual Session

The time and place of the annual session shall be announced at least six weeks before the session is to convene. This notice may be made by U.S. mail or any electronic communications permitted by law.

B. Special Sessions

- (1) At least 30 days before a special session, official notice of the session shall be sent to members of the Association. This notice may be made by U.S. mail or any electronic communications permitted by law.
- (2) The time, place, and purpose of any special session shall be stated in the notice.

Section 5: Composition

A. Size

The size of the House shall be as determined in the standing rules.

B. Registered Delegates

The House shall consist of all registered voting and nonvoting delegates.

C. Consultants

Consultants shall advise and offer information to the House but shall have no voting rights. Consultants shall be available to delegates throughout the year and may reply to inquiries in the House sessions as directed by the Speaker of the House. Consultants shall include the members of the Reference Committee, the members of the Nominating Committee, the chair or designee of the Diversity, Equity, and Inclusion Committee, the Chief Executive Officer, and Association staff designated by the Chief Executive Officer in consultation with the Board.

Section 6: Voting Delegates

A. Voting Body

- (1) Each voting delegate shall have one vote, except that if any delegate does not attend any meeting the delegate's vote shall be transferred to the remaining member(s) of the delegation present.
- (2) Physical Therapist members who are voting delegates are eligible to vote on all House business.
- (3) Physical Therapist Assistant members who are voting delegates are only eligible to vote in national elections.

B. Qualifications of Voting Delegates

- (1) Chapter and section/academy delegates: Only Physical Therapist members in good standing may serve as component delegates.
- (2) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.
- (3) A delegate of a Member Group may not serve concurrently as a delegate of another Member Group.

C. Number of Voting Delegates

- (1) The number of voting delegates in the House shall be the sum of the chapter delegates and section/academy delegates, as determined in accordance with the standing rules.

(2) No chapter shall have fewer than two voting delegates, and each section/academy shall be allotted two voting delegates.

(3) The Physical Therapist Assistant Engagement Group shall have five delegates.

D. Selection of Voting Delegates

Each voting delegation shall select its delegates. Each voting delegation shall designate one delegate as its chief delegate.

Section 7: Nonvoting Delegates

A. Nonvoting Body

Nonvoting delegates of the House shall be the Physical Therapist Assistant Engagement Group delegates, Student Engagement Group delegates, Institutional Member Group delegates, Ethics and Judicial Committee delegate, Bylaws and House Documents Committee delegate, Special Committees of the House of Delegates, and the members of the Board.

B. Qualifications of Nonvoting Delegates

(1) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.

(2) Student Engagement Group delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who are in good standing may serve as delegates. Student Engagement Group members who have converted to Physical Therapist or Physical Therapist Assistant members may serve as Student Engagement Group delegates through adjournment of the House immediately following graduation.

(3) A nonvoting delegate may not serve concurrently as a voting or nonvoting delegate of another Member Group.

C. Number of Nonvoting Delegates

(1) Physical Therapist Assistant Engagement Group delegates: five delegates selected by the Physical Therapist Assistant Engagement Group.

(2) Student Engagement Group delegates: two delegates selected by the Student Engagement Group.

(3) Institutional Member Group delegates: One delegate, who shall be selected by each Institutional Member Group.

(4) Ethics and Judicial Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.

(5) Bylaws and House Documents Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.

(6) Special Committees of the House of Delegates: One delegate, who shall be the committee chair or the committee chair's designee.

(7) Board of Directors: All members of the Board shall serve as delegates.

D. Rights of Nonvoting Delegates

Nonvoting delegates may speak and make motions at the House, but may not vote, except for Physical Therapist Assistant Engagement Group delegates, who may vote in national elections.

Section 8: Conduct of Business

A. Officers

(1) The officers of the House of Delegates (the "House Officers") shall be the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, and the Secretary.

(2) The House Officers shall have general supervision of the House throughout the year and shall perform such duties as prescribed by these bylaws and the standing rules.

B. Quorum

Delegates representing one-third of the total number of chapters and sections/academies and numbering one-third of the total number of votes that could be cast if all voting delegates were present shall constitute a quorum.

C. Elections

(1) Election of officers, directors, and members of the Nominating Committee shall be by ballot or use of electronic equipment. Officers shall be elected by a majority of the votes cast

1 when a quorum is present. Directors and members of the Nominating Committee shall be
2 elected by a plurality of the votes cast, with the exception of the public member appointed by
3 the Board. If the vote fails to determine election, reballoting shall be conducted under
4 procedures determined by the House Officers.

- 5 (2) Except for appointed positions, on petition of at least five eligible petitioners, a qualified
6 consenting member shall be placed in nomination for a position as an officer or as a
7 member of the Board or Nominating Committee. Eligible petitioners include components
8 and the PTA Engagement Group delegation. Such petition must be filed with the House
9 Officers no later than 45 days after the slate of candidates prepared by the Nominating
10 Committee has been distributed to members. A candidate nominated by petition shall be
11 afforded similar opportunities for publication of candidacy to the membership as those
12 afforded a candidate nominated by the Nominating Committee but shall be identified as
13 nominated by petition.

- 14 (3) Nominations from the floor shall be in order when nominations are presented to the House.

15 **D. Memorials and Resolutions**

16 Only memorials or resolutions adopted by the House can be issued in the name of the
17 Association.
18

19 **ARTICLE VI. BOARD OF DIRECTORS**
20

21 **Section 1: Authority**

- 22 **A.** The Board of Directors (the "Board") is the governing authority for the Association and as such
23 has the corporate duties of care, loyalty, and obedience.
24 **B.** The Board is the fiduciary for the Association and manages the affairs of the Association pursuant
25 to law and these bylaws.
26 **C.** The Board carries out all Association Policies, Positions, and Binding Ethical Documents, and
27 motions adopted by the House of Delegates (the "House") that recommend or instruct the Board to
28 act. When the House recommends or instructs the Board to act, the Board shall communicate its
29 progress to the House at least annually. If the Board determines that any specific action is
30 inadvisable, the Board shall report the reasons for its determination to the House.
31 **D.** The Board establishes Association Policies and Positions, including Policies and Positions for the
32 profession, when necessary. Any Association policy or position for the profession adopted by the
33 Board shall be brought to the House at the next Annual Session for consideration.
34 **E.** The Board in its role to foster the growth and development of the Association shall, among other
35 things:
36 (1) Direct all business and financial affairs for and on behalf of the Association, be responsible for
37 all its property and funds, and provide for an annual audit by a certified public accountant.
38 (2) Ensure the maintenance of the records of the Association.
39 (3) Provide for an annual report of the financial status of the Association to the members.
40 (4) Appoint and employ a Chief Executive Officer who shall be the administrator of the
41 headquarters and responsible to the Board.
42 (5) Fill vacancies on the Board and on committees, except as otherwise provided in these bylaws
43 and in the standing rules.
44 (6) Be responsible for the creation, appointment, purposes, and activities of such committees and
45 other work groups as it deems necessary.
46 (7) Adopt Association policy, in consultation with the Ethics and Judicial Committee, for
47 processing charges that a member has violated relevant provisions of the Binding Ethical
48 Documents.
49 (8) Appoint the public member of the Board.
50 (9) Enter into relationships on behalf of the Association with related organizations, as defined in
51 Association policy adopted by the Board.
52

53 **Section 2: Composition**

54 **A. Board of Directors**

55 The six officers of the Association together with 10 directors, one of whom shall be the public
56 member, shall constitute the Board.

B. Executive Committee

The Executive Committee shall consist of the President, Vice President, Secretary, Treasurer, and one of the 10 directors other than the public member. This fifth member shall be elected to the Executive Committee annually by members of the Board who are not members of the Executive Committee.

Section 3: Qualifications

A. Physical Therapist members in good standing are eligible to serve.

B. One individual who is not a physical therapist, physical therapist assistant, or member of the Association shall be appointed by the Board as a “public member” of the Board.

Section 4: Officers

The officers of the Association shall be the President, Vice President, Secretary, Treasurer, Speaker of the House of Delegates, and Vice Speaker of the House of Delegates. The public member shall not be an officer.

A. President

The President shall:

1. Be the spokesperson for the Association.
2. Preside at meetings of the Board and Executive Committee.
3. Serve as an ex-officio member of all committees appointed by the Board except the Ethics and Judicial Committee.
4. Meet regularly with the other members of the Board and with the Chief Executive Officer.
5. Delegate such duties as may be appropriate to other members of the Board and through the Chief Executive Officer to the staff of the Association.
6. Perform such other duties as are stipulated in these bylaws or the standing rules, directed by the Board, or are customarily assumed by the president of an association.

B. Vice President

The Vice President shall:

1. Assume the duties of the President in the absence or incapacitation of the President.
2. Fill the office of President for the unexpired term in the event of a vacancy, in which case the office of Vice President shall be declared vacant.
3. Advise and assist the President.
4. Perform such other duties as are stipulated in these bylaws or the standing rules, directed by the President or Board, or are customarily assumed by the vice president of an association.

C. Secretary

The Secretary shall:

1. Keep the minutes of meetings of the House, Board, and Executive Committee.
2. See that all notices are duly given in accordance with these bylaws or as required by law.
3. Fulfill all the roles and responsibilities as an officer of the House of Delegates (“House Officer”).
4. Perform such other duties as are stipulated in these bylaws or the standing rules, directed by the President or Board, or are customarily assumed by the secretary of an association.

D. Treasurer

The Treasurer shall:

1. Make annual financial reports as required by the Board.
2. Serve as chair of the Finance Committee.
3. Perform such other duties as are stipulated in these bylaws or the standing rules, directed by the President or Board, or are customarily assumed by the treasurer of an association.

E. Speaker of the House of Delegates

The Speaker of the House of Delegates shall oversee the year-long activities of the House and shall:

1. Preside at meetings of the House.
2. Be an ex officio member of the Reference Committee.
3. Fulfill all the roles and responsibilities as a House Officer.

4. Perform such other duties as are stipulated in these bylaws or the standing rules or are customarily assumed by the speaker of a house of delegates.

F. Vice Speaker of the House of Delegates

The Vice Speaker of the House of Delegates shall:

1. Assume the duties of the Speaker in the absence or incapacitation of the Speaker.
2. Fill the office of Speaker for the unexpired term in the event of a vacancy, in which case the office of Vice Speaker shall be declared vacant.
3. Advise and assist the Speaker.
4. Fulfill all the roles and responsibilities as a House Officer.
5. Perform such other duties as are stipulated in these bylaws or the standing rules, directed by the President or Board, or are customarily assumed by the vice speaker of a house of delegates.

Section 5: Tenure

- A. The members of the Board shall be divided into four classes. Each of the first three classes will include one-third or approximately one-third of the members who are neither officers nor the public member, plus two officers. The Secretary and the Vice Speaker of the House of Delegates shall belong to the first class, which shall be elected in years that are multiples of three. The Treasurer and the Speaker of the House of Delegates shall belong to the second class, which shall be elected the year after the first class. The President and the Vice President shall belong to the third class, which shall be elected the year after the second class. The fourth class shall consist of the public member, who shall be appointed by the Board.
- B. Members of the Board other than the public member shall assume office at the beginning of the calendar year following the close of the annual session of the House at which they were elected. The public member shall assume office at a time determined by the Board.
- C. The term of office of each member of the Board, with the exception of the public member, shall be three years or until their successors assume office. The term of the public member shall range from one to three years as determined by the Board.
- D. No member shall serve more than three complete consecutive terms on the Board or more than two complete consecutive terms in the same office.
- E. A complete term for a member of the Board shall be defined as three years, and for the public member as determined by the Board.
- F. If a position on the Board becomes vacant, the vacancy shall be filled in the manner prescribed in these bylaws or the standing rules.
- G. The process to remove a Board member from office prior to the expiration of their term shall be done in accordance with the state in which the Association is incorporated.

Section 6: Conduct of Business

A. Board of Directors

The Board shall meet at least once a year. Ten members shall constitute a quorum. The President may call a special meeting of the Board and must call a special meeting on written request of 10 members of the Board. Notice of all meetings shall be sent to all members of the Board not later than 10 days before the date fixed for the meeting. This notice may be by U.S. mail or by electronic communications as permitted by law. When a decision is needed between meetings of the Board, voting may be conducted by mail or electronic means as permitted by law.

B. Executive Committee

The Executive Committee shall exercise the power of the Board between meetings and shall meet at least twice a year. Three members shall constitute a quorum. The President may call a special meeting of the Executive Committee and must call a special meeting on request of three members of the Committee. Notice of all meetings shall be given to all members of the Executive Committee not later than five days before the date fixed for the meeting. This notice may be by U.S. mail or by electronic communications as permitted by law.

1 **ARTICLE VII. COMMITTEES**

2
3 **Section 1: Committees of the Association**

4 In addition to other committees that may be created by the Board of Directors (the "Board"), the Board
5 shall appoint the following:

6 **A. Finance Committee**

7 The Finance Committee shall consist of the Treasurer, who shall serve as chair, and at least
8 five members, all of whom shall be Physical Therapist or Physical Therapist Assistant
9 members. Members other than the Treasurer shall serve a term of three years. At least one
10 member shall be appointed annually. This committee shall:

- 11 (1) Advise the Board on matters pertaining to the Association's financial needs, growth, and
12 stability based on periodic review of income, expenditure, and investments.
13 (2) Present an annual budget to the Board for adoption.

14 **B. Audit Committee**

15 The Audit Committee shall consist of at least three members, all of whom shall be Physical
16 Therapist or Physical Therapist Assistant members. Members shall serve a term of three years.
17 At least one member shall be appointed annually. This committee shall:

- 18 (1) Be the point of contact and meet at least annually with the Treasurer and Association's
19 independent auditors to discuss the annual audit.
20 (2) Advise the Board of irregularities or material findings that arise from the independent audit
21 or other sources.

22 **C. Ethics and Judicial Committee**

23 The Ethics and Judicial Committee shall consist of at least five members, all of whom shall be
24 Physical Therapist members. Members shall serve a term of five years. At least one member
25 shall be appointed annually. No member shall be appointed to successive complete terms. The
26 committee shall collaborate with and be a resource to components regarding ethical and
27 judicial matters and shall carry out other duties as requested by the Board.

28 (1) With respect to ethical matters the committee shall:

- 29 a. Interpret the Binding Ethical Documents.
30 b. Propose revisions of Binding Ethical Documents.
31 c. Make revisions, as necessary, to the documents that interpret the Binding Ethical
32 Documents and disseminate these documents for the management of judicial affairs.
33 d. Review and comment on matters pertaining to ethics in existing and proposed
34 Association policies and positions adopted by the House of Delegates (the "House")
35 and Board and other initiatives or activities of the Association.
36 e. Publish opinions and other materials that address current and emerging ethical
37 situations.
38 f. Promote activities for the dissemination of information and educational materials
39 related to Binding Ethical Documents and interpretive documents.

40 (2) With respect to judicial matters the committee shall:

- 41 a. Consult with the Board on development of Association policy adopted by the Board
42 related to disciplinary action as a result of ethical complaints.
43 b. Process reported violations of relevant provisions of Binding Ethical Documents in
44 accordance with Association policy adopted by the Board.
45 c. Make final decisions in disciplinary proceedings against a member, subject to appeal to
46 the Board by the member.
47 d. Publish sanctions against members who are determined to have engaged in unethical
48 conduct.

49 **D. Diversity, Equity, and Inclusion Committee**

50 The Diversity, Equity, and Inclusion Committee shall consist of at least five Association
51 members. Members shall serve a term of three years. At least one member shall be appointed
52 annually. This committee shall provide strategic advice, recommendations, and counsel to the
53 Board regarding diversity, equity, and inclusion.
54
55

Section 2: Committees of the House of Delegates

A. Nominating Committee

- (1) The Nominating Committee, elected by the House, shall consist of five Physical Therapist members in good standing.
- (2) Members shall serve three-year terms starting at the beginning of the calendar year following the close of the annual session of the House at which they were elected, or until their successors are elected. The terms of two members shall expire each year, except that every third year the term of only one member shall expire. No member shall be elected to successive complete terms.
- (3) Members of the committee may not serve concurrently as delegates to the House or be slated for national office during their term.
- (4) The chair shall be elected by the committee annually.
- (5) Vacancies on this committee shall be filled by appointment by the Nominating Committee until the next session of the House, when an election shall be held to fill the unexpired term.
- (6) This committee shall:
 - a. Foster activities that maintain and promote a pool of qualified nominees.
 - b. Prepare a slate of at least two qualified candidates, if possible, for each position from those consenting to serve if elected for officers, directors, and members of the Nominating Committee to meet the responsibilities of their positions. The slate of candidates shall be distributed to the members as soon as available, but no later than three months before the annual session.

B. Reference Committee

- (1) The Reference Committee shall assist the House in meeting its responsibilities as prescribed in the standing rules.
- (2) This committee shall consist of at least three members, all of whom shall be Physical Therapist members appointed by the officers of the House of Delegates. The Speaker of the House of Delegates shall serve as an ex-officio member.
- (3) Members shall serve three-year terms with at least one member being appointed each year.
- (4) Members of the committee may not serve concurrently as delegates to the House.

C. Bylaws and House Documents Committee

- (1) The Bylaws and House Documents Committee shall review and propose revisions to these bylaws, standing rules, and Association policies and positions for the profession adopted by the House as prescribed in the standing rules.
- (2) This committee shall consist of at least three members, all of whom shall be Physical Therapist members appointed by the officers of the House of Delegates. The Secretary shall serve as an ex officio member.
- (3) Members shall serve three-year terms with at least one member being appointed each year.

D. Special Committees

- (1) The House may create such special committees to further the work of the House as it deems necessary, subject to the Board's fiduciary role.
- (2) Members of the committee, with the exception of the nonvoting delegate, may serve concurrently as voting delegates.

ARTICLE VIII. FINANCE

Section 1: Fiscal Year

The fiscal year of the Association is Jan. 1 through Dec. 31. The fiscal year of components may be either Jan. 1 through Dec. 31 or July 1 through June 30.

Section 2: Limitation on Expenditures

No officer, employee, committee, or any other individual or group shall expend any money not provided in the budget as adopted or spend any money in excess of the budget allotment, except with the approval of the Board of Directors.

1 **ARTICLE IX. PARLIAMENTARY AUTHORITY**

2
3 **The rules contained in the current edition of “Robert’s Rules of Order Newly Revised” shall govern the**
4 **Association in all cases to which they are applicable and in which they are not inconsistent with these**
5 **bylaws, the standing rules of the Association, and any special rules of order the Association may**
6 **adopt.**

7
8 **ARTICLE X. AMENDMENTS**

9
10 **Unless the year ends in 0 or 5, any bylaws amendment must receive a two-thirds vote without debate**
11 **to be considered. The bylaws may be amended by the House of Delegates (the “House”) by a two-**
12 **thirds vote, provided that the amendment:**

- 13 **A. Has been submitted in accordance with Reference Committee process by a date set by the**
14 **Speaker of the House of Delegates, which shall be at least four months before the first meeting of**
15 **the House.**
16 **B. Has been distributed to members at least two months before the first meeting of the Annual**
17 **Session of the House. Distribution may be by U.S. mail or any electronic communication permitted**
18 **by law.**

19
20 **Proviso: These bylaws shall go into effect at the close of the 2021 House of Delegates.**

21
22 **SS:**

- 23 **A. What is the expected outcome of this motion? How does it contribute to achieving the Vision?**
24 **Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?**

25
26 Established by the House of Delegates (House) via RC 64-19, the Special Committee to Review APTA
27 Bylaws and Prepare Amendments (SCB) was charged to review the APTA bylaws and prepare
28 amendments no later than the 2021 House. The SCB was appointed by the House Officers and began its
29 work in September 2019 by developing principles to guide its approach to proposing amendments to
30 support a transformative organization that benefits all stakeholders in accordance with the association’s
31 strategic plan. [Add link]

32
33 The American Physical Therapy Association (APTA) is incorporated in Illinois and is governed by the
34 Illinois General Not for Profit Corporation Act of 1986. The association’s articles of incorporation (AIC) are
35 filed with the secretary of state’s office in Illinois and establish the association as a legal entity. Among
36 other items, the association’s AIC includes its legal name, object, and management authority.

37
38 Bylaws are the rules adopted by an organization mainly for the operation and governance of its members
39 and the regulation of its affairs. Bylaws:

- 40
 - Describe the organization’s governance
 - Delineate member rights and how members may exercise those rights within the governance structure
 - Include the provisions that the organization considers so important they are given a higher threshold to
42 adopt, amend, and rescind by requiring a 2/3 vote of the House.

43
44 Standing rules are administrative rules to provide details and procedural guidance for how to carry out the
45 bylaws. Standing rules have a lower threshold to adopt, amend, and rescind by requiring a majority vote of
46 the House.

47
48 Following review of the bylaws of other associations, best practices in establishing contemporary bylaws,
49 and input from a multitude of stakeholders in the association, the SCB developed and refined concepts to
50 be included in proposed revisions of the bylaws and the standing rules. These concepts were then
51 developed into recommended bylaw and standing rule language by a consultant parliamentarian, shared
52 with the membership for feedback and reviewed by legal counsel. Language in the final motions is
53 supportive of the APTA’s Vision and allows needed flexibility in meeting the association’s priorities.

B. How is this motion's subject national in scope or importance?

The importance of this motion was established by the House when it created the SCB in 2019. The revision of the bylaws with their accompanying standing rules will serve as a guide for components (chapters and sections/academies) and institutional groups to consider potential bylaw revisions for their respective member groups.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

The American Physical Therapy Association (APTA) has not completed and considered a full and thorough review of the bylaws in many years. Recognizing that this activity needed to occur, the APTA Board of Directors formed a work group in 2017 to begin the task. The work group gathered member input through a series of focus groups and the Board has engaged in a high-level discussion about the needed changes and options to address identified areas of concern. Based on this work, the 2019 House of Delegates determined that it was the role of the House to undertake this major review and created the SCB.

In addition, the 2020 House referred two motions to the SCB:

- RC 07 – Removal of House Officers as Members of the Board of Directors
RC 07 20 proposed changes to the Bylaws to remove the officers of the House from the Board. In that proposed amendment, the three areas of concern raised were:
 1. The need for separation and balance of power between the House and the Board
 2. The potential for conflicts of interest (COI)
 3. High workload of House Officers
 In its review, and based on stakeholder feedback that the HOs have facilitated the business of the House and have been neutral on issues, reducing any risk posed by a potential COI, the SCB determined that there was no need to remove House Officers as members of the Board of Directors.
- RC 10 – Directive with Standing Rule 21
The proposed revision to the bylaws addresses these charges, as noted in **Part D**.

The SCB recognized the stakeholders in a bylaws revision, due to the fundamental nature of bylaws, include a wide variety of groups, including the general membership, as well as the many specific groups that are listed in **Part E**.

As described above in **Part A**, the bylaws sit in the context of the Illinois General Not for Profit Corporation Act of 1986. The APTA bylaws have consequences for the incorporated components since each set of component bylaws must not be in conflict with the APTA bylaws and also must be in compliance with the corporation laws of the state in which each component is incorporated.

D. Additional Background Information.

As mentioned in **Part A**, the SCB began its work by developing guiding principles that were shared with delegates and other members. The overarching principles, are

- I. Work to maximize the benefit to the association and the profession
- II. Offer the proposed revisions in context
- III. Engage all relevant stakeholders in discussions
- IV. Use an iterative, transparent process
- V. Create documents that are clear and concise
- VI. Include consideration of past house amendments to the bylaws and standing rules
- VII. Plan for consideration of bylaw amendments for the 2020 house to ensure that SCB work is heard in 2021 and that other delegates have the ability to also make amendments as they see fit.

1 More detail can be found at [Link].

2
3 Using these principles, and the information provided in the multiple opportunities for feedback described in
4 **Part E**, the SCB developed a comprehensive revision of the bylaws. It is important to note that the SCB is
5 presenting a complete revision of the bylaws, not individual amendments to the existing bylaws. As
6 described in **Part E**, The SCB has presented more detail in various postings at the House of Delegates
7 Hub Community [link] and will continue to provide more detail on the Hub in response to delegates'
8 questions. The SCB is presenting an overview of the rationale for each new article here.

9
10 **Article I. NAME**

11 The name of the American Physical Therapy Association remains unchanged. The SCB found no reason
12 to consider a change.

13
14 **Article II. OBJECT**

15 The Object of the American Physical Therapy Association remains unchanged. The SCB found no reason
16 to consider a change.

17
18 **Article III. MEMBERS**

19 The changes in Article III are proposed to simplify and clarify the Bylaws.

- 20
- 21 • Membership categories have been condensed from ten to six by removing the subcategories (retired
22 and life) for physical therapist and physical therapist assistant members. These subcategories were
23 originally designed to allow differential dues and are no longer needed. In 2020, the House amended
24 the bylaws to give the Board the responsibility of setting dues amounts and removed those amounts
25 from the bylaws. The removal of membership subcategories still allows the Board to create different
26 dues for Board-identified subgroups within a membership category.
 - 27 • Member rights that differ by member category have been simplified and clarified and allow for
28 comparison across member categories. This section assured that all physical therapist members will
29 have the same rights, regardless of the dues charged; and that all physical therapist assistant
30 members will have the same rights, regardless of the dues charged.
 - 31 • The right of the PTA to have a full vote in all components is confirmed as most components have
32 already implemented this.
 - 33 • Counting PTAs as half for any purpose has been removed.

34
35 **Article IV. MEMBER GROUPS**

36 The current Bylaws have grown over time to include mention of many different groups, sometimes using
37 names for groups in confusing ways, and often including great detail, without allowing for flexibility in
38 meeting member needs into the future. To help overcome these issues, the SCB has reorganized the
39 items that deal with member groups into three clear and distinct categories. The SCB believes these
40 changes provide clear direction on the appropriate distinctions among the many groups that do and can
41 exist to meet member needs.

42 By making clear distinctions, confusion is reduced and there is guidance for decision making about future
43 groups.

- 44
- 45 • Components: Chapters and sections/academies are identified as the member groups that are the
46 components of the APTA. They are independently incorporated, have specific structures and
47 obligations, and are created by approval of the House. This clarifies that these member groups provide
48 essential services to members.
 - 49 • Institutional Groups: The bylaws now provide a general definition of groups that represent institutions
50 with specific ties to physical therapist practice, education, and research. While there is no plan to add
51 more institutional member groups, beyond the existing group, American Council of Academic Physical
Therapy, at this time, this section provides guidance and opportunity for the future.

- Engagement Groups: This section provides a clear statement that the Board may create any group that it deems useful to meet member needs. These groups are titled and organized as the Board sees fit and are not independently incorporated. The section mandates that two such groups must meet the needs of PTAs and of students. This does not change in any way the current role of these two groups in the Association or in the House but clarifies their position as Association Member Groups and their relationship to the Board.

Article V. HOUSE OF DELEGATES

These changes are designed to clarify the role of the House as the representative body of the membership for the profession. The SCB has provided clarification of the scope of authority of the House. This clarification, in conjunction with Article VI, which describes the BOD authority, ensures clarity of the relationship of the House and the Board, fulfilling the SCB's response to RC 10-20, referred to the SCB by the House. The SCB also sought to clarify the roles of all participants in the House.

The authority of the House includes determining the Policies, Positions, and Binding Ethical Documents of the Association. [Note: the definitions of these terms are in the proposed new Standing Rules. The two binding ethical documents of the Association are the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.] The Standing Rule reduces the number of types of documents, with clear distinctions among the three. The SCB makes these recommendations as part of its charge to review RC 10-20.

- The Bylaws now establish that the scope of authority of the House is to guide the physical therapy profession as well as physical therapists and physical therapist assistants. As is true now, the House retains responsibility for the profession's Binding Ethical Documents. The House elects the Board and Nominating Committee. The House may recommend or instruct the Board to take action, acknowledging those recommendations and instructions are subject to the BOD's fiduciary duty.
- The Bylaws now identify both non-voting delegates and consultants and their respective roles. The change in this provision establishes the groups whose role with the House, both at the annual session and during year-round engagement activities of the House, are necessary to be an accessible resource to the House to facilitate its work.
- The primary role of the House consultants is to provide advice at the request of the House. The Bylaws retain two consultant entities (Reference Committee and APTA Chief Executive Officer and designated staff), adds two (Nominating Committee and DEI Committee), removes one group (American Board of Physical Therapy Specialties), and reclassifies two (Ethics and Judicial Committee and American Council of Academic Physical Therapy) to nonvoting delegates (see below). ABPTS was removed given the evolution and maturity of specialty practice, and as ABPTS is a program of APTA, the House is able to ask questions of ABPTS via the Board or the CEO. Consultants are available to delegates throughout the year and may reply to inquiries in the House as directed by the Speaker.
- The Bylaws name the Board, Institutional Groups, EJC, the new Bylaws and House Documents Committee (BHDC), and special committees as nonvoting delegates, with the ability to propose main motions and speak to main motions including offering amendments. This provides these constituent groups with an active role in the House's ability to meet its scope of authority during sessions of the House and in year-round engagement. The Board delegation is retained as nonvoting delegates, as in the current bylaws. The EJC is included given the authority the House has for the ethical standards and guidelines and also given the moral and ethical implications of House action. ACAPT is included as an Institutional Group given their voice for professional education and the role of professional education in the profession. The new BHDC brings expertise about the bylaws and an understanding of the relationship of House documents, including Policies and Positions. Special committees are appointed by the House to fulfill a special purpose. Recent examples of special committees demonstrate the value of including these groups as nonvoting delegates.
- As representatives of members of the APTA, the PTA delegates to the House will be able to participate in national elections for the Board and NC. Student members were not included as having a

1 vote in elections given that students have not yet met the requirements for PT or PTA membership.

- 2 • The requirement that a member must be in good standing for two years to serve as a delegate has
- 3 been removed, as the SCB believes that delegations should have the authority to determine the
- 4 membership experience needed by their delegates.
- 5 • The size of the House is addressed in a proposed Standing Rule revision. This Standing Rule lays out
- 6 a reduction in the size of the House by reducing the Chapter apportionment number by 25 delegates
- 7 starting in 2022, reaching 300 in 2025. The goal of this reduction is to keep the House large enough to
- 8 ensure that there is a broad diversity of thought and experience while supporting improved decision
- 9 making, greater efficiency, and reduced costs to the Association, components, and individual
- 10 delegates.

11 **Article VI. BOARD OF DIRECTORS**

12 In preparing these bylaws, the SCB was mindful of the need to comply with corporate law and APTA's
13 Articles of Incorporation, as well as to align APTA with what is considered best practice for nonprofit
14 governance. The SCB also made changes in response to the charge from the 2020 House to review
15 RC10-20.

- 17 • The SCB added a specific statement that the Board is the governing body of the Association. As the
- 18 governing body, the Board is also the fiduciary for APTA and is bound by the not-for-profit corporate
- 19 duties of care, loyalty, and obedience. It is important to note that this is not a change in Board's current
- 20 authority. This language is consistent with corporate law and organizational governance.
- 21 • The Bylaws state that the Board is to:
 - 22 ○ Act on the Policies, Positions, Binding Ethical Documents and recommendations and
 - 23 instructions from the House;
 - 24 ○ Communicate progress on the recommendations and instructions annually; and
 - 25 ○ Notify the House if it determines that any actions are inadvisable.
- 26 • The language of the Board's duties has been modernized and focused on essential items. A statement
- 27 was added that the Board may enter APTA into relationships on behalf of APTA with related
- 28 organizations, as defined by Association policy adopted by the Board.
- 29 • The requirement that a member must be in good standing for five years immediately prior to election
- 30 has been removed, as the SCB believes determining the qualifications of those elected is in the
- 31 purview of the NC in slating candidates, and the delegates in electing members of the Board and NC.
- 32 The current requirement has served to exclude otherwise qualified candidates from being slated.
- 33 • Added a statement about removing a member of Board to bring Bylaws into compliance with state
- 34 corporation statutes.

35 **Article VII. Committees**

36 The SCB sought to clarify the roles and responsibilities of committees, as well as to add committees it
37 deems important to the function of the Association.

- 39 • The Finance and Audit Committee has been separated into two committees, to enhance the
- 40 opportunity for a process of checks and balances related to the financial health of the Association,
- 41 reflecting corporate best practice.
- 42 • In regard to the EJC, the SCB has met with the Arizona and Massachusetts delegates regarding their
- 43 proposed bylaws amendment to strengthen the role of the EJC in the bylaws and has adapted
- 44 elements of their proposed language into the SCB proposal. The SCB proposes that:
 - 45 ○ The EJC remains a committee of the Board due to its role in adjudication of any breaches of
 - 46 ethical conduct and the House continues to have the sole authority to amend the Binding
 - 47 Ethical Documents.
 - 48 ○ Language has been added to the Bylaws, enhancing the role of the EJC in ethical matters of
 - 49 the profession including reviewing and commenting on matters pertaining to ethics in existing
 - 50 and proposed Policies and Positions of the House and Board and other initiatives or activities
 - 51 of the Association. In addition, the chair of the EJC serves as a nonvoting delegate in the

House, which allows the EJC to have an active voice in the House by making motions and speaking in debate as well as being engaged year-round in-House activities.

- Language has been added to clarify the EJC's role in adjudication decisions.
- The EJC collaborates with and serves as a resource to components on ethical issues.
- The SCB proposes adding a Diversity, Equity, and Inclusion Committee (DEIC) to the Bylaws. Placing this in the Bylaws codifies the DEIC as a standing committee of the Association and acknowledges diversity, equity, and inclusion as a long-term, critical priority of the Association.
- The SCB proposes a standing House Committee, the Bylaws and House Documents Committee, to review and propose changes to House Policies, Positions, and the Bylaws to assure that their use and application is contemporary with practice and professional expectations.

Article VIII. Finance

The changes proposed clarify those to whom the limits on expenditures apply.

Article IX. Parliamentary Authority

The parliamentary authority, Robert's Rules of Order Newly Revised, remains unchanged. The SCB found no reason to consider a change.

Article X. Amendments

The SCB proposes extending the period for submission of bylaw amendments to four months, from three months, to allow time for full development of accurate bylaw language for notice to members.

CURRENT BYLAW:

[**BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION**](#)

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

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PROPOSED BY: TEXAS, OREGON, AND WASHINGTON CHAPTERS, AND PTA CAUCUS

AMENDMENT A: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO EXPAND VOTING RIGHTS FOR PHYSICAL THERAPIST ASSISTANT ENGAGEMENT GROUP DELEGATES

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, be amended to expand voting rights for Physical Therapist Assistant Engagement Group delegates.

*This is a motion with three conforming amendments - Parts A–C. Triple asterisks (* * *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

PART A

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 6. Voting Delegates, be amended by substitution.

Section 6: Voting Delegates

A. Voting Body

~~(1) Each voting delegate shall have one vote, except that if any delegate does not attend any meeting the delegate's vote shall be transferred to the remaining member(s) of the delegation present.~~

~~(2) Physical Therapist members who are voting delegates are eligible to vote on all House business.~~

~~(3) Physical Therapist Assistant members who are voting delegates are only eligible to vote in national elections.~~

B. Qualifications of Voting Delegates

(1) Chapter and section/academy delegates: Only Physical Therapist members in good standing may serve as component delegates.

(2) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.

(3) A delegate of a Member Group may not serve concurrently as a delegate of another Member Group.

C. Number of Voting Delegates

(1) The number of voting delegates in the House shall be the sum of the chapter delegates, ~~and section/academy delegates, and Physical Therapist Assistant Engagement Group delegates~~ as determined in accordance with the standing rules.

(2) No chapter shall have fewer than two voting delegates, and each section/academy ~~and the Physical Therapist Assistant Engagement group~~ shall be allotted two voting delegates.

~~(3) The Physical Therapist Assistant Engagement Group shall have five delegates.~~

D. Selection of Voting Delegates

Each voting delegation shall select its delegates. Each voting delegation shall designate one delegate as its chief delegate.

PART B

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 7: Nonvoting Delegates, be amended by substitution:

Section 7: Nonvoting Delegates

A. Nonvoting Body

Nonvoting delegates of the House shall be the ~~Physical Therapist Assistant Engagement Group delegates~~, Student Engagement Group delegates, Institutional Member Group delegates, Ethics and Judicial Committee delegate, Bylaws and House Documents Committee delegate, Special Committees of the House of Delegates, and the members of the Board.

B. Qualifications of Nonvoting Delegates

~~(1) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.~~

~~(2)~~ Student Engagement Group delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who are in good standing may serve as delegates. Student Engagement Group members who have converted to Physical Therapist or Physical Therapist Assistant members may serve as Student Engagement Group delegates through adjournment of the House immediately following graduation.

~~(3)~~ A nonvoting delegate may not serve concurrently as a voting or nonvoting delegate of another Member Group.

C. Number of Nonvoting Delegates

~~(1) Physical Therapist Assistant Engagement Group delegates: five delegates selected by the Physical Therapist Assistant Engagement Group.~~

~~(2)~~ Student Engagement Group delegates: two delegates selected by the Student Engagement Group.

~~(3)~~ Institutional Member Group delegates: One delegate, who shall be selected by each Institutional Member Group.

~~(4)~~ Ethics and Judicial Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.

~~(5)~~ Bylaws and House Documents Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.

~~(6)~~ Special Committees of the House of Delegates: One delegate, who shall be the committee chair or the committee chair's designee.

~~(7)~~ Board of Directors: All members of the Board shall serve as delegates.

D. Rights of Nonvoting Delegates

Nonvoting delegates may speak and make motions at the House, but may not vote, ~~except for Physical Therapist Assistant Engagement Group delegates, who may vote in national elections.~~

PART C

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 8: Conduct of Business, B. Quorum, be amended by inserting the words “, Physical Therapist Assistant Engagement Group,” after the word “chapters” so that it would read:

*

*

*

B. Quorum

Delegates representing one-third of the total number of chapters, Physical Therapist Assistant Engagement Group, and sections/academies and numbering one-third of the total number of votes that could be cast if all voting delegates were present shall constitute a quorum.

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision?

Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The expected outcome of this motion is to provide full voting rights for two Physical Therapist Assistant (PTA) Engagement Group delegates in the House of Delegates (House). This aligns with the motion adopted by the House in 2020 to provide full voting rights for 2 section/academy delegates. This expands the representation and leadership opportunities for physical therapist assistant members. It also fosters increased physical therapist assistant membership in the American Physical Therapy Association (APTA). The right to vote includes the inherent responsibility to make informed decision, and thereby promotes increased engagement. Consequently, this motion supports several APTA priorities in the APTA Strategic Plan, including increasing member value and engagement, and making APTA an inclusive organization (see below). This would have a minimal increase in the voting strength of the House (2) and would not increase in the number of delegates.

This motion directly supports the APTA Vision, Mission Statement, and 2019-2021 Strategic Plan.

Vision Statement for The Physical Therapy Profession: “Transforming society by optimizing movement to improve the human experience.” Including physical therapist assistants with decision-making authority in the House of Delegates aligns with the APTA Brand Strategy “to move to a unified association” to better address the health needs of society.

APTA Mission Statement: “Building a community that advances the profession of physical therapy to improve the health of society.” The physical therapy community has included physical therapist assistants for more than 50 years. Physical therapist assistants play an important role in advancing the association and profession, and providing related clinical services.

2019-2021 Strategic Plan:

Relevance

- Goal: Increase member value and engagement.
- Objective: Create clear and consistent value propositions for key member segments.

Stewardship:

- Goal: Foster long-term sustainability of the physical therapy profession.
- Objective: Make APTA an inclusive organization that reflects the diversity of the society that the profession serves.

B. How is this motion’s subject national in scope or importance?

[Note: This section is identical to the same section in the companion motion, rights of chapters and sections to seat physical therapist assistants in their delegation with full voting rights in the House.]

The House of Delegates is the highest policy making body in our association, and therefore, addresses issues of national importance. Including physical therapist assistants with decision-making authority provides the opportunity for that community to engage in these significant issues and influence the outcome.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

[Note: This section is identical to the same section in the companion motion, rights of chapters and sections to seat physical therapist assistants in their delegation with full voting rights in the House.]

Historical highlights of House and Board actions that involve voting rights of physical therapist assistant members are presented below. These are taken from the Background Paper for RC 11-14 Membership Value for the Physical Therapist Assistant, and the minutes of the 2015 meeting of the House.^{1,2} The

Background Paper presents an excellent comprehensive review and appendices of House and Board actions that pertain to the rights and privileges of the PTA from its inception through 2014.

- **1989:** Affiliate Assembly is created by the House of Delegates. Affiliate (PTA) members may serve as delegate for chapter or section. *2 Affiliate Assembly delegates in House with vote. Affiliate member has 1/2 vote in chapter and sections.*
- **1998:** RC 01-98, RC 36-98, RC 37-98 proposed by the Board resulted in the dissolution of the Affiliate Assembly and formation of the National Assembly and Representative Body of the National Assembly (RBNA). At the same time, PTAs *lose voting privileges* in the House and are allowed two non-voting delegates. Alabama attempts to obtain one vote for PTAs in components, but their motion was defeated. Texas attempts to make the voting strength of PTAs a component decision, but the motion was also defeated.
- **2005:**
 1. House adopts bylaw changes proposed by the Board to dissolve the National Assembly (RC 6-05) and establish the *PTA Caucus with 5 non-voting delegates* in the House (RC 9-05), eliminate the “affiliate” term to describe a member group (RC7-05). The House also adopted Maryland’s motion, RC 15-05, that expands those who may petition to form a chapter to include PTAs.
 2. House defeats RC 16-05 proposing the full vote for PTAs at the component level. The RC was co-sponsored by MD, MI, OH, TN, TX, VA, and the NA.
 3. House defeats RC 16A-05 proposing that the components determine if a PTA has a full or 1/2 vote.
- **2010:** PTA Caucus proposes RC 01-10, which provides PTAs a full vote at the component level. Motion was defeated.
- **2015:**
 1. House adopts RC 03-15, which grants components the option to provide full vote for PTAs.
 2. House defeats RC 04-15, which would enable PTAs to serve as chapter delegates.

Stakeholders affected by this motion will be all members, chapters, and sections/academies of the association.

This motion will not affect any state or federal laws or regulations.

D. Additional Background Information.

In 2019, physical therapist assistants proudly celebrated 50 years of service and inclusion in the physical therapy profession. During the last 50 years, physical therapist assistants have been represented and engaged in the American Physical Therapy Association (APTA) via several organizational structures, beginning in 1983 as the Affiliate Special Interest Group, and evolving to the current PTA Caucus (PTAC) structure in 2005. Although voting rights were accorded to 2 Affiliate Assembly delegates in 1989, these rights were rescinded in 1998 when the House adopted RC 1-98. This created a sense of disenfranchisement, and a decline of nearly 50% of physical therapist assistant membership in the APTA over the ensuing years. Despite the inability to fully participate as voting delegates in the House, physical therapist assistants remain vigilant in 3 areas: they are committed to the profession; they strive to demonstrate their value in the Association, clinic, and society; and they desire to be full, integrated members of the governance of the APTA. This motion provides greater inclusion of and voice for our clinical colleagues by allowing 2 PTA Engagement Group delegates the right to vote in the House.

Much like the academies and sections, the PTA Engagement Group provides an important clinical perspective to the governance of the APTA. One important distinction from the academies and sections is that the PTA Engagement Group represents an entire portion of the membership that does not have vote in the House. The power of representation through a vote has been demonstrated time and time again throughout US history. For example, the 19th amendment that passed in 1919 and ratified in 1920 granted women the right to vote and have an active voice in US governance. As applied to our profession, the House took the unprecedented action last year to approve voting rights for 2 delegates in each section or academy. It is timely and appropriate to do the same for 2 PTA Engagement Group delegates. As noted in

Section A above, this emulates our current APTA Strategic Plan to increase member value and engagement, and make APTA an inclusive organization.³

There is precedent for inclusion of assistants in professional medical associations and providing increased responsibility in the governance and leadership of these associations. For example, our colleagues in the American Occupational Therapy Association (AOTA), have taken the step forward toward inclusion of their Occupational Therapy Assistants (OTAs), and accorded them full voting rights.⁴ In addition to having voting members in the AOTA, OTAs also have the ability to run for any officer position, may sit as a voting director on their board of directors. Further, their bylaws stipulate that 1 of their 6 directors must be an OTA.⁴

In consideration of the provision of physical therapist services, physical therapist assistants are the ONLY individuals who assist physical therapists in practice.⁵ As a result of their close collaboration with physical therapists, physical therapist assistants have a markedly vested interest in the sustainability and advancement of the practice of physical therapy. This investment is evident in many ways. In clinical and administrative roles, physical therapist assistants represent and promote the physical therapy profession to society at large. Day to day, physical therapist assistants are expected to understand all aspects of physical therapist services, even in those service areas they may not perform, in order to appropriately educate patients and the public, promote the services of their fellow physical therapists, follow the guidelines and laws for the profession, and promote the growth of the profession. Physical therapist assistants have unique education to assist in not only the delivery of physical therapist services, but they also possess the leadership qualities to advance the profession alongside physical therapists.

The APTA is diligently working to promote a more diverse, equitable, and inclusive organization and profession. Having members participate, but not have a vote in the House does not promote these fundamental ideas. Physical therapist assistant membership is typically between 8,000 and 9,000 members, close to 10% of the total APTA membership. Allowing 2 PTA Engagement Group delegates to vote in the House has the potential to increase physical therapist assistant membership and to demonstrate diversity, equity, and inclusion (DEI) within our own professional association. Organizations now more than ever are realizing the strength of having diverse set of ideas. Much like the “better together” campaign, we want to see physical therapists and physical therapist assistants side by side, shaping the future of the profession as a stronger, united professional organization. Physical therapist assistants work under the supervision of a physical therapist in a patient care clinical setting, however physical therapist assistants within our membership are also clinic directors, physical therapy clinic owners, vice presidents, researchers, and community leaders. Leveraging the diverse and unique viewpoints of all members can only strengthen our collective drive to improve the profession.

REFERENCES

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3. American Physical Therapy Association. *APTA Strategic Plan 2019-2021*. <https://www.apta.org/siteassets/pdfs/apta-strategic-plan.pdf>. Accessed April 12, 2021.
4. American Occupational Therapy Association. *The Official Bylaws of the American Occupational Therapy Association 2017*. <https://www.aota.org/-/media/Corporate/Files/AboutAOTA/OfficialDocs/Approved-Bylaws-2017.pdf>. Accessed April 12, 2021.
5. American Physical Therapy Association. *Direction and Supervision of the Physical Therapist Assistant HOD P06-18-38-25*. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/direction-supervision-pta>. Accessed April 12, 2021.

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

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PROPOSED BY: TEXAS, OREGON, AND WASHINGTON CHAPTERS, AND PTA CAUCUS

AMENDMENT B: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO PERMIT CHAPTERS AND SECTIONS THE RIGHT TO SEAT PHYSICAL THERAPIST ASSISTANTS AS DELEGATES

This is a motion with two conforming amendments - Parts A–B. Triple asterisks (* *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

PART A

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article III. Members, Section 2: Rights of Members, C., (2), be amended by inserting the words “when stipulated in component bylaws, serve as a component delegate to the House of Delegates;” after the words “these bylaws;” so that would read:

ARTICLE III. MEMBERS

Section 2: Rights of Members

C. Except as provided in these bylaws, the following membership categories have the following rights:

- (1) Physical Therapist: all rights of membership, including the right to make motions and vote at component meetings; serve as an officer or director of the Association or component; serve as a component delegate to the House; serve on the Nominating Committee of the Association or component; and serve on committees as permitted in these bylaws.
- (2) Physical Therapist Assistant: subject to component bylaws, to make motions and vote at component meetings; serve on a component’s board of directors except as defined in these bylaws; when stipulated in component bylaws, serve as a component delegate to the House of Delegates; serve as a delegate from the Physical Therapist Assistant Engagement Group to the House; serve on the Nominating Committee of a component; and serve on committees as permitted in these bylaws.
- (3) Student Physical Therapist and Student Physical Therapist Assistant: serve as a delegate from the Student Engagement Group to the House and serve on committees as permitted in these bylaws.
- (4) Catherine Worthingham Fellow: use the initials FAPTA, signifying a Catherine Worthingham Fellow of APTA.

PART B

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 2: Voting Delegates and B. Qualifications of Voting Delegates, by substitution.

ARTICLE V. HOUSE OF DELEGATES

Section 2: Voting Delegates

A. Voting Body

- (1) Each voting delegate shall have one vote, except that if any delegate does not attend any meeting the delegate's vote shall be transferred to the remaining member(s) of the delegation present.
- (2) ~~Physical Therapist members who are voting delegates are eligible to vote on all House business.~~
- (3) ~~Physical Therapist Assistant members who are voting delegates are only eligible to vote in national elections.~~

B. Qualifications of Voting Delegates

- (1) Chapter and section/academy delegates: Only Physical Therapist and Physical Therapist Assistant members in good standing may serve as component delegates.
- (2) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.
- (3) A delegate of a Member Group may not serve concurrently as a delegate of another Member Group.

SS:

- A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The expected outcome of this motion is to provide chapters and sections the right to seat physical therapist assistants as delegates within their delegation with full voting rights in the House of Delegates (House). This provides expanded representation and leadership opportunities for physical therapist assistant members. It supports several APTA priorities in the APTA Strategic Plan 2019-2021, including increasing member value, and making APTA an inclusive organization (see below). It also fosters increased physical therapist assistant membership in the APTA. Because physical therapist assistants would be part of the current chapter and section delegation, no increase in the size of the House will occur. This motion would not mandate any chapter or delegate to seat physical therapist assistants as delegates but would make that permissible by any chapter or section that chooses to do so. Each chapter or section shall determine if they choose to seat physical therapist assistants or not. If so, the chapter or section would need to make changes to their bylaws usually requiring vote by the membership. The chapter or section would then vote or assign delegates as usual including physical therapist assistants as potential delegates.

This motion directly supports the APTA Vision, Mission Statement, and APTA Strategic Plan 2019-2021.

Vision Statement For The Physical Therapy Profession: "Transforming society by optimizing movement to improve the human experience." Including physical therapist assistants with decision-making authority in the House of Delegates aligns with the APTA Brand Strategy "to move to a unified association" to better address the health needs of society.

APTA Mission Statement: "Building a community that advances the profession of physical therapy to improve the health of society." The physical therapy community has included physical therapist assistants for more than 50 years. Physical therapist assistants play an important role in advancing the association and profession, and providing related clinical services.

APTA Strategic Plan 2019-2021¹:

Relevance

- Goal: Increase member value and engagement.
- Objective: Create clear and consistent value propositions for key member segments.

Stewardship:

- Goal: Foster long-term sustainability of the physical therapy profession.
- Objective: Make APTA an inclusive organization that reflects the diversity of the society that the profession serves.

B. How is this motion's subject national in scope or importance?

See Amendment A.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

See Amendment A.

D. Additional Background Information.

The makers of this motion are grateful for the extensive work of the Special Committee on Bylaws (SCB). We are pleased that they posted recommendations and rationales that included expanding the rights of physical therapist assistants in governance at both the component and national levels. We are concerned, however, that those recommendations include certain limitations and inconsistencies, and therefore, respectfully submit this motion. It provides an option for chapters and sections to include physical therapist assistants as voting members of their delegations to the House. It is timely that the House has the opportunity to consider this motion, which aligns with the stated intention of the SCB to ensure our bylaws support the APTA as a “transformative organization”⁴, and emulate our current APTA Strategic Plan 2019-2021 to increase member value (Goal) and make APTA an inclusive organization (Objective).¹

A review of the evolution of the role, rights, and recognition of the physical therapist assistant reveals decades of debate and decisions with mixed outcomes. It is important to understand the context of those historical decisions. Much of our attention was focused on defending and describing physical therapy as a *profession*. Physical therapists were considered the *primary* if not *only* member of our profession, and the *only* persons who should make policy decisions. We agonized over how to refer to physical therapist assistants, such as paraprofessionals, technical workers, or support personnel. Then, in 1998, we adopted RC 1-98, which rescinded their voting rights in the House, and other motions that created a separate deliberate body for physical therapist assistants. The consequence of those House actions was that physical therapist assistants felt disenfranchised, devalued, and excluded from our association. They left in droves - their membership in the APTA declined by nearly 50%.

Many of those historical decisions of the House focused on the differences between the physical therapist assistant and physical therapist, particularly in their clinical roles and educational preparations. For example, the Background Paper cited in Section C above notes “this enduring unrest and the equating of *association roles with clinical roles*” [emphasis added].² The SCB maintains this perspective in its Rationale for not recommending a bylaw amendment to provide voting rights of Physical Therapist Assistant Caucus (PTAC) delegates (Concept 28) by stating, “It is the consensus of the SCB that there should not be an expansion of member rights that puts the PTA in the position of making decisions related to policies and positions that affect physical therapist practice. It is consistent with PTs’ and PTAs’

1 respective roles in delivering physical therapist service, in their educational preparation for those roles,
2 and in society's differing expectations of the two occupations."⁵

3
4 Those differences between the two occupations are distinct and continue, but they do not justify prohibiting
5 physical therapist assistants from making policy decisions that impact physical therapist practice.
6 Collectively, delegates bring a broad scope of knowledge, backgrounds, and experiences to the House,
7 but it is rare for any single delegate to have the inherent knowledge and skills to make informed decisions
8 on all issues that come before the House. When confronted with issues outside of their knowledge base
9 or skills, delegates review appropriate resources and consult with colleagues. This results in making to
10 make informed decisions on motions, including issues of practice, irrespective of their individual
11 educational backgrounds or clinical roles. This would apply to physical therapist assistants as well.

12
13 Many of those actions of the past do not align with the contemporary philosophy of functioning "better
14 together", both as an organization and profession. We now focus on what unites us, rather than what
15 divides us. This concept is reflected by the following recent actions by the House and Board:

- 16 • 2018: Board adopted new APTA Mission Statement: "Building a community that advances the
17 profession of physical therapy to improve the health of society."
- 18 • 2019: Board adopted APTA Strategic Plan 2019-2021, which includes a Goal to increase
19 member value and engagement, and an Objective to make APTA an inclusive organization.¹
- 20 • 2019: House adopted Core Values for the Physical Therapist and Physical Therapist
21 Assistant.⁶ Although the roles of the physical therapist assistant are different from those of the
22 physical therapist, their core values are universal: accountability, altruism, collaboration,
23 compassion and caring, duty, excellence, integrity, and social responsibility. These apply to
24 the responsibility of making policy decisions.
- 25 • 2020: House adopted motion that provides voting rights for section delegates.⁷
- 26 • 2020: House adopted motion to permit life physical therapist members to serve as delegates.⁷

27 It is timely to continue this trend, and reinstate voting rights for physical therapist assistants within their
28 delegations. These individuals have clearly become recognized as major participants in our profession and
29 organization, and do, in fact, influence policy. This is well described by Amy Smith Hamel, PTA, former
30 chief delegate of PTAC and current member of Public Policy and Advocacy Committee (PPAC). Amy
31 provided the following commentary in the cover story on Change Agents in the March 2021 issue of APTA
32 Magazine, "Now all 50 states have some form of [physical therapist assistant] licensure regulation, which
33 is a huge accomplishment. PTAs are part of TRICARE payment program used throughout the Department
34 of Defense health care system. More recently, APTA successfully advocated for PTAs to furnish
35 maintenance therapy in the home health setting under Medicare part A. PTAs have been included in
36 telehealth coverage during the COVID-19 public health emergency, and CMS has formally recognized the
37 services of PTAs who held Physical Therapy Compact privileges."⁸ These are formidable achievements,
38 and demonstrate the recognition of the clinical services provided by physical therapist assistants.
39 Moreover, Amy's position on PPAC recognizes the importance of the input from the physical therapist
40 assistant community on matters that influence policy.

41
42 Another important trend to consider is the expanding rights of physical therapist assistants at the
43 component level, yet continuing restrictions at the national level. This results in inconsistencies that are
44 unjustified. All chapter delegations include their PTAC reps in discussions and decisions within their
45 delegations, have them track motions, and conduct phone interviews with candidates. Besides serving in
46 chapter delegations, physical therapist assistants serve on the Board of Directors in more than half of the
47 chapters. Nearly all chapters and 12 sections provide a full vote for their physical therapist assistant
48 members. Their input informs decisions at the component level, including those on policies. Then, when
49 we consider their involvement at the national level, restrictions abound. PTAC reps may not post on the
50 House Community. When we arrive at the House, all members of the delegation, including the PTAC
51 reps, participate in meetings related to House activities, but during the sessions of the House, only the

physical therapists in their delegations are seated together and vote. The PTAC reps sit in the back in the Gallery, without the opportunity to either collaborate or vote with their delegation. We commend the SCB to propose recommendations that expand the rights of physical therapist assistants at both the component and national levels; however, the continuing restriction for physical therapist assistants to serve in chapters or sections delegations does not demonstrate a consistent approach to governance or inclusive organization as stated in the current APTA Strategic Plan.

A final factor to consider is voting rights for members of an organization as stated in Roberts Rules of Order (11th edition, page 3), and quoted by the SCB in one of its rationales (Concept 26), “member rights include to attend meetings, make motions, speak in debate, and vote.”⁵ This common authority on Parliamentary procedure clearly suggests the right to vote is an inherent membership right. The committee also noted “The current Bylaws have restricted some of these rights or labeled them privileges. The SCB believes that restrictions should only exist when there is a clear rationale for a distinction for member privileges, *as determined by the House* (emphasis added).”⁵ The motion makers agree, and that is the reason why we believe it is appropriate to bring this motion to the House so that the body may determine voting privileges for its members. It is timely to provide voting rights for physical therapist assistants in their chapter and section delegations. We are clearly better together as a transformative and inclusive organization that values all of our members.

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Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

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RC Contact: Pam White, PT, DPT
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PROPOSED BY: STUDENT ASSEMBLY

AMENDMENT C: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO ALLOW STUDENT ENGAGEMENT GROUP DELEGATES THE RIGHT TO VOTE IN THE HOUSE OF DELEGATES

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, be amended to allow Student Engagement Group delegates the right to vote in the House of Delegates.

*This is a motion with three conforming amendments - Parts A–C. Triple asterisks (***) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

PART A

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 6. Voting Delegates, be amended by substitution.

ARTICLE V. HOUSE OF DELEGATES

*

*

*

Section 6: Voting Delegates

A. Voting Body

- (1) Each voting delegate shall have one vote, except that if any delegate does not attend any meeting the delegate's vote shall be transferred to the remaining member(s) of the delegation present.
- (2) Physical Therapist members who are voting delegates are eligible to vote on all House business.
- (3) Physical Therapist Assistant members who are voting delegates are only eligible to vote in national elections.
- (4) Student Physical Therapist and Student Physical Therapist Assistant members who are voting delegates are eligible to vote on all House business.

B. Qualifications of Voting Delegates

- (1) Chapter and section/academy delegates: Only Physical Therapist members in good standing may serve as component delegates.
- (2) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.
- (3) Student Engagement Group delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who are in good standing may serve as delegates. Student Engagement Group members who have converted to Physical Therapist or Physical Therapist Assistant members may serve as Student Engagement Group delegates through adjournment of the House immediately following graduation.

(34) A delegate of a Member Group may not serve concurrently as a delegate of another Member Group.

C. Number of Voting Delegates

- (1) The number of voting delegates in the House shall be the sum of the chapter delegates, ~~and section/academy delegates, and Student Engagement Group delegates~~ as determined in accordance with the standing rules.
- (2) No chapter shall have fewer than two voting delegates and each section/academy shall be allotted two voting delegates.
- (3) The Physical Therapist Assistant Engagement Group shall have five delegates.
- (4) The Student Engagement Group shall have two delegates.

D. Selection of Voting Delegates

Each voting delegation shall select its delegates. Each voting delegation shall designate one delegate as its chief delegate.

PART B

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 7: Nonvoting Delegates, be amended by substitution.

ARTICLE V. HOUSE OF DELEGATES

* * *

Section 7: Nonvoting Delegates

A. Nonvoting Body

Nonvoting delegates of the House shall be the Physical Therapist Assistant Engagement Group delegates, ~~Student Engagement Group delegates,~~ Institutional Member Group delegates, Ethics and Judicial Committee delegate, Bylaws and House Documents Committee delegate, Special Committees of the House of Delegates, and the members of the Board.

B. Qualifications of Nonvoting Delegates

- (1) Physical Therapist Assistant Engagement Group delegates: Only Physical Therapist Assistant members who are Association members in good standing may serve as delegates.
- ~~(2) Student Engagement Group delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who are in good standing may serve as delegates. Student Engagement Group members who have converted to Physical Therapist or Physical Therapist Assistant members may serve as Student Engagement Group delegates through adjournment of the House immediately following graduation.~~
- (32) A nonvoting delegate may not serve concurrently as a voting or nonvoting delegate of another Member Group.

C. Number of Nonvoting Delegates

- (1) Physical Therapist Assistant Engagement Group delegates: five delegates selected by the Physical Therapist Assistant Engagement Group.
- ~~(2) Student Engagement Group delegates: two delegates selected by the Student Engagement Group.~~
- (32) Institutional Member Group delegates: One delegate, who shall be selected by each Institutional Member Group.
- (43) Ethics and Judicial Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.
- (54) Bylaws and House Documents Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.
- (65) Special Committees of the House of Delegates: One delegate, who shall be the committee chair or the committee chair's designee.
- (76) Board of Directors: All members of the Board shall serve as delegates.

D. Rights of Nonvoting Delegates

Nonvoting delegates may speak and make motions at the House, but may not vote, except for Physical Therapist Assistant Engagement Group delegates, who may vote in national elections.

PART C

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 8: Conduct of Business, B. Quorum, be amended by inserting the words “and the Student Engagement Group” after the words “sections/academies” so that it would read:

ARTICLE V. HOUSE OF DELEGATES

Section 8: Conduct of Business

B. Quorum

Delegates representing one-third of the total number of chapters, and sections/academies, and the Student Engagement Group, and numbering one-third of the total number of votes that could be cast if all voting delegates were present shall constitute a quorum.

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?

The purpose of this bylaw amendment is to expand the voting delegates at the House of Delegates to include the Student Assembly, and that two (2) voting delegates be proportioned to be consistent with section and chapter minimum allotment. By granting the Student Assembly voting rights, our organization welcomes the opportunity for a greater depth of discussion within the House and supports the priorities of the APTA Strategic Plan 2019-2021.¹ As outlined, championing our student members will foster long-term sustainability of our profession while helping to create an “inclusive organization that reflects the diversity of the society the profession serves.” Furthermore, by granting voting rights to our student assembly, we help to increase student membership value and foster engagement for this key member segment. Our student members contribute insights and experiences that provide invaluable context to the development of the future of our profession. As the APTA strives to increase the diversity and inclusion of our members, the House of Delegates will likewise benefit from the diversity of thought and representation created by the inclusion of student assembly voting rights sought by this amendment.

B. How is this motion’s subject national in scope or importance?

As of the April 2021 component counts² the APTA student membership comprises 30,378 of the 98,753 total membership count of our association. These student members live within the entire footprint of our association, hailing from each of the 50 APTA components. Collectively the Student Assembly represents a wide range of individuals, encompassing not only geographic diversity, but a heterogeneity of backgrounds and lived experiences. The proposed amendment seeks to give the APTA’s single largest membership group voting rights, with an immediate value provided to over thirty percent of APTA members nationwide.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

The Special Committee to Review APTA Bylaws and Prepare Amendments (SCB) has released the final draft of the bylaws proposal for the 2021 House and have chosen not to include Student Assembly voting rights in their proposal.

Stakeholders affected by this motion will be all members.

State and federal laws or regulations do not address this topic and will not be affected by this motion.

D. Additional Background Information.

Student members of the APTA are increasingly interested in the process of the House of Delegates and are increasingly willing to provide their perspective on motion concepts. Since 2001, the Student Assembly has proposed and co-sponsored over 15 motions to the House on a range of topics including financial transparency, professional mentoring, and promoting the value of the APTA within the DPT curriculum. The 2020 House of Delegates Student Network saw over 120 members from across the nation convene virtually to observe, discuss, and react to House proceedings.

Notably, the student perspective is not underpinned by years of clinical practice or academic research. Without the advantage of professional experience, student members of the APTA examine business both new and old from a unique viewpoint. The value of including the student vote in House decisions is not in content mastery, but in the ability to appraise APTA policy decisions with a future-focused lens not biased by past success and failure. As a result, those elected Student Assembly delegates must navigate the House process with thoughtful research and deliberate engagement to develop informed opinions.

The APTA is not the first professional organization to consider student voting rights within governance and policy establishment. Research into this topic among other prominent healthcare organizations revealed a strong precedent for the inclusion of student voting rights:

The American Medical Association³

- Chapter equivalents ("constituents") of the AMA House of Delegates may seat students as delegates
- The Medical Student Section is afforded one delegate and one alternate delegate
- Additional Regional Medical Student Delegates are apportioned votes based on an apportionment rate of 1:2,000 active medical student members

The American Academy of Physician Assistants⁴

- Student delegates are apportioned at a ratio of 1:850
 - Of 304 total delegates, student delegates accounted for 20 delegates to the House and were the largest single delegation represented by a margin of 8 individuals

The American Dental Association⁵

- The American Student Dental Association elects 5 delegates and 5 alternate delegates each year for voting in the House of Delegates of the ADA

The American Occupational Therapy Association⁶

- The Representative Assembly is the AOTA equivalent to our house, "directly responsible for the establishment of professional standards and policies"
- Voting members include 1 Student Member Representative

The American Optometric Association⁷

- Each accredited school/college is entitled to 1 delegate and the affiliated association representing student members is entitled to three (3) delegates

This list is not exhaustive but demonstrates that student perspective is valuable among professional healthcare organizations. There are myriad methods for how student voting power is quantified, but ultimately each of these organizations provide students voting rights in their policy making process. While the proposed amendment does not seek to drastically change the composition of the House of Delegates in the way an apportionment ratio would, granting voting representation consistent with that of our sections/academies and chapter minimums is meaningful and appropriate as we plan for the next 100 years of physical therapy excellence.

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Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

Motion Contact: Sharon Dunn, PT, PhD, Board of Directors
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RC Contact: Jane Baldwin, PT, DPT
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PROPOSED BY: BOARD OF DIRECTORS

AMENDMENT D: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO CREATE ROLE CLARITY IN APTA GOVERNANCE

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, be amended to create role clarity in APTA governance.

This is a motion with two conforming amendments - Parts A–B.

PART A

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 1: Authority, be amended by substitution.

ARTICLE V. HOUSE OF DELEGATES

Section 1: Authority

In its role as the representative body of the membership, the House of Delegates (the “House”) shall:

- A. Speak and act on behalf of the membership for the profession.**
 - B. Establish Association Policies and Positions for the profession.**
 - C. Adopt Binding Ethical Documents to govern the conduct of physical therapists and physical therapist assistants.**
 - D. ~~Recommend or instruct~~ Advise the Board of Directors (the “Board”) to act, subject to these bylaws and the Board’s fiduciary responsibility to manage the affairs of the Association.**
 - E. Create and amend the bylaws.**
 - F. Create and amend standing rules.**
 - G. Elect the Board, except for the public member.**
 - H. Elect the Nominating Committee.**
- All activities of the House of Delegates are subject to the Board of Directors’ fiduciary duty to manage the affairs of the association.**

PART B

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article VI. Board of Directors, Section 1: Authority, C., be amended by substitution.

ARTICLE VI. BOARD OF DIRECTORS

Section 1: Authority

- A. The Board of Directors (the “Board”) is the governing authority for the Association and as such has the corporate duties of care, loyalty, and obedience.**

- 1 **B. The Board is the fiduciary for the Association and manages the affairs of the Association pursuant**
2 **to law and these bylaws.**
- 3 **C. The Board carries out all Association Policies, Positions, and Binding Ethical Documents, and**
4 **motions adopted by the House of Delegates (the “House”) that ~~recommend or instruct~~ advise the**
5 **Board to act. When the House ~~recommends or instructs~~ advises the Board to act, the Board shall**
6 **communicate its progress to the House at least annually. If the Board determines that any specific**
7 **action is inadvisable, the Board shall report the reasons for its determination to the House.**
- 8 **D. The Board establishes Association Policies and Positions, including Policies and Positions for the**
9 **profession, when necessary. Any Association policy or position for the profession adopted by the**
10 **Board shall be brought to the House at the next Annual Session for consideration.**
- 11 **E. The Board in its role to foster the growth and development of the Association shall, among other**
12 **things:**
- 13 (1) **Direct all business and financial affairs for and on behalf of the Association, be responsible for**
14 **all its property and funds, and provide for an annual audit by a certified public accountant.**
- 15 (2) **Ensure the maintenance of the records of the Association.**
- 16 (3) **Provide for an annual report of the financial status of the Association to the members.**
- 17 (4) **Appoint and employ a Chief Executive Officer who shall be the administrator of the**
18 **headquarters and responsible to the Board.**
- 19 (5) **Fill vacancies on the Board and on committees, except as otherwise provided in these bylaws**
20 **and in the standing rules.**
- 21 (6) **Be responsible for the creation, appointment, purposes, and activities of such committees and**
22 **other work groups as it deems necessary.**
- 23 (7) **Adopt Association policy, in consultation with the Ethics and Judicial Committee, for**
24 **processing charges that a member has violated relevant provisions of the Binding Ethical**
25 **Documents.**
- 26 (8) **Appoint the public member of the Board.**
- 27 (9) **Enter into relationships on behalf of the Association with related organizations, as defined in**
28 **Association policy adopted by the Board.**

29
30 **SS:**

- 31 **A. What is the expected outcome of this motion? How does it contribute to achieving the Vision?**
32 **Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?**
33 This amendment to the Special Committee on Bylaws' proposal seeks to further clarify the roles of the
34 Board of Directors and the House of Delegates. When each of these groups operates in its highest and
35 best use and in correct roles, the association is strengthened.
- 36
- 37 **B. How is this motion's subject national in scope or importance?**
38 In order to support APTA as a high functioning national association representing the interests of the
39 physical therapy profession, role clarity for the Board of Directors and the House of Delegates is important.
40 The Board believes the House is most impactful when considering high-level and far-reaching policy for
41 the profession that makes a difference for our colleagues and those that we serve. The Board enjoys a
42 strong collaboration with the House and the representative voices of those that serve in House roles. The
43 Board believes it is in its best role when carrying out the work of the association to achieve the vision for
44 the profession and APTA's mission statement. When the House instructs or directs the Board to act, role
45 confusion emerges and the Board's fiduciary role for the organization is not honored. The Board believes
46 both bodies are more successful when operating within their correct roles. This amendment to the SCB
47 proposal allows the House to advise the Board but simply clarifies that the Board is the legal fiduciary for
48 the association and must make these decisions accordingly, while honoring the advice and intent of the
49 House of Delegates. The Board's obligation to report back to the House remains in effect if the Board's
50 decisions are not aligned with the House's advice.
- 51
- 52 **C. What previous or current activities of the House, Board, or staff address this topic? Who are the**
53 **stakeholders that might be affected by this motion (internal to APTA as well as relevant groups**

1 **external to APTA)? Are there any state or federal laws or regulations which also address this topic;**
2 **if so, what are they?**

3 The Special Committee on Bylaws has responded to RC 10-20 through important proposed updates to the
4 APTA bylaws to clarify the roles of the Board of Directors and those of the House of Delegates. The
5 Board appreciates these changes and only seeks to further clarify language in two sections to ensure that
6 both entities are operating in their highest capacity and that APTA complies with Illinois law, the state of
7 APTA's incorporation. We are seeking changes to ensure both the Board and the House are well
8 positioned to engage and collaborate in a fashion consistent with statute.
9

10 **D. Additional Background Information.**

11 Last year, the House engaged in a robust dialogue and discussion around RC 10-20, which resulted in the
12 House referring this topic to the Special Committee on Bylaws (SCB). We appreciate the SCB's significant
13 work to bring several topics forward in their proposal, however we believe this particular change from
14 "directs" or "direction" to "recommends and instructs" does not clarify roles clearly enough to be consistent
15 with Illinois law, under which we are incorporated. A synonym of "recommend" is "advise", and a synonym
16 of "instruct" is to "direct". Using both "recommend and instruct" confuses the roles even more, in our
17 opinion. So, the Board is suggesting the word "advise" to better clarify the House's role when suggesting
18 any specific action of the Board. Ultimately the capacity and resources of the organization are at stake in
19 these conversations. The Board has a depth and breadth of understanding of the scope of work of the
20 organization and our strategic priorities, while recognizing the House as the representative body of our
21 members and the importance and significance of that voice. We believe the House of Delegates has
22 historically been at its absolute best when setting far-reaching and visionary policy for practice and policies
23 and standards for the profession. We believe this change will afford the organization with a balance of
24 power that reflects the type of shared governance and alignment we all desire. We also feel this is a
25 critical consideration for our governing bodies to best serve the future of the organization and our
26 profession while being consistent with Illinois law.

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

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RC Contact: Janet R. Bezner, PT, DPT, PhD, FAPTA
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PROPOSED BY: ARIZONA AND MASSACHUSETTS CHAPTERS

AMENDMENT E: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO RECATEGORIZE THE ETHICS AND JUDICIAL COMMITTEE

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, be amended to recategorize the Ethics and Judicial Committee.

*Triple asterisks (* * *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

That RC 1-21 Amend by Revision: Bylaws of The American Physical Therapy Association, Article VII. Committees, Section 1: Committees of the Association, be amended by moving C. Ethics and Judicial Committee to a new Section 3. and amending the last sentence of the introductory paragraph by substitution.

ARTICLE VII. COMMITTEES

Section 1: Committees of the Association

In addition to such other committees as may be created by the Board, the Board shall appoint the following:

A. Finance Committee

B. Audit Committee

~~C. Ethics and Judicial Committee~~

~~The Ethics and Judicial Committee shall consist of at least five members, all of whom shall be Physical Therapist members. Members shall serve a term of five years. At least one member shall be appointed annually. No member shall be appointed to successive complete terms. The committee shall collaborate with and be a resource to components regarding ethical and judicial matters and shall carry out other duties as requested by the Board.~~

~~(1) With respect to ethical matters the committee shall:~~

- ~~a. Interpret the Binding Ethical Documents.~~
- ~~b. Propose revisions of Binding Ethical Documents.~~
- ~~c. Make revisions, as necessary, to the documents that interpret the Binding Ethical Documents and disseminate these documents for the management of judicial affairs.~~
- ~~d. Review and comment on matters pertaining to ethics in existing and proposed Association policies and positions adopted by the House of Delegates (the "House") and Board and other initiatives or activities of the Association.~~
- ~~e. Publish opinions and other materials that address current and emerging ethical situations.~~

- f. ~~Promote activities for the dissemination of information and educational materials related to Binding Ethical Documents and interpretive documents.~~
- (2) ~~With respect to judicial matters the committee shall:~~
 - a. ~~Consult with the Board on development of Association policy adopted by the Board related to disciplinary action as a result of ethical complaints.~~
 - b. ~~Process reported violations of relevant provisions of Binding Ethical Documents in accordance with Association policy adopted by the Board.~~
 - c. ~~Make final decisions in disciplinary proceedings against a member, subject to appeal to the Board by the member.~~
 - d. ~~Publish sanctions against members who are determined to have engaged in unethical conduct.~~

D C. Diversity, Equity, and Inclusion Committee

Section 2: Committees of the House of Delegates

A. Nominating Committee

B. Reference Committee

C. Bylaws and House Documents Committee

D. Special Committees

Section 3: Ethics and Judicial Committee

The Ethics and Judicial Committee shall consist of at least five members, all of whom shall be Physical Therapist members. Members shall serve a term of five years. At least one member shall be appointed annually. No member shall be appointed to successive complete terms. The committee shall collaborate with and be a resource to components regarding ethical and judicial matters and shall carry out other duties as requested by the Board.

(1) With respect to ethical matters the committee shall:

- a. Interpret the Binding Ethical Documents.
- b. Propose revisions of Binding Ethical Documents.
- c. Make revisions, as necessary, to the documents that interpret the Binding Ethical Documents and disseminate these documents for the management of judicial affairs.
- d. Review and comment on matters pertaining to ethics in existing and proposed Association policies and positions adopted by the House of Delegates (the "House") and Board and other initiatives or activities of the Association.
- e. Publish opinions and other materials that address current and emerging ethical situations.
- f. Promote activities for the dissemination of information and educational materials related to Binding Ethical Documents and interpretive documents.

(2) With respect to judicial matters the committee shall:

- a. Consult with the Board on development of Association policy adopted by the Board related to disciplinary action as a result of ethical complaints.
- b. Process reported violations of relevant provisions of Binding Ethical Documents in accordance with Association policy adopted by the Board.
- c. Make final decisions in disciplinary proceedings against a member, subject to appeal to the Board by the member.
- d. Publish sanctions against members who are determined to have engaged in unethical conduct.

SS: This motion, if adopted, will separate the Ethics and Judicial Committee (EJC) from being a Committee of either the Board of Directors (Board) or the House of Delegates (House) to becoming a Committee of the Association in its own category in a new Section 3 of Article VII Committees. This is a necessary structural change in APTA Bylaws and governance to create the autonomy necessary for the EJC to fulfill its functions

and duties. For example, consider just one of the new duties regarding ethical matters proposed by the Special Committee on Bylaws: "Review and comment on matters pertaining to ethics in existing and proposed policies and positions of the House of Delegates and Board and other initiatives or activities of the association." The EJC must have autonomous and broad review and comment authority unimpeded by being a committee reporting to the Board or House to move from being a reactive to a proactive entity. Board committees have never been free to speak independent of Board oversight. Currently, the Board speaks on behalf of the EJC, and the existing organizational structure prevents direct interaction between the EJC and any other organized entity within the association.

Aspects of the EJC that will not change if this amendment is adopted are: 1) create any governance authority for the EJC with respect to ethical matters. The EJC's role is purely advisory related to promoting ethical standards and in reviewing and commenting on policies, positions, motions or activities of the House, Board, components or general association activities. While the EJC can interpret the Binding Ethical Documents, it may also issue official advisory opinions in response to queries, or regarding contemporary issues with ethical implications, as well as for the *Code of Ethics for the Physical Therapist* and the *Standards of Ethical Conduct for the Physical Therapist Assistant*. The EJC can also recommend changes to these standards, but it remains the sole duty of the House to amend the Binding Ethical Documents. 2) The motion will also not change the judicial function of the EJC and the relationship with the Board which will retain its role in the overall oversight of judicial matters and in handling appeals from disciplinary action taken by the EJC against any association member. The only small change proposed by the Special Committee on Bylaws is that a consulting relationship will be formalized from the EJC to the Board on future modification of the Board policy **Disciplinary Action Procedural Document** (BOD R03-16-02-02) that guides the EJC in its judicial duties.

The language being substituted into the new Section 3 is identical to that proposed by the SCB and to be struck in Section 1 by this amendment.

Support Information Common to All 5 AZ-MA Motions Regarding the EJC:

There appears to be consensus that, for whatever reasons, over the last two decades the EJC has become focused only on judicial matters. During this same timeframe, the profession has stated its obligation (and vision) to be outward facing and engage in transforming society. Ethical duty and ethical behavior have a more important part in advancing our profession's effectiveness in benefiting society than we may have considered previously.¹ Ethical duty and conduct, at its core, is an obligation to society and when ethics is a fully integrated element of a profession it is an attribute that distinguishes professions from vocations. The EJC must play a much larger role in promoting ethical decision making throughout the profession and association. Ethical decision making must rise to the same level of importance as lawful practice decisions (because we are licensed) and decisions based on education, skill, and evidence.²

If delegates will take a moment to look at one document from the American Dental Association, its [Principles of Ethics & Code of Professional Conduct, with Official Advisory Opinions](#)³ you will gain a clearer understanding of the potential of what the AZ-MA motions are proposing. If you read nothing else but the Introduction and Preamble, then glance at the Index of Official Advisory Opinions that have been issued for dentists, you will get a sense of how distant our own professional ethics and judicial process is from this model. We are unaware of our EJC having issued an official opinion in nearly 20 years.

The Arizona and Massachusetts delegations began working on this motion concept from early in this 2021 House cycle to address this needed change in focus. This has included working with the Special Committee on Bylaws (SCB) to share our concepts and encourage their adoption into the SCB drafts and motion. We appreciate that the SCB has adopted a significant part of our concept, specifically a detailed codification of EJC responsibilities. We encourage delegates to support that provision of Article VII.

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

In the last 2 decades there has been a marked diminution in the role of ethics in our profession and in APTA. Just the opposite should be happening in the maturation of a profession's obligations to society as Ruth Purtilo so eloquently posited in her 2000 Mary McMillan lecture.¹ Reversing this trend will not occur

by small steps. It will take bold organizational structural and functional changes, and both will be needed together. This will require a change in the bylaws to establish the organizational changes necessary to facilitate the EJC becoming more visible and proactively involved in matters that have ethical implications.

The component parts of the 5 AZ-MA motions and the SCB draft Bylaws, if adopted, will do the following:

- Elevate the importance of the Ethics and Judicial Committee by granting it structural and functional autonomy relative to its role and duties regarding ethics.
- In its role associated with the ethical standards (amended only by the House) the EJC will be far more accessible throughout the year to delegations to collaborate on matters related to our profession's ethical principles and their relevance to proposed motions.
- The EJC will continue its relationship with the Board within the framework of the **Disciplinary Action Procedural Document** to adjudicate cases of ethical violation by members, including the possibility of appeal of a decision by the EJC to the Board as per current Bylaws.
- The EJC will have the authority to "review and comment" on the ethical implications within any and all House or Board positions, policies, or motions, or any other action of the association with ethical implications. (This is included in the SCB draft.)
- Component Ethics Committees (or Liaisons) will be reconstituted as they once were with the role to assist the EJC at the component level in promotion of awareness and availability of resources to enhance and support ethical decision making in practice, as well as having a limited role with adjudication in cases of violation. That is no different than current policy.
- It will also create a mechanism for appointment of experts to the EJC that will involve both the Board and the House.

B. How is this motion's subject national in scope or importance?

One attribute that distinguishes acknowledged professions from vocations is that ethical principles exist, and they are foundational to the profession. This requires more than just publishing a "code of ethics." There are few topics, if any, that would apply more to every facet of our profession. Ethical decision making must pervade education and professional training, research, clinical practice, and the policies, positions and actions of the association and its component parts. One does not have to look far for examples of how ethical decision making is needed in each area.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

There has been little activity on the part of the EJC since 2002 in updating the *Guide for Professional Conduct*. Other official opinions, outward education or presentations, panel discussions, or other activities during national meetings on ethical decision making has largely ceased. After a major revision of the *Code, Standards, and Guide* related to 2009 House action, almost no other House actions occurred until the 2018 and 2019 Houses related to motions from the Massachusetts delegation and the Special Committee on House Documents. In these most recent actions, efforts were made to engage the EJC and to access their expertise and opinions, but access was not granted by the Board without explanation. Having the ability to interact directly with the EJC while considering changes in our policy and position statements or discussing societal issues would be an invaluable resource to components in efforts to propose motions to the House, and would facilitate meaningful integration of ethics in our profession's policies, positions, and initiatives.

The motion, if adopted, will impact to some extent the operation of the Board, staff, the House, the EJC, and components with far more engagement on the topic of ethics and ethical decision making. It should be noted that a response a few months ago by the Board of Directors liaison to the EJC to our earlier HUB posts indicated an awareness of some of the concerns we have pointed out. There was not only a stated awareness but a willingness by the EJC to be more outward facing and engaging. We asked further questions about that response in a follow-up HUB post but there has been no response.

External to APTA, we are aware through contacts with the Federation of State Boards of Physical Therapy that just over half of the licensure jurisdictions in the US have some type of reference to APTA's *Code of Ethics* in law or rules. A professional association's code of ethics is recognized legally as an authoritative document on ethical standards and expectations of those who practice. Violation of such ethical standards when codified or referred to in law or rules, may be construed by a licensing agency as evidence of an actionable violation, potentially subjecting someone duly regulated to actions against their license. This motion does not propose changes in this process, but it does propose far greater education of clinicians in ethical standards and ethical decision making to promote right conduct and potentially avoid both unethical and illegal conduct, thus rendering a benefit to both society and the profession.

D. Additional Background Information.

We are aware that there may have been fiduciary reasons why APTA's Board over nearly 2 decades pulled back the role of the EJC to one that is largely an adjudicating body fulfilling its role independent of working with Chapter Ethics Committees. Abdicating a role in robust promotion of ethical decision-making is not a necessary tradeoff. With safeguards we can have both sound organizational fiscal and fiduciary policy while addressing the essence of a true profession to uphold its ethical standards. These motions will continue to maintain oversight by the Board for the **Disciplinary Action Procedural Document**, and the Board will still have appeal responsibility, fully protecting their fiduciary duty and governance authority.

REFERENCES

1. Purtilo RB. Thirty-First Mary McMillan Lecture: A time to harvest, a time to sow: ethics for a shifting landscape. *Phys Ther.* 2000;80:1112–1119.]
2. Irvine, Donald. The performance of doctors. i: professionalism and self-regulation in a changing world. *BMJ* 1997;314:1540
3. American Dental Association. Principles of Ethics & Code of Professional Conduct with Official Advisory Opinions. (Revised Nov 2020) Chicago: The Association; (cited June 5, 2021) Available from: https://www.ada.org/~media/ADA/MemberCenter/Ethics/ADA_Code_Of_Ethics_November_2020.pdf?la=en

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

[CODE OF ETHICS FOR THE PHYSICAL THERAPIST \(HOD S06-19-47-67\)](#)

[CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT \(HOD P06-19-48-55\)](#)

[DISCIPLINARY ACTION PROCEDURAL DOCUMENT \(BOD R03-16-02-02\)](#)

[STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT \(HOD S06-19-47-68\)](#)

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

Motion Contact: Jim Roush, PT, ATC, PhD, Chief Delegate, Arizona Chapter
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PROPOSED BY: ARIZONA AND MASSACHUSETTS CHAPTERS

AMENDMENT F: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO MAINTAIN A COMPONENT ETHICS COMMITTEE OR LIAISON

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article IV. Membership Groups, Section 1: Components, D. Obligations, be amended by adding a new number 10, so that it would read:

D. Obligations

Each component shall:

- (1) Further the object of the Association as set forth in these bylaws and in Association Policies, Positions, and Binding Ethical Documents in the component's state or territorial jurisdiction or specific area of physical therapy.
- (2) Perform the duties and assume the responsibilities that these bylaws place on components.
- (3) Conduct its affairs in accordance with its bylaws.
- (4) Maintain complete and accurate financial records that shall be annually reviewed by an audit committee or examined professionally.
- (5) Enter into written agreements with the Board to facilitate business between the Association and the component.
- (6) Submit to the Board annual reports of its activities and such other reports as requested by the Board.
- (7) Hold an annual meeting of its membership.
- (8) Be represented in each session of the House unless a waiver is approved by the Board.
- (9) Include in its bylaws all categories of membership established in these bylaws, except that Catherine Worthingham Fellow of APTA is not required.
- (10) Maintain an Ethics Committee or designate a Liaison to interact with the APTA Ethics and Judicial Committee.

SS: This amendment, if adopted, will re-establish at the component level an Ethics Committee or designated Liaison to the association's Ethics and Judicial Committee (EJC). This structure existed in the past and restoring it will facilitate collaboration between the EJC and Components for the purpose of promoting ethical principles and decision making at the component level. We are aware that a few chapters may still have an ethics committee, but there is no APTA bylaw reference to such a committee and this entity has also been removed from the Board policy, Disciplinary Action Procedural Document (BOD R03-16-02-02), that only references temporary "ethics panels" convened by a chapter president only upon the request of the EJC to address a specific case.

Support Information Common to All 5 AZ-MA Motions Regarding the EJC:
See Amendment E.

- 1 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**
- 2 SEE AMENDMENT E.

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

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PROPOSED BY: ARIZONA AND MASSACHUSETTS CHAPTERS

AMENDMENT G: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO ALLOW ALL MEMBERS OF THE ETHICS AND JUDICIAL COMMITTEE TO SERVE AS NONVOTING DELEGATES

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 7: Nonvoting Delegates, C. Number of Nonvoting Delegates, (4) be amended by striking out the words "delegate: One delegate, who shall be the committee chair or the committee chair's designee" and inserting the words "delegates: All members of the Ethics and Judicial Committee shall serve as delegates" so that it would read:

*Triple asterisks (* * *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

ARTICLE V: HOUSE OF DELEGATES

Section 7: Nonvoting Delegates

C. Number of Nonvoting Delegates

- (1) Physical Therapist Assistant Engagement Group delegates: five delegates selected by the Physical Therapist Assistant Engagement Group.
- (2) Student Engagement Group delegates: two delegates selected by the Student Engagement Group.
- (3) Institutional Member Group delegates: One delegate, who shall be selected by each Institutional Member Group.
- (4) ~~Ethics and Judicial Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee~~ **delegates: All members of the Ethics and Judicial Committee shall serve as delegates.**
- (5) Bylaws and House Documents Committee delegate: One delegate, who shall be the committee chair or the committee chair's designee.
- (6) Special Committees of the House of Delegates: One delegate, who shall be the committee chair or the committee chair's designee.
- (7) Board of Directors: All members of the Board shall serve as delegates.

SS: This amendment, if adopted, will provide nonvoting delegate status to each member of the Ethics and Judicial Committee (EJC), providing full access from House of Delegates to the EJC in ethical issues related to motions coming to the House as well as existing House policies and positions.

Our Association has benefitted from our colleagues who have expertise, experience, and passionate interest in the importance of the role of ethics as a fundamental element of an acknowledged profession. Many of those who have served on the EJC have graduate degrees in law, philosophy, theology, or have extensive

1 course work in bioethics or business ethics. Some have even served on Ethics Committees of other
2 organizations, or in our own chapters at a time when our chapters had Ethics Committees. The most
3 functionally effective committees are those that leverage the unique competency and expertise of their
4 members, and that effectively distribute the workload among the members based on interest and expertise.
5 Designating all members of the EJC as non-voting delegates to the House supports the objective to elevate
6 the visibility of the EJC and enhance access to, and interaction with House delegates. It will also allow a
7 member of the EJC to speak during formal sessions of the HOD without having the designated EJC delegate
8 request permission of the Speaker for someone other than the designated nonvoting EJC delegate to speak.
9

10 Support Information Common to All 5 AZ-MA Motions Regarding the EJC:
11 See Amendment E.
12

13 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**
14 SEE AMENDMENT E.

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

Motion Contact: Jim Roush, PT, ATC, PhD, Chief Delegate, Arizona Chapter
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RC Contact: Janet R. Bezner, PT, DPT, PhD, FAPTA
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PROPOSED BY: ARIZONA AND MASSACHUSETTS CHAPTERS

AMENDMENT H: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION MEMBERS OF THE ETHICS AND JUDICIAL COMMITTEE TO SERVE AS A RESOURCE TO COMPONENT ETHICS COMMITTEES

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article VII. Committees, Section 1: Committees of the Association, C. Ethics and Judicial Committee, (1) be amended by adding a new letter g., so that it would read:

*Triple asterisks (* * *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

ARTICLE VII. COMMITTEES

Section 1: Committees of the Association

C. Ethics and Judicial Committee

(1) With respect to ethical matters the committee shall:

- a. Interpret the Binding Ethical Documents.
- b. Propose revisions of Binding Ethical Documents.
- c. Make revisions, as necessary, to the documents that interpret the Binding Ethical Documents and disseminate these documents for the management of judicial affairs.
- d. Review and comment on matters pertaining to ethics in existing and proposed Association policies and positions adopted by the House of Delegates (the "House") and Board and other initiatives or activities of the Association.
- e. Publish opinions and other materials that address current and emerging ethical situations.
- f. Promote activities for the dissemination of information and educational materials related to Binding Ethical Documents and interpretive documents.
- g. **Collaborate with and be a resource to component Ethics Committees or Liaisons.**

SS: This amendment clarifies an Ethics and Judicial Committee (EJC) role related to Component Ethics Committees or Liaisons, the subject of an AZ-MA amendment to Article IV. Member Groups, Section 1: Components, D. Obligations. The two amendments, if adopted, will restore at the component level an Ethics Committee or Liaison as once existed within APTA structure. The component committee or liaison will collaborate with the EJC in sharing information and promoting ethical principles and decision making at the component level.

Support Information Common to All 5 AZ-MA Motions Regarding the EJC:
See Amendment E.

- 1 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**
- 2 SEE AMENDMENT E.

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

Motion Contact: Jim Roush, PT, ATC, PhD, Chief Delegate, Arizona Chapter
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PROPOSED BY: ARIZONA AND MASSACHUSETTS CHAPTERS

AMENDMENT I: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO CREATE NOMINATION AND CONFIRMATION PROCESS FOR ETHICS AND JUDICIAL COMMITTEE MEMBERS

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, be amended to create a nomination and confirmation process for members of the Ethics and Judicial Committee.

*This is a motion with two conforming amendments - Parts A–B. Triple asterisks (***) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

PART A

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article VII. Committees, Section 1: Committees of the Association, C. Ethics and Judicial Committee, first paragraph, be amended by inserting the words “by the APTA president and ratified by a majority of all voting delegates of the House of Delegates. All member groups represented by voting delegates in the House of Delegates and members of the Board of Directors may recommend qualified candidates for consideration to the President” after the words “appointed annually” so that it would read:

ARTICLE VII. COMMITTEES

Section I: Committees of the Association

C. Ethics and Judicial Committee

The Ethics and Judicial Committee shall consist of at least five members, all of whom shall be Physical Therapist members. Members shall serve a term of five years. At least one member shall be appointed annually by the APTA president and ratified by a majority of all voting delegates of the House of Delegates. All member groups represented by voting delegates in the House of Delegates and members of the Board of Directors may recommend qualified candidates for consideration to the President. No member shall be appointed to successive complete terms. The committee shall collaborate with and be a resource to components regarding ethical and judicial matters and shall carry out other duties as requested by the Board.

PROVISO: Ratification will begin in 2022 with EJC members whose terms begin in 2023.

PART B

That RC 1-21 Amend by Revision: Bylaws of the American Physical Therapy Association, Article V. House of Delegates, Section 6: Voting Delegates, A. Voting Body, (3), be amended by adding the

words “and ratification of Ethics and Judicial Committee members” after the words “national elections” so that it would read:

ARTICLE V. HOUSE OF DELEGATES

Section 6: Voting Delegates

A. Voting Body

- (1) Each voting delegate shall have one vote, except that if any delegate does not attend any meeting the delegate’s vote shall be transferred to the remaining member(s) of the delegation present.
- (2) Physical Therapist members who are voting delegates are eligible to vote on all House business.
- (3) Physical Therapist Assistant members who are voting delegates are only eligible to vote in national elections and ratification of Ethics and Judicial Committee members.

SS: This appointment and ratification process will support the autonomous role of the EJC, by involving both the House of Delegates (House) and Board of Directors (Board) in this selection process. There should be a strong interest on behalf of the House in recommending and selecting qualified individuals for the EJC who will interpret the ethical standards that the House alone adopts. This process will also support finding qualified individuals to serve in this important role. Appointment only by the Board will continue to inherently infer Board control of an “association committee.” This is not an election of the EJC members by the House. The House is ratifying (acknowledging and giving consent) to the appointment of new members to the EJC by APTA’s president.

One response we have heard is that this is different than what we have normally done through the volunteer pool and the Board handling all appointments to committee. Yes, it is different from what we have done, but not so different when we compare ourselves to two other longstanding professional associations. For example:

- The **American Medical Association’s Council on Ethical and Judicial Affairs** is an autonomous body and co-equal in governance with the AMA’s Board of Governors and House of Delegates. One member is nominated each year by the President-elect of the Board of Governors (who serves as AMA president for only 1 year) and confirmed by the AMA House of Delegates. This nomination and confirmation process is similar to what we are proposing.
- The **American Dental Association’s Council on Ethics, Bylaws and Judicial Affairs** is one of 10 councils establish by the ADA’s House of Delegates. Members of this council come from the 17 Trustee Districts (all components or state associations are grouped into 17 districts and each district is represented on the Board of Trustees). In addition to duties related to ethics, professionalism and disciplinary matters, the Council has responsibility for reviewing consistency between component and ADA Bylaws and for reviewing all governing ADA documents (similar to what is being proposed in APTA’s new Bylaws with the *House Documents Committee*). Members of the ADA Council come from each of the 17 trustee districts, nominated by the Board of Trustees and elected by their House of Delegates. That nomination and election process is again similar to what we are proposing.

Support Information Common to All 5 AZ-MA Motions Regarding the EJC:

See Amendment E.

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

SEE AMENDMENT E.

Primary Amendment to RC 1-21 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 1

Motion Contact: Steven Ambler, Delegate, Missouri Chapter
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RC Contact: John Heick, PT, DPT, PhD
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PROPOSED BY: MISSOURI CHAPTER

AMENDMENT J: RC 1-21 AMEND BY REVISION: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO DEFINE MEMBERSHIP OF THE BYLAWS AND HOUSE DOCUMENTS COMMITTEE

That RC 1-21 Amend by Revision: Bylaws of The American Physical Therapy Association, Article VII. Committees, Section 2. Committees of the House of Delegates, C. Bylaws and House Documents Committee, be amended by adding a new number (4) so that it would read:

ARTICLE VII. COMMITTEES

Section 2. Committees of the House of Delegates

C. Bylaws and House Documents Committee

- (1) The Bylaws and House Documents Committee shall review and propose revisions to these bylaws, standing rules, and Association policies and positions for the profession adopted by the House as prescribed in the standing rules.
- (2) This committee shall consist of at least three members, all of whom shall be Physical Therapist members appointed by the officers of the House of Delegates. The Secretary shall serve as an ex officio member.
- (3) Members shall serve three-year terms with at least one member being appointed each year.
- (4) Members of the committee may not serve concurrently as voting delegates to the House of Delegates.

SS:

The expected outcome of this motion is that the newly formed Bylaws and House Documents Committee (BHDC), would have one non-voting delegate and otherwise consist of non-delegates. When similar work was established by the HOD under a special committee, the work was short-term and included component delegates with other roles within the HOD. As a proposed standing committee this structure can now shift closer to the more neutral and focused positions of the other standing committees of the HOD (NC and RC). The one difference being that the chair should retain a non-voting delegate status to allow the committee to bring motions resulting from their work. We believe this change will allow voting delegates representing components to focus on the current and future issues related to the House of Delegates, while the committee will be able to focus their time and effort by retrospectively looking at Bylaws and documents previously passed by the HOD.

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?

The expected outcome of this motion is that the newly formed Bylaws and House Documents Committee (BHDC), if passed as proposed by the SCB, includes members that are not voting delegates. We believe that including only non-voting delegates will allow voting delegates to focus on the current and future

1 issues related to the House of Delegates. Non-voting delegates will be able to focus their time and effort
2 by retrospectively looking at Bylaws and documents previously passed by the House of Delegates.
3

4 **B. How is this motion's subject national in scope or importance?**

5 This motion, if passed, will allow voting delegates to focus on current and future issues facing our
6 profession.
7

8 **C. What previous or current activities of the House, Board, or staff address this topic? Who are the**
9 **stakeholders that might be affected by this motion (internal to APTA as well as relevant groups**
10 **external to APTA)? Are there any state or federal laws or regulations which also address this topic;**
11 **if so, what are they?**

12 The main House activity addressing this topic is the Special Committee to review Bylaws (SCB) process of
13 revising the bylaws of the APTA.

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 2

Motion Contact: Kathleen K Mairella, PT, DPT, MA, Chair, Special Committee to Review APTA Bylaws and Prepare Amendments
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RC Contact: Jane Baldwin, PT, DPT
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PROPOSED BY: SPECIAL COMMITTEE TO REVIEW APTA BYLAWS AND PREPARE AMENDMENTS

RC 2-21 AMEND BY REVISION: STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

That the Standing Rules of the American Physical Therapy Association be amended by revision.

STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

1. FORMATION AND RECOGNITION OF A CHAPTER

- A. To be recognized as a new chapter the interested group shall submit documentation to the Board of Directors (the "Board") that includes:**
 - (1) A petition signed by at least three-fourths of the Physical Therapist and Physical Therapist Assistant members who are in good standing and live and/or work within the area of the proposed chapter;**
 - (2) Proposed articles of incorporation;**
 - (3) Proposed bylaws;**
 - (4) The territorial [region] jurisdiction proposed for the chapter, which must coincide with or be confined within the legally constituted boundaries of a state, territory, or commonwealth of the United States or the District of Columbia;**
 - (5) The proposed name of the chapter, which shall include the geographical region as defined in these standing rules; and**
 - (6) Evidence the proposed chapter is able to be sustainable and can meet its obligations to the Association and its potential members, such as a detailed first-year budget.**
- B. For the merger of chapters, the petition submitted to the Board shall be signed by at least three-fourths of the members of the Board of each existing chapter.**
- C. For establishment of a chapter within the territorial jurisdiction of an existing chapter a compelling reason for the formation of a new chapter shall be included in the documentation.**
- D. Once the Board determines that the documents meet the requirements in the Association bylaws, the Board shall submit the request to the next available session of the House of Delegates for approval. Approval requires a majority vote in the affirmative.**

2. FORMATION AND RECOGNITION OF A SECTION/ACADEMY

- A. To be recognized as a new section/academy the interested group shall submit documentation to the Board of Directors (the "Board") that includes a petition received, before Jan. 1 of the year in which it is to be considered. The petition shall include:**

- (1) A detailed statement of purpose and rationale showing that the proposed section/academy is unique, pertains to physical therapy, and cannot have its members' interests served through an existing section/academy;
- (2) Legible signatures, chapter assignments, membership numbers, and addresses of at least 200 members in good standing, representing a majority of chapters, each of whom states intent to join the proposed section/academy;
- (3) The proposed name of the section/academy, which shall include reference to its purpose and rationale;
- (4) Proposed articles of incorporation;
- (5) Proposed bylaws;
- (6) Evidence that the proposed section/academy is able to be sustainable and can meet its obligations to the Association and its potential members, such as a detailed first-year budget, and a preliminary program for the Combined Sections Meeting; and
- (7) Evidence that all existing APTA sections/academies have been notified and have verified that the interests of individuals represented by the proposed section/academy cannot be served through existing sections/academies.

B. Once the Board determines that the documents meet the requirements in the Association bylaws, the Board shall submit the request to the next available session of the House of Delegates for approval. Approval requires a majority vote in the affirmative.

C. Merging of Sections/Academies:

- (1) Sections/academies may petition to merge when the following is provided:
 - a. Evidence of approval by a two-thirds vote of the sections'/academies' members in good standing voting in a referendum on the question to merge;
 - b. A petition signed by at least three-fourths of the members of the governing bodies of the merging sections/academies; and
 - c. A support statement accompanying the petition.
- (2) These materials must be received by the Board for review before Jan. 1 of the year in which the merger is considered. The petition, with the Board recommendations, shall be presented to the House of Delegates for approval. Approval requires a majority vote in the affirmative.

3. FORMATION AND RECOGNITION OF AN INSTITUTIONAL GROUP

A. To be recognized as a new institutional group the interested group shall submit documentation to the Board of Directors (the "Board") that includes a petition received, before Jan. 1 of the year in which it is to be considered. The petition shall include:

- (1) A detailed statement of purpose and rationale showing that the proposed institutional group:
 - a. Meets all institutional group criteria in the Association bylaws;
 - b. Represents a group of institutions that share a common practice setting or area of interest in physical therapist practice, education, or research;
 - c. Furthers the interests of the Association and the physical therapy profession; and
 - d. Is uniquely different from any other institutional group recognized by the Association.
- (2) The proposed name of the institutional group, which shall include reference to its purpose and rationale;
- (3) Proposed articles of incorporation;
- (4) Proposed bylaws;
- (5) Evidence that the proposed institutional group is able to be sustainable and can meet its obligations to the Association and its potential members, such as a detailed first-year budget; and

(6) Evidence that all existing APTA institutional groups have been notified and have verified that the institutions represented by the proposed institutional group cannot be served by existing institutional groups.

B. If the Board determines that the proposed institutional group meets all of the requirements as outlined in this standing rule, the Board shall bring a main motion to the next available session of the House of Delegates to establish the new institutional group.

C. Approval by the House of Delegates requires a majority vote in the affirmative.

4. DETERMINATION OF THE SIZE OF THE HOUSE

The size of the House of Delegates is:

A. The number of chapter voting delegates.

(1) Add the number of Physical Therapist and the number of Physical Therapist Assistant members of the Association who are assigned to chapters at the end of the month of the year preceding the House of Delegates in which they will serve.

(2) Divide the total found in Step 1 using the following stepped reduction from 400 to 300 by 2025: 375 in 2022, 350 in 2023, 325 in 2024. In 2025 and thereafter, divide the total found in Step 1 by 300. The resulting number shall be the apportionment number.

(3) Divide the total number of Physical Therapist and Physical Therapist Assistant members for each chapter by the apportionment number.

(4) Chapters shall be allowed one delegate for each whole number and one additional delegate for any remainder equaling or exceeding 50% of the apportionment number.

(5) Any chapter that would be entitled to fewer than two delegates according to the above shall be allowed two delegates.

B. The number of section/academy voting delegates which is twice the number of sections/academies.

C. The number of nonvoting delegates as listed in the bylaws.

5. ELECTIONS: TELLER'S REPORT

A. The teller's report to the House of Delegates shall include for each position to be filled:

(1) The number eligible to vote.

(2) The number of votes cast.

(3) The number of votes necessary for election (for officers).

(4) The number of votes cast for each eligible candidate.

(5) The number of illegal (or ineligible) votes, as necessary.

6. VACANCIES: OFFICERS AND DIRECTORS

A. If a vacancy occurs within the first year of a three-year term, or the Board of Directors' (the "Board") member-elect cannot assume office, the vacancy may be filled by the Board until the next session of the House of Delegates. The Nominating Committee shall select a candidate(s) for election at the next annual session of the House of Delegates; the elected person shall serve for the remaining two years of the term.

B. If a vacancy occurs after the first year of a three-year term, the vacancy shall be filled by appointment by the Board.

C. If a vacancy occurs to the public member position, the vacancy shall be filled by appointment of the Board.

D. Notwithstanding Standing Rule 6(B), if a vacancy occurs on the Board as a result of an election, a second election shall be required. The Nominating Committee shall prepare the slate for the second election and additional nominations from the floor shall be in order.

All candidates who were slated for any position on the Board and were not elected in the first election will be slated in the second election unless they have indicated otherwise.

Candidates who were not elected for the Nominating Committee shall not be automatically slated but may be nominated from the floor.

7. REFERENCE COMMITTEE

- A.** All main motions and resolutions, except for procedural motions presented for action by the House of Delegates (the “House”), shall be referred to the Reference Committee unless this rule is suspended in any particular case by a majority vote of the House.
- B.** The committee will review main motions that are submitted by the established deadline.
- C.** The committee will determine if the main motion criteria have been met.
- D.** The committee shall provide advice and counsel regarding form, wording, and method of presentation of matters to be presented to the House.

8. DEADLINE FOR MAIN MOTIONS

All main motions to be considered by the House of Delegates (the “House”) shall be submitted in writing to APTA headquarters by a date set by the Speaker of the House of Delegates, which shall be at least three months prior to the date of the House meeting. Any main motion that has not been so submitted shall require a majority vote, without debate, to be considered by the House.

9. MAIN MOTION CRITERIA

- A.** All main motions submitted by the established deadline shall meet the following criteria. It is the responsibility of the maker of the motion to:
 - (1) Provide a statement of the intended outcome of the motion.
 - (2) Demonstrate that the motion meets the object of the association.
 - (3) Demonstrate that the motion’s subject is national in scope or importance.
 - (4) Provide pertinent background information, in collaboration with the APTA Board of Directors or staff, as necessary, including (a) a description of previous House of Delegates, Board of Directors, or staff activity relating to the subject and (b) an identification of the stakeholders affected by the motion.
 - (5) When possible, demonstrate that the motion concept has been disseminated to delegates of other delegations prior to the deadline for submission of main motions.
 - (6) Provide a description of the potential resources needed to adopt and implement the motion.
- B.** The Reference Committee determines if criteria have been met. If it is determined that the criteria are not adequately met, the motion shall be placed at the end of the agenda of the House of Delegates and shall not be considered unless a majority of the delegates vote, without debate, to consider the motion. The Reference Committee shall develop and make available to the delegates guidance designed to help delegates satisfy the foregoing criteria.

10. BYLAWS AND HOUSE DOCUMENTS COMMITTEE

On a regular, established basis the committee will review the Association bylaws, standing rules, and Association documents created by the House of Delegates (the “House”) and, as it deems appropriate, bring motions and amendments to the House for consideration. The committee will make editorial corrections as necessary to Association bylaws, standing rules, and Association documents created by the House, and will communicate such corrections to the House.

11. CONSENT CALENDAR

- A.** The officers of the House of Delegates shall prepare a list of recommended motions that are routine, standard, noncontroversial, or self-explanatory, and for which general approval is anticipated, for placement on a consent calendar.
- B.** The preliminary consent calendar will be distributed three weeks prior to the start of the first meeting of the House of Delegates (the “House”).

- C. Prior to the first meeting of the House motions may be removed from the consent calendar by the House officers or at the request of five chief delegates.
- D. The revised consent calendar will be prepared by the officers of the House for presentation to chief and assembly delegates prior to the first meeting of the House.
- E. Following the opening of the House, motions may be removed from the consent calendar by an affirmative vote of one-third of the voting body of the House.
- F. If a motion is removed from the consent calendar, it shall be placed appropriately in the order of business previously assigned by the Speaker of the House and the chair of the Reference Committee.
- G. The consent calendar shall be presented for adoption in a single motion.

12. DEFINITION OF ASSOCIATION DOCUMENTS REFERENCED IN THE BYLAWS

- A. Policy: A course of action or principle of action. Policies of the Association direct subsequent actions on similar matters of the Association, its components, and its members.
- B. Position: A firmly held Association stance or point of view. Positions of the Association direct subsequent decisions on similar matter of the Association, its components, and its members.
- C. Binding Ethical Documents: Statements that obligate and outline expectations for behavior. The two binding ethical documents of the Association are the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.

13. RESPONSIBILITIES OF THE OFFICERS OF THE HOUSE OF DELEGATES

The officers of the House of Delegates shall be responsible for registering delegates, transferring voting rights, preparing rules of order and an agenda for the consideration of the House of Delegates, recording, and reporting the proceedings, making appointments to House of Delegates committees (other than the Nominating Committee), conducting elections, and performing other duties as determined by these bylaws or the standing rules.

14. CREATION OF SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

- A. A special committee may be created through a main motion to the House of Delegates (the "House"), or by referring a pending motion to a special committee. In either case, items B and C below shall be included when creating a special committee.
- B. The motion must clearly delineate the purpose of the committee and the desired outcome.
- C. The motion must include a date by which the House expects to have a report or recommendation returned to it.
- D. The motion to create the committee shall list the qualifications of individuals to serve on the committee. The officers of the House of Delegates will appoint committee members.
- E. The Board of Directors will determine resource allocation.
- F. The officers of the House of Delegates will oversee activities of a special committee.

SS:

Please see the Support Statement for RC 1-21 for **Parts A, B, C, and E**. In addition, see below for **Part D** for the Standing Rules revision.

D. Additional Background Information.

Using the same approach as described in the SS for RC 1-21, the SCB reviewed the Standing Rules to apply its guiding principles and to assure that they were compatible with the Bylaws revision. Based on this work the SCB prepared a full set of new Standing Rules. The rationale for each new rule is presented below.

Rule 1, 2, and 3: FORMATION AND RECOGNITION OF MEMBER GROUPS

1 These three rules describe the process that will be used by entities desiring recognition as chapters,
2 sections/academies, or institutional groups, respectively. The language is based on that in the current
3 bylaws.

4 5 **Rule 4: DETERMINATION OF THE SIZE OF THE HOUSE**

6 In brief:

7 The current Standing Rule 11 sets the number at 400 and refers only to the chapter delegates. This
8 proposal does the same. Other delegates, such as section/academy, PTA and student delegates, as well
9 as non-voting delegates are not reflected in that number. In 2025, assuming proposals on non-voting
10 delegates are adopted and no changes in these other categories of delegates, the full number of seated
11 voting delegates would be:

- 12 ○ Chapter voting delegates: 300
- 13 ○ Section/academy voting delegates: 36
- 14 ○ Nonvoting delegates: 27; and
- 15 ○ Total delegates (voting and nonvoting): 363.

16 The House must be both a *representative* body, acting on behalf of the whole membership, and
17 a *deliberative* body, making the best decisions possible for the profession. The SCB sought to balance
18 these two goals with the size reduction that is in the proposal. 300 chapter delegates, plus the other voting
19 and nonvoting delegates, will still preserve diversity of thought, while improving effectiveness of
20 deliberations, increasing efficiency, and reducing financial costs.

21
22 In more detail:

23 Why is the SCB recommending this change?

- 24 • First, the SCB has had almost 2 years to think about the Bylaws in a very detailed way. This has
25 included a review of information about best practices in organizational governance, review of several
26 other organizations' bylaws, a review of the materials from the earlier governance review and
27 discussions with many groups. All of this has given the SCB the opportunity to realize that there are
28 many ways for organizations like APTA to do business; to recognize the many ways that APTA could
29 change. In its review the SCB saw that people who work with organizations such as APTA generally
30 recommend a smaller group to be more engaged, deliberate, and effective. We saw that organizations
31 larger than ours function effectively with smaller deliberative bodies
- 32 • Second, the SCB had the opportunity to think deeply about what change would be best for APTA and
33 the profession. The SCB looked at many options through the lens of its guiding principles; in this case,
34 particularly, the intent to maximize benefit to the Association and the profession and to build a
35 structure that supports the continued growth of the profession of physical therapy well into the
36 association's second century. It is the SCB's belief that a strong, well-functioning House of Delegates
37 is a critical aspect of a successful APTA.
- 38 • Third, the SCB considered leadership development, member engagement and diversity in the House.
39 The SCB realized that a change in the size of the House could spur innovation in leadership
40 development and diversity through a reconsideration of member participation engagement that is
41 beyond what Bylaws can achieve. While the Committee acknowledges that delegate service can be a
42 formative experience, leadership development is not a central responsibility of the House nor should it
43 be a chief avenue for leadership development given the authority of the House's decisions. The SCB
44 believes that opportunities for leadership development at all levels of the Association, including
45 districts, special interest groups, committees, and components, if fully realized will provide the
46 leadership development necessary for service as a delegate.

47 How does the SCB know these goals will be achieved? What evidence does it have?

- 48 • The SCB does not have specific data on the costs to the Association of a reduced House size, and
49 has not asked staff to develop those data at this time. Some components raised the benefits of the
50 virtual House on their financial bottom lines in the initial stakeholder listening sessions. The reduction
51 on costs for components was not quantified, but it appears obvious in the reduction of component
52 financial support for a decreasing number of delegates. The costs savings to members was also not

1 quantified, but would be reflected as an overall reduction in costs to members as fewer people would
2 be incurring costs and losing income by participating in the House. There would not be a reduction in
3 costs for the remaining delegates, except for situations where components who have fewer delegates
4 are able to provide more financial support to remaining delegates.

5
6 **RULE 5: ELECTIONS: TELLER'S REPORTS**

7 This rule remains unchanged from current rule 13, with small edits to reflect current voting processes.

8
9 **RULE 6: VACANCIES: OFFICERS AND DIRECTORS**

10 This rule remains unchanged from current rule 14.

11
12 **RULE 7: REFERENCE COMMITTEE**

13 The language from current rule 15 has been edited for simplification and to reflect the current process of
14 the Reference Committee.

15
16 **RULE 8: DEADLINE FOR MAIN MOTIONS**

17 The language from current rule 16 has been edited for simplification and to reflect the current process of
18 the House of Delegates.

19
20 **RULE 9: MAIN MOTION CRITERIA**

21 The language from current rule 18 has been edited for simplification and to reflect the current process of
22 the Reference Committee and the House of Delegates.

23
24 **RULE 10: BYLAWS AND HOUSE DOCUMENTS**

25 This rule provides language to guide the function of the new House committee as proposed in the bylaws
26 revision.

27
28 **RULE 11: CONSENT CALENDAR**

29 This rule remains unchanged from current rule 20.

30
31 **RULE 12: DEFINITION OF ASSOCIATION DOCUMENTS REFERENCED IN THE BYLAWS**

32 The language from current rule 12 has been edited to provide simplification and clarification of Board and
33 House roles and responsibilities.

34
35 **RULE 13: RESPONSIBILITIES OF THE OFFICERS OF THE HOUSE OF DELEGATES**

36 This is a new rule designed to clarify the role of the House Officers in year-long management of the House
37 of Delegates.

38
39 **RULE 14: CREATION OF SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES**

40 This is a new rule designed to clarify the process of establishing special committees of the House of
41 Delegates.

42 NOTE: The following items in the current Standing Rules have been removed for reasons as noted below.
43 The numbers refer to the current Standing Rules.

44 **RULE 1. CHAPTER ASSIGNMENT**

45 Deleted as it is managed through well-established administrative procedures.

46 **RULE 2. GOOD STANDING**

47 Deleted as this content is in the bylaws.

48 **RULE 3. PROCEDURE FOR REINSTATEMENT**

49 Deleted as it is managed through established Board procedures.

50 **RULE 5. CHAPTER CHARTERS**

51 Included in new Standing Rule 1.

1 RULE 7. PROCEDURES FOR ASSEMBLY FORMATION

2 Deleted as assemblies are not included in the new Bylaws revision.

3 RULE 8. PROCEDURES FOR COUNCIL FORMATION

4 Deleted as councils are not included in the new Bylaws revision.

5 RULE 9. DELEGATE ROSTER

6 Deleted as it is managed through well-established administrative procedures.

7 RULE 10. DELEGATE CREDENTIALS

8 Deleted as they are managed through well-established administrative procedures.

9 RULE 12. MAIL BALLOT

10 Deleted as reference to mail ballot has been removed from the Bylaws revision.

11 RULE 18. REPORTS TO THE HOUSE OF DELEGATES

12 Deleted as this content is in the Bylaws revision.

13
14 **CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

15 **STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION**

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 4

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PROPOSED BY: MASSACHUSETTS CHAPTER

RC 3-21 AMEND: CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT (HOD P06-19-48-55)

That Core Values for the Physical Therapist and Physical Therapist Assistant (HOD P06-19-48-55) be amended by inserting a new core value "Inclusion" after the core value "Excellence" so that it would read:

CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

The core values guide the behaviors of physical therapists (PTs) and physical therapist assistants (PTAs) to provide the highest quality of physical therapist services. These values imbue the scope of PT and PTA activities. The core values retain the PT as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the PTA as the only individual who assists the PT in practice, working under the direction and supervision of the PT. The core values are defined as follows:

- **Accountability**
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism**
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration**
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring**
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

- 1 • **Duty**
2 **Duty is the commitment to meeting one's obligations to provide effective physical therapist**
3 **services to patients and clients, to serve the profession, and to positively influence the health of**
4 **society.**
- 5
- 6 • **Excellence**
7 **Excellence in the provision of physical therapist services occurs when the physical therapist and**
8 **physical therapist assistant consistently use current knowledge and skills while understanding**
9 **personal limits, integrate the patient or client perspective, embrace advancement, and challenge**
10 **mediocrity.**
- 11
- 12 • **Inclusion**
13 **Inclusion occurs when the PT and PTA create a welcoming and equitable environment for all. PTs**
14 **and PTAs are inclusive when they commit to providing a safe space, elevating diverse and**
15 **minority voices, acknowledging personal biases that may impact patient care, and taking a**
16 **position of anti-discrimination.**
- 17
- 18 • **Integrity**
19 **Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring**
20 **fairness, following through on commitments, and verbalizing to others the rationale for actions.**
- 21
- 22 • **Social Responsibility**
23 **Social responsibility is the promotion of a mutual trust between the profession and the larger**
24 **public that necessitates responding to societal needs for health and wellness.**

25 **SS:**

26 **A. What is the expected outcome of this motion? How does it contribute to achieving the Vision?** 27 **Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?**

28 The expected outcome of this motion is to add "Inclusion" to the APTA Document "CORE VALUES FOR
29 THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT" and to the self-assessment
30 documents that exist for the PT and PTA.
31

32
33 The "Core Values" document exists to "guide the behaviors of physical therapists (PTs) and physical
34 therapist assistants (PTAs) to provide the highest quality of physical therapist services. These values
35 imbue the scope of PT and PTA activities".¹ This document was initially introduced by the APTA Board of
36 Directors in the 2007 House of Delegates. While the entire support statement can be found at the end of
37 this document, it is stated that "As with any document, to remain contemporary, the core value definitions
38 and sample behaviors will need to be revisited periodically to ensure congruence with practice, research,
39 and education as the profession continues to work toward the realization of Vision 2020."
40

41 In our current strategic plan, Diversity, Equity, and Inclusion initiatives were included in order to "Foster
42 Long-Term Sustainability of the Physical Therapy Profession."² Outlined later in this document are the
43 ways APTA has created initiatives and placed priority to fulfill the strategic plan. However, the motion
44 makers believe that this piece of the strategic plan cannot be a one-way street with initiatives coming only
45 from APTA. To actualize this piece of the strategic plan and achieve our Association's Vision, this
46 additional Core Value would guide clinicians to encourage diverse opinions and equitable thoughts and
47 provide inclusive, anti-racist spaces. To accomplish this, it will take the work of our entire membership and
48 workforce. Adding Inclusion into the Core Values document ensures that clinicians are working *with* APTA
49 to foster long term sustainability, actionable change and helping achieve the goals of the strategic plan.
50

51 The strategic plan exists to move forward our profession as we strive to actualize the APTA's Vision of
52 "Transforming society by optimizing movement to improve the human experience." As we envision our
53 ability to "transform society" we must identify that we are currently deficient in how we engage with
54 marginalized groups. In order to best serve our whole society, we must:

- Acknowledge structural racism and our personal biases where they exist and actively seek opportunities for further education and personal and professional growth
- Foster active allyship with marginalized communities including, but not limited to, our interactions with patients, caregivers, coworkers, and other members of the healthcare workforce
- Work to eliminate health disparities for less-privileged groups, including, but not limited to; health education, exercise and movement, and access to and quality of healthcare
- Continue to think upstream in how we, as individuals, provide and promote physical therapy services, especially in underserved communities

Although the “DEI movement” has gained momentum recently because of the deaths of individuals such as George Floyd, Breonna Taylor, and Ahmaud Arbery, these are not new problems for minority groups in America. Additionally the COVID-19 pandemic, especially when reviewing hospitalization rates, deaths, and vaccination rates, has highlighted the inequities that exist in healthcare for marginalized groups.³⁻⁵ The individual PT and PTA can play a crucial role in being an active ally every day as they interact with those around them. Thinking of diversity, equity, and inclusion in the same way we do other core values, such as excellence, accountability, and collaboration, we can hold clinicians to a higher standard, provide stronger patient-centered care, and connect on a deeper level with our patients. In this way, we will continue to elevate the value of physical therapy services.

B. How is this motion’s subject national in scope or importance?

Now more than ever before, this motion’s subject is acutely important to the wellbeing of society as a whole. Over the last year, the COVID-19 pandemic has highlighted healthcare disparities in marginalized communities, visible through infection and hospitalization rates, deaths, time out of work, and current vaccination rates.³⁻⁵ These inequities are not limited to the last year, and are not limited to healthcare. Hate-crimes and murders that stem from bigoted thoughts cannot be tolerated. We have seen this occur in minority communities since our country’s inception, and have seen an alarming increase in these crimes in 2020 directed at Asian-Americans.^{6,7}

When we look inwards at our Association and professional data, our lack of diversity is startling. We are a primarily white, primarily cis-gender female led profession. The data available suggests that representation in healthcare leads to better perceived outcomes, so how does our lack of diversity affect the services we provide and our patients’ ultimate outcomes?⁸⁻¹⁰ When we discuss core values that promote safe and high-quality physical therapy, the addition of Diversity, Equity, and Inclusion into this list strengthens the document and helps promote equity and acceptance of all people.

Physical therapists and physical therapist assistants have a unique knowledge base and skill set that allows us to be a primary provider in the role of health promotion and education. As an Association, we captured idea well in our National #ChoosePT campaign. As an example, chronic pain affects non-Hispanic White adults more than Black, Hispanic, and Asian adults.¹¹ However recently marginalized communities, especially Black and Hispanic communities, have seen a larger rise in death rates from opioid use.¹² Most intervention strategies and policies have failed to address this increase, with these minority communities having less access to culturally sensitive preventative programs and treatment options when compared to the response in White suburban neighborhoods.¹² To best serve our patients, it’s important that clinicians remain up to date on this information to stay aware of gaps in care and subgroups of patients that may be more likely to require additional education and collaborative treatment strategies for optimal outcomes.

When we make a pledge to “transform society,” how can we ensure we are having a positive impact on that entire society? We interact with members of these marginalized communities every day in our roles. How can we improve those interactions? By seeking opportunities to diversify our thoughts and raise the voices of those less likely to be heard, providing equitable care and educating ourselves on the pressing issues facing marginalized groups, and creating safe spaces, we can continue to grow in strength as a profession.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

The APTA has launched several initiatives after motions brought forward in past HOD and highlighted Diversity, Equity, and Inclusion as part of the current strategic plan in an effort to “Foster Long-Term Sustainability of the Physical Therapy Profession.”² [These initiatives include:](#)

- **DEI Standing Committee** “provide the Board with strategic counsel and recommendations for advancing diversity, equity, and inclusion in the association and profession.”
- **Expanded fundraising efforts.** Building on APTA’s fundraising for the Minority Scholarship Fund, headlined each year by the Celebration of Diversity Gala, earlier this year [APTA announced](#) the creation of the [Campaign for Future Generations](#)
- **Created the Dimensions of Diversity Fund.** Since 1988, APTA has provided more than \$1 million in awards to racial and ethnic minority students and faculty through the Minority Scholarship Fund. The new Dimensions of Diversity Fund will expand on APTA’s efforts to improve DEI.
- Expanding **student recruitment efforts** through the diversity pipelines project.
- **Outlined a new APTA staff position to begin in 2021.** Later this year, APTA will begin recruiting for a new director of inclusion, which will lead organizational support of DEI and serve as the executive director of the Physical Therapy Fund.
- **Member Communications:** APTA hosted three virtual DEI roundtables in 2020 focused on race and racism, pipelines to becoming a PT or PTA, and pathways to leadership.
- **Cultural Competence Resources:** Among other new resources available on APTA’s website, the association has added four online cultural competence resources — on LGBTQ+, Ageism, Individuals with Disabilities, and Education.

The motion makers whole-heartedly support and appreciate what APTA has done in response to past motions passed at the House of Delegates (listed at the bottom of this support statement). More information can be found in the recently released feature in APTA Magazine titled [“Diversity, Equity, and Inclusion in Physical Therapy.”](#)¹³ However we believe there is a bigger lift that must happen at the level of the individual clinician. In order to foster true change and long-term sustainability, we must make supporting and promoting diversity, equity, and inclusion the standard of behavior for every clinician. This cannot be a one way street with APTA being the only source responsible for creating change; this will take the lift of every clinician every day in order to improve quality of care, access to care, and create a culture of learning and growth around diversity, equity, and inclusion in the Physical Therapy profession.

APTA President Sharon Dunn, PT, PhD put out a [statement](#) on Racism and Systemic Inequality in America shortly following the death of George Floyd last May.¹⁴ In this statement she states “PTs and PTAs cannot solve those problems alone, but, make no mistake, this crisis is at our front door. In mid-March, physical therapy visits declined as people stayed indoors to protect themselves from a dangerous external force — COVID-19. We must accept that a similar devastating force — systemic inequality for racial and ethnic minorities — keeps many people from receiving our services every day”.

Internal stakeholders that may be impacted include members of our APTA Community that identify as a minority group. In the 2020 Lynda Woodruff Lecture, Dr. Gregory Hicks, PT, PhD, FAPTA presented some startling statistics about our lack of diversity compared to the patients we treat. With data pulled from the 2018 Census, 13.3 percent of our population identifies as Black, 18.3 percent as Latino, 5.9 percent as Asian, and 1.3 percent as Native American. In APTA membership, these percentages are 1.5, 2.5, 5.4, and .4 percent, respectively.¹⁵ In our APTA leadership, are we proud of the diversity or do we think we can strive to be better represented? This motion encourages every clinician to be an ally, and raise up voices not typically heard to better diversify our profession and our leadership.

As we discuss internal stakeholders, we would also like to clarify the intent of this motion. There is a belief currently that ideas that surround “DEI initiatives” are politically driven. It is not our intention to isolate fellow members of our APTA community regarding individual political views. The motion makers want to

reiterate that this is not a political motion. We share the belief that the APTA Board of Directors had in crafting our strategic plan – diversity is needed for fostering long-term sustainability of the PT Profession, and it will take the work of all of us to ensure this occurs in order to actualize our Association’s Vision.

External stakeholders that may be impacted include our patients and the society at large. Last year, the American Heart Association put out an impactful piece, “*Call to Action: Structural Racism as a Fundamental Driver of Health Disparities*.”¹⁶ In this, AHA leadership outlined how the history of structural racism has impacted increased burden and poorer outcomes in Black patients with cardiovascular disease and stroke. The paper also outlines how lack of quality housing, education, and access to and quality of health care affect patient outcomes.¹⁶ At the New England APTA Regional Conference last year, Lisa VanHoose, PT, PhD, MPH stated “it is not race, but racism that causes health disparities.”¹⁷ While the motion makers believe the core value of *Social Responsibility* is extremely important, *Social Responsibility* addresses the downstream effects of racism and policies that create social inequities and states the importance of supporting policies that improve the health and wellness of society. *Inclusion* addresses a much different, but equally as important, concept in Physical Therapy practice. By focusing on the importance of clinicians to elevate and create opportunities for inclusion of minority voices and actively remain anti-discriminatory in our interactions with peers and patients, we believe we can begin to eliminate these health disparities by addressing the upstream problem of racism in our country.

D. Additional Background Information.

- American Heart Association: [Call to Action: Structural Racism as a Fundamental Driver of Health Disparities](#)
- American Medical Association: [Racism is a Threat to Public Health](#)

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1 Health Disparities: A Presidential Advisory from the American Heart Association. *Circulation*. 2020;142(24):E454-
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- 3 17. Social Justice Lessons from Roger Williams by Dr. Lisa VanHoose - PT Pintcast.
4 <https://www.ptpintcast.com/2020/11/07/social-justice-lessons-from-roger-williams-by-dr-lisa-vanhooose/>. Accessed
5 April 18, 2021.
6

7 **CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

8 [CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT \(HOD P06-19-](#)
9 [48-55\)](#)

10
11 **OTHER RELATED DOCUMENTS**

12 [PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES SELF-ASSESSMENT](#)

13 [VALUES-BASED BEHAVIOURS FOR THE PTA SELF-ASSESSMENT](#)

14 2007 HOD SUPPORT STATEMENT FOR INITIAL CORE VALUES DOCUMENT PAGE 44 PACKET 1

15 RC 11-17 CHARGE: INCREASING PROFESSIONAL DIVERSITY

16 RC 24-19 CHARGE: INCREASING PROFESSIONAL DIVERSITY, EQUITY, AND INCLUSION IN CLINICAL,
17 EDUCATIONAL, AND RESEARCH SETTINGS

18 RC 25-19 CHARGE: AMERICAN PHYSICAL THERAPY ASSOCIATION'S EFFORTS TO ADDRESS SOCIAL
19 DETERMINANTS OF HEALTH AND ACHIEVING HEALTH EQUITY

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 8

Motion Contact: Rebekah Griffith, PT, DPT, Chief Delegate, Colorado Chapter
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RC Contact: Janet Bezner, PT, DPT, PhD, FAPTA
E-mail: jb25@txstate.edu

PROPOSED BY: APTA COLORADO CHAPTER

RC 4-21 CHARGE: PROCESS FOR PRIORITIZATION OF DIVERSITY, EQUITY, INCLUSIVITY, AND VULNERABLE HEALTH POPULATIONS IN THE SITE SELECTION OF APTA NATIONAL EVENTS

That the American Physical Therapy Association implement a formal process for site selection for national conferences or events that prioritizes diversity, equity, inclusivity, and the needs of vulnerable health populations with an annual report to the House of Delegates on this process and findings.

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The motion is intended to establish a transparent, diverse, equitable process for the selection of APTA meeting locations, which is consistent with APTA code of ethics, core values, mission and vision statements, and policy statements on anti-discrimination, and which allows for all members of the global physical therapy community to attend without being subjected to discriminatory laws or policies. Consequently, this motion charges APTA to establish and implement a formal process for the selection of sites for national conferences and events that prioritizes diversity, equity, inclusivity, and vulnerable health populations, with annual reporting to the APTA HOD.

There are several items that we recommend BOD implement in this formal process:

1. Formal inclusion of the DEI Committee in the conference/event site selection process, to facilitate and ensure diverse and inclusive representation in decision-making.
2. Establishment of transparent criteria on the siting of conferences in locations with discriminatory laws that harm vulnerable health populations.
3. Detailed explanation in the annual report to the HOD of decisions to site conferences in locations with discriminatory laws that harm vulnerable health populations.
4. Provide public reporting and educational content during conferences/events on discriminatory laws and vulnerable health populations in the conference/event location.
5. Public reporting and educational content during conferences/events on steps taken by APTA to palliate harm to vulnerable health populations caused by the conference/event location's laws and policies.
6. Establishment of a public townhall as part of the conference selection process, to elicit direct input/feedback from APTA membership on DEI priorities.
7. Formal rejection of the 'separate but equal' notion that virtual conference attendance is a suitable alternative for in-person attendance by people who are targeted for discrimination and marginalization.

1 **B. How is this motion's subject national in scope or importance?**

2 To illustrate the national scope and importance of this motion we will focus on one example, the siting
3 APTA conferences in states with discriminatory laws regarding sexual and gender minorities. Since 2016,
4 APTA has held two national conferences in states with laws that discriminate on the basis of sexual
5 orientation, gender identity, or gender expression, and has announced plans to hold upcoming national
6 conferences in states with such discriminatory laws. The selection of host states that systematically
7 discriminate against sexual and gender minorities sends a message to the nation and the world that the
8 American Physical Therapy Association is not serious about the principles of diversity, equity, and
9 inclusivity, or protecting the rights of vulnerable populations, despite public statements to the contrary.
10 From this example it is clear, this issue is bigger than any one state, and must be considered at the
11 national level. To ensure that these decisions with national scope are consistent, fair, and equitable in the
12 application of APTA ethics and values, a formal decision-making process that prioritizes DEI and
13 vulnerable health populations must be established.

14
15 **C. What previous or current activities of the House, Board, or staff address this topic? Who are the**
16 **stakeholders that might be affected by this motion (internal to APTA as well as relevant groups**
17 **external to APTA)? Are there any state or federal laws or regulations which also address this topic;**
18 **if so, what are they?**

19 In 2016, APTA HOD examined the selection of APTA national conferences as it relates to its non-
20 discrimination policy. This resulted in the indefinite postponement of RC 18-16, which would have charged
21 APTA to issue a public statement on how it applies its non-discrimination policy in the selection of national
22 conference locations.

23
24 In 2017 APTA House of Delegates (HOD) adopted RC 11-17, which charged APTA to implement
25 strategies to advance diversity, equity, and inclusivity (DEI) in PT. Subsequently, the HOD adopted
26 several other DEI motions in 2019 and 2020, including those cited in this motion, and APTA has
27 committed to becoming an "inclusive organization that reflects the diversity of the society the profession
28 serves" as part of its strategic plan.

29
30 In 2020, APTA HOD censured (HOD RC 32-20) the World Confederation for Physical Therapy (WCPT) for
31 selecting Dubai, United Arab Emirates as the site of the 2021 WCPT World Congress, and charged (HOD
32 RC 34-20) APTA's representative to the WCPT to present the following motions at the 2023 WCPT
33 General Meeting:

34
35 "1. That the World Confederation for Physical Therapy is committed to the selection of
36 meeting locations for all WCPT congresses that are consistent with its current policy
37 statement on diversity and inclusion.

38
39 2. That the World Confederation for Physical Therapy policy statement on diversity and
40 inclusion be expanded to include the statement: "All members of the global physical therapy
41 community must be able to attend all WCPT congresses without fear of governmental
42 persecution on the basis of race, creed, color, sex, gender, gender identity, gender
43 expression, age, national or ethnic origin, sexual orientation, disability, or health status."

44
45 The logic of this censure and charge are valid and consistent with APTA core values and code of ethics,
46 and should apply equally to the selection of national meetings held by APTA. In particular, these actions
47 and justification exemplify the appropriate role of the APTA HOD with regards to DEI policy
48 implementation for APTA, and in partnership with the APTA Board of Directors. As the representatives of
49 APTA members, and voice of physical therapists and physical therapist assistants, the APTA HOD must
50 continue to play a prominent role in the implementation of DEI policy. This is necessitated by the authority
51 granted to the HOD to determine directives and policies for APTA. This authority should be exercised to
52 adopt this motion.

53 Again, focusing on the example of the APTA siting events in states with laws that discriminate against
54 sexual and gender minorities, the selection of sites in states with such laws sends a message of
55 unwelcome and marginalization to minority members of the APTA, and prevents members of the PT

community from freely and fully participating in scientific and professional discourse. For example, discriminatory laws against sexual and gender minorities (SGM) create an unwelcome environment for SGM people, and the states of California, Connecticut, Minnesota, New York, Vermont, and Washington have banned official travel to states that hold such laws. Continued selection of APTA conference sites in states with discriminatory laws would perpetuate an undue burden upon many APTA members and the PT community. The burden placed upon APTA in implementing this motion is small in comparison with the impact of adopting actions that are consistent with APTA ethics and values

D. Additional Background Information.

This resolution is not intended to curtail or limit any activities or events sponsored by any state physical therapy association. We instead ask APTA to consider such activities or events in the context of its code of ethics and core values.

There may be concern that adopting this resolution could have a negative impact on cohesion among APTA members, or cause a decline in APTA membership. The action set forth in this resolution is required by APTA's mission and vision statements and non-discrimination policy, and is aligned with the APTA code of ethics and core values. It is also the right thing to do. By taking this action, the HOD will demonstrate its commitment to oppose discrimination against vulnerable health populations, and to prioritize DEI in APTA processes and procedures. We believe that this will stimulate engagement among PTs and in our communities and attract membership.

There may also be concern that adopting this motion may have a negative financial impact on APTA, particularly with regards to planning and contracts for future APTA events that are already in place. We acknowledge this possibility, however, any potential financial costs for APTA must be considered in the context of present harm to vulnerable health populations that is caused by discriminatory laws and policies with tacit APTA support. The continued damage to APTA's reputation caused by the inconsistency between APTA statements and actions on DEI must also be considered when assessing financial effects.

Finally, and most importantly, discriminatory laws and policies are a known harm to vulnerable health populations.^{1,2} APTA appropriately opposes this discrimination in its policies and public statements, due to the incompatibility of such laws with the APTA vision, mission, and strategic plan for diversity, equity, and inclusivity. This opposition must extend to the selection of sites for national meetings to send a strong and consistent message in support of vulnerable populations, and against public policy that harms the health of our communities.

Establishment and implementation of processes to prioritize DEI and vulnerable health populations in the selection of conference/event sites is required by our profession's core values, specifically:

- Accountability – this value requires us to actively accept responsibility for positively influencing the health needs of society.
- Altruism – this value requires us to be devoted to the interests of patients and clients, and to place their needs ahead of our self-interest.
- Duty – this value requires a “commitment to meeting one’s obligation to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society”.
- Integrity – this value requires our adherence to the highest ethical principles and standards.
- Social Responsibility – this value requires us to promote a mutual trust with the public, and further requires us to respond to societal needs for health and wellness.

Action is also called for by APTA code of ethics:

- Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
- Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.
- Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

- Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

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RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

AMERICAN PHYSICAL THERAPY ASSOCIATION'S COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION (HOD P06-19- 43-16)
HEALTH AND SOCIAL ISSUES (HOD P06-87-14-23)
NONDISCRIMINATION (HOD Y06-19-43-52)
WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS DUBAI 2021

OTHER RELATED DOCUMENTS

CHARGE: AMERICAN PHYSICAL THERAPY ASSOCIATION'S EFFORTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND ACHIEVE HEALTH EQUITY
CHARGE: PRESENTATION OF APTA MOTIONS TO 2023 WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 4

Motion Contact: Victoria Tilley, PT, Board of Directors
Email: vickitilley@apta.org

RC Contact: Jane Baldwin, PT, DPT
Email: jballdwin@mghihp.edu

PROPOSED BY: BOARD OF DIRECTORS

RC 5-21 RESCIND: WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS LOCATION SELECTION (HOD P06-20-43-38)

That World Confederation for Physical Therapy Congress Location Selection (HOD P06-20-43-38) be rescinded.

WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS LOCATION SELECTION

~~The American Physical Therapy Association supports the World Confederation for Physical Therapy selecting meeting locations for future WCPT congresses that adhere to its current policy statement related to diversity, equity, and inclusion, and that allow members of the global physical therapy community to attend without fear of governmental persecution on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status.~~

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision?

Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The outcome would be to rescind a House position that is inconsistent with APTA's approach to site selection for national meetings, as outlined in a Board of Directors statement on April 23, 2021.

B. How is this motion's subject national in scope or importance?

This motion addresses a position adopted by the APTA House of Delegates in 2020 regarding WCPT Congress location selection.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

The Board of Directors is seeking to address a House of Delegates position adopted in 2020 to bring the association into alignment with the Board of Directors' April 23, 2021, statement, "APTA Approach to Site Selection for National Events," which addresses APTA's approach for its own national meetings.

The Board is also making a motion to address a related charge (RC 34-20).

The Board is not taking any action related to the House of Delegates' related 2020 censure of WCPT for its selection of Dubai for the 2021 World Physiotherapy Congress, which was moved to virtual due to the pandemic, as that is set to expire on December 31, 2021.

APTA will continue to work with other member organizations and through the global physical therapy community to advance work of World Physiotherapy consistent with the governing documents and purpose of the organization.

D. Additional Background Information.

In response to both formal and informal requests to boycott states that have discriminatory laws when the association selects sites for conferences and events, the APTA Board of Directors issued a statement on April 23, 2021, articulating that the Board “is unified that boycotting states isn’t the best way to live our vision and mission, nor do we believe it to be the most effective way to show our commitment to diversity, equity, and inclusion.”

The statement cites concerns related to consistency, access, unintended consequences, and alignment with the association’s mission and vision.

The statement also identifies next steps related to national conferences and events in order to live the association’s commitment to diversity, equity, and inclusion as articulated by House of Delegates position P06-19-43-16 and as demonstrated through the association’s strategic plan and various activities to improve DEI within the profession and association.

Among those steps was to make a motion to rescind the House of Delegates position on site selection for the World Physiotherapy Congress, which supports the selection of meeting locations that “adhere to its current policy statement” related to DEI and that “allow members of the global physical therapy community to attend without fear of governmental persecution on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status.”

Of this the Board stated: “While we appreciate that this position was adopted as a stand against discrimination and for DEI, and with the safety of conference attendees in mind, we feel there is an implied boycott approach that is inconsistent with the approach we’ve described here.”

In regard to values of DEI, the Board stated that APTA will “use our national events as an opportunity to advance our commitment to diversity, equity, and inclusion by showing up in these communities rather than disengaging.” APTA will similarly encourage World Physiotherapy to seek opportunities to make a positive local and professional impact in relation to DEI with its conferences moving forward, while taking appropriate measures for attendee safety at its events.

REFERENCES

1. APTA Approach to Site Selection for National Events [online]. Accessed June 3, 2021.

CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

[WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS LOCATION SELECTION \(HOD P06-20-43-38\)](#)

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

[AMERICAN PHYSICAL THERAPY ASSOCIATION’S COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION \(HOD P06-19-43-16\)](#)

[WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS DUBAI 2021 \(HOD P06-20-43-37\)](#)

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 4

Motion Contact: Victoria Tilley, PT, Board of Directors
Email: vickitilley@apta.org

RC Contact: Jane Baldwin, PT, DPT
Email: jbalwin@mghihp.edu

PROPOSED BY: BOARD OF DIRECTORS

RC 6-21 RESCIND: RC 34-20 CHARGE: PRESENTATION OF APTA MOTIONS TO 2023 WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS

That RC 34-20 Charge: Presentation of APTA Motions to 2023 World Confederation for Physical Therapy Congress be rescinded.

RC 34-20 CHARGE: PRESENTATION OF APTA MOTIONS TO 2023 WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS – PACKET I

~~That the American Physical Therapy Association present the following motions at the 2023 World Confederation for Physical Therapy General Meeting:~~

- ~~1. That the World Confederation for Physical Therapy is committed to the selection of meeting locations for all WCPT congresses that are consistent with its current policy statement on diversity and inclusion.~~
- ~~2. That the World Confederation for Physical Therapy policy statement on diversity and inclusion be expanded to include the statement: "All members of the global physical therapy community must be able to attend all WCPT congresses without fear of governmental persecution on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status."~~

SS:

- A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?**
The outcome would be to rescind a House charge that is inconsistent with APTA's approach to site selection for national meetings, as outlined in a Board of Directors statement on April 23, 2021.
- B. How is this motion's subject national in scope or importance?**
This motion addresses an existing charge adopted by the APTA House of Delegates in 2020.
- C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?**
The Board of Directors is seeking to address a 2020 House of Delegates charge to bring alignment with the Board of Directors' April 23, 2021, statement, "APTA Approach to Site Selection for National Events," addresses the association's approach for its own national meetings.

The Board is also making a motion to rescind World Confederation for Physical Therapy Congress Location Selection (HOD P06-20-43-38).

The Board is not taking any action related to the House of Delegates' related 2020 censure of WCPT for its selection of Dubai for the 2021 World Physiotherapy Congress, which was moved to virtual due to the pandemic, as that is set to expire on December 31, 2021.

D. Additional Background Information.

In response to both formal and informal requests to boycott states that have discriminatory laws when the association selects sites for conferences and events, the APTA Board of Directors issued a statement on April 23, 2021, articulating that the Board "is unified that boycotting states isn't the best way to live our vision and mission, nor do we believe it to be the most effective way to show our commitment to diversity, equity, and inclusion."

The statement cites concerns related to consistency, access, unintended consequences, and alignment with the association's mission and vision.

The statement also identifies next steps related to national conferences and events in order to live the association's commitment to diversity, equity, and inclusion as articulated by House of Delegates position P06-19-43-16 and as demonstrated through the association's strategic plan and various activities to improve DEI within the profession and association.

Among those steps was to make a motion to rescind the House of Delegates position on site selection for the World Physiotherapy Congress, which supports the selection of meeting locations that "adhere to its current policy statement" related to DEI and that "allow members of the global physical therapy community to attend without fear of governmental persecution on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status."

Of this the Board stated: "While we appreciate that this position was adopted as a stand against discrimination and for DEI, and with the safety of conference attendees in mind, we feel there is an implied boycott approach that is inconsistent with the approach we've described here."

In regard to values of DEI, the Board stated that APTA will "use our national events as an opportunity to advance our commitment to diversity, equity, and inclusion by showing up in these communities rather than disengaging."

APTA will similarly encourage World Physiotherapy to seek opportunities to make a positive local and professional impact in relation to DEI with its conferences moving forward, while taking appropriate measures for attendee safety at its events.

Bringing motions to the 2023 World Physiotherapy General Meeting as charged by the 2020 House of Delegates would be inconsistent with the Board's April statement.

REFERENCES

1. APTA Approach to Site Selection for National Events [online]. Accessed June 3, 2021.

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

[AMERICAN PHYSICAL THERAPY ASSOCIATION'S COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION \(HOD P06-19-43-16\)](#)

[WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS LOCATION SELECTION \(HOD P06-20-43-38\)](#)

[WORLD CONFEDERATION FOR PHYSICAL THERAPY CONGRESS DUBAI 2021 \(HOD P06-20-43-37\)](#)

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 6

Motion Contact: Jim Roush, PT, ATC, PhD, Chief Delegate, Arizona Chapter
E-mail: jroush@atsu.edu

RC Contact: Janet R. Bezner, PT, DPT, PhD, FAPTA
E-mail: jb25@txstate.edu

PROPOSED BY: ARIZONA CHAPTER

RC 7-21 ADOPT: PRODUCTIVITY STANDARDS IN THE PHYSICAL THERAPY WORKFORCE

That the following be adopted:

PRODUCTIVITY STANDARDS IN THE PHYSICAL THERAPY WORKFORCE

The American Physical Therapy Association believes that unreasonable productivity standards can challenge ethical behavior, increase clinician burnout, and prohibit provision of high-quality care. APTA supports productivity standards only when they are balanced with quality patient outcomes, respect clinical judgment, and prioritize patient and clinician well-being.

SS: The intent of this motion is to adapt a position for the association that partially addresses the issue of productivity in the practice of physical therapy. Standing Rule 20 states a position is: "A firmly held Association stance or point of view. Positions of the Association direct subsequent decisions on similar matters of both the Association and its members."

We find ourselves at an interesting time in physical therapy, where payment for services over time has stayed the same or in some cases decreased, burnout in healthcare is increasing, and several other challenges loom large. One challenge, which was mentioned by President Dunn in her 2018 address to the House, is the challenge of unrealistic or burdensome productivity standards. We were interested in drafting a position statement on this issue.

Despite its importance, the APTA does not appear to have taken a formal position on productivity and performance standards. In 2014, the House adopted RC 16-14 "Tools to Negotiate Productivity and Performance Standards in Physical Therapist Practice." This charged the APTA to "identify and develop resources that equip physical therapists and physical therapist assistants to negotiate successfully in establishing an agreed upon conceptual framework of productivity and performance that ensures the provision of quality physical therapy care." As you can see, the motion did not directly address the root problem. In 2014, the APTA made a joint statement with the AOTA and ASHS. Both of those organizations have been more transparent about their positions on the issue of productivity standards than the APTA. Since 2010, research linking productivity standards to potential lapses in ethical behavior has only expanded. (Tammany et al., 2019; Cantu, 2019; Cantu, 2019; Carpenter, 2010) We believe that this may be the time for the APTA to make a clearer statement on their position as it pertains to this issue.

For the purposes of this motion, the following definitions have been used:

Productivity is defined as "the quality, state, or fact of being able to generate, create, enhance, or bring forth goods and services." (Bennett et al, 2019)

Productivity can also be defined as the expectation of clinicians “to produce a given number of billable treatment units per unit of time worked.” (Tammany et al., 2019)

It is our contention that there needs to be a balance between clinical productivity and clinical performance. We believe if the productivity requirements are excessive, quality performance of an intervention may decline. Conversely, if the performance of interventions exceeds normal expectations, productivity may decline. Therefore, there may be a potential conflict in the balance between productivity and performance.

A. What is the expected outcome of this motion?

The intent of this motion is to adapt a position for the association that partially addresses the issue of productivity in the practice of physical therapy. Standing Rule 20 states a position is: “A firmly held Association stance or point of view. Positions of the Association direct subsequent decisions on similar matters of both the Association and its members.”

How does it contribute to achieving the Vision?

The Guiding Principles to achieve the vision include these paragraphs:

“Value. Value has been defined as “the health outcomes achieved per dollar spent”. To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable. Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.”

“Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world.”

Main contexts within this motion are addressed by these guiding principles.

B. Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?

APTA priorities in the 2019-2021 APTA Strategic Plan include “Elevate the Quality of Care Provided by PTs and PTAs.” This motion intends to help elevate the quality of care provided by PTs and PTAs.

C. How is this motion’s subject national in scope or importance?

One challenge, which was mentioned by President Sharon Dunn in her 2018 address to the House, is the challenge of unrealistic or burdensome productivity standards.

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RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

[CODE OF ETHICS FOR THE PHYSICAL THERAPIST \(HOD S06-20-28-25\)](#)

[DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES \(HOD P06-19-20-47\)](#)

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 8

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PROPOSED BY: OHIO CHAPTER

RC 8-21 CHARGE: DEVELOPMENT OF RESOURCES TO ADDRESS PRODUCTIVITY STANDARDS

That the American Physical Therapy Association, in an effort to address unreasonable clinical productivity standards, including direct and indirect patient care activities, develop resources that prioritize professional ethical standards and clinician well-being.

SS:

Employer policies or practices that conflict with practitioners' clinical judgment autonomy can create frustration, hardship, and moral injury when there is a discrepancy between productivity standards and realistic expectations. Practitioners can feel isolated in their work setting or face negative repercussions when they question these practices. Clarifying expectations and strategies to create open dialog may help, therefore providing to our APTA members setting specific guidelines for practitioners to access and use in their daily clinical productivity may promote ethical behavior and clinician wellbeing.

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The expected outcome from this motion would be to develop productivity resources and tools across practice settings to provide PT and PTA members with transparent workload, caseload, and productivity resources to better advocate for themselves. Transparency in workload and caseload standards associated with productivity expectations is encouraged. A productivity scorecard or guideline established by the APTA provides PT/PTA clinicians a tool to advocate for appropriate productivity in their workplaces. Appropriate metrics for a clinician's productivity can improve employee satisfaction and morale. Tangible tools to develop suggested productivity metrics such as a scorecard, guidelines (when available), or other strategies such as a series of framing questions, used to quantify the productivity and/or the number of patients per workday and additional expectations for various clinical settings would be an envisioned series of tools developed by the APTA. Any of these productivity tools and resources (suggested guidelines, scorecard, or framing questions) should account for variables such as patient population, practice setting, patient complexity, etc., to allow the clinician to consider several factors that may impact productivity. Productivity resources should be based on best practices (when available) that can guide anticipated per setting direct and indirect care required tasks.

Alignment with the APTA's Strategic Plan: This motion aims to decrease unethical behavior and clinician burnout/moral injury precipitated by unrealistic/unreachable performance standards. The APTA can foster the protection of its members by communicating what can be expected of both PTs and PTAs, which aligns with the profession's long-term sustainability. (*Strategic plan item: Stewardship*) This motion aligns with APTA's vision and strategic plan to ensure that professional and economic opportunities remain for future generations of PTs and PTAs.¹ This concept aligns with the core values and the APTA priorities.

Quality care is elevated when physical therapy clinicians are afforded time to do their work appropriately. (*Strategic plan item: Quality*) Evidence supports that this is important to reduce burnout/moral injury.¹

B. How is this motion's subject national in scope or importance?

It is on the National scale: Use of productivity goals in rehabilitation practice is significantly related to the rate of unethical behavior observed. Organizational culture is a greater predictor of observed unethical behavior than any individual clinician-related characteristics. The SNF setting displays the greatest areas of ethical concern.² A survey conducted by leaders within the profession consisting of clinicians and therapy managers indicated a lack of knowledge on how productivity standards are determined.³ It is generally assumed that productivity is based on how much money business operations deem necessary for the facility to make a profit versus what can reasonably be accomplished by a PT or PTA or how productivity impacts an actual PT or PTA within the clinic.

Similarly, this topic generated concern and was presented in the APTA magazine Beating Burnout.⁴ Even more recently, APTA Magazine Nov 2020 introduced the concept of "moral injury" when discussing and understanding the implications of burnout.^{5,6} Additionally, the workloads in the pediatric settings were also studied, and guidelines provided.⁷ The APTA could be a leader in providing these tools available to members on the APTA website. Physical therapy is not alone in having concerns for productivity goals in rehabilitation practice. An example is provided by the American Occupational Therapy Association's website: Dealing with Productivity Standards: Resources for Ethical Practice <https://www.aota.org/Practice/Ethics/Tools-for-Productivity-Requirements.aspx>, we envision a similar website communication strategy for members to provide these resources to clinicians on productivity.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

Previous Work: Previous work on productivity has been done and has created the foundation for this motion. The result of RC 16-14 (**Tools to Negotiate Productivity and Performance Standards in Physical Therapist Practice**) and the accomplishments of its workgroup reported to the 2015 HOD. The focus of the motion was on *value* versus *volume*-based reimbursement.⁸ This current motion creates suggested standards in the form of a guideline for the practical application of those concepts in the clinical setting. The guidelines should be setting specific. The guidelines should serve as a tool that directly benefits clinicians to meet unrealistic or difficult productivity demands, which may not have been established with transparency and intent to provide quality care.⁹ Additionally, the outcomes from both **RC 14-20 Amend: Code of Ethics for the Physical Therapist (HOD S06-19-47-67) to incorporate Core Values for the Physical Therapist and Physical Therapist Assistant** and **RC 15-20 Amend: Standards of Ethical Conduct for the Physical Therapist Assistant (HOD S06-19-47-68) to incorporate Core Values for the Physical Therapist and Physical Therapist Assistant**, have provided expectations for all members of the profession.

D. Additional Background Information.

Ohio delegation desires to seek resources or tools (such as guidelines, scorecard, framing questions, etc.) created by the APTA for PTs or PTAs to use for productivity and performance decisions. To provide some concept of a tool, below is an example of a productivity scorecard that considers multiple variables that can impact staff efficiency and productivity that can be used across multiple settings and patient populations. We conclude that we cannot encourage and expect resiliency from PT professionals without developing productivity tools for the clinician. It is time for PTs and PTAs to stand against the moral injury that is more likely present to ensure the longevity of the profession.

Sample of a Tool: Scorecard sample

Time Management Productivity

Dates Worked between 05/01/21 and 05/31/21 (Inclusive)

% Prod	Hours Worked	Earned RVU	Billed Units	Units/ Visit	Total Evals	Total F/U's	Total Visits	Slots Avail	Slots Filled	Cancel Rate	No Show Rate	Slot Util
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The use of framing questions can help to address variable factors such as patient complexity and staff experience allowing the overall productivity expectation to be adjusted appropriately.

Operational definitions:

- **Productivity** is defined as the expectation of clinicians to produce a given number of billable treatment units per unit of time worked, including direct and indirect patient care activities.⁷
- **Direct patient care task** – Activity that is performed with a specific patient. Patient interaction is required (face-to-face, electronic, virtual, etc.)²
- **Indirect patient care task** – Activity performed for a patient in the absence of the patient, including but not limited to documentation, room set-up, phone calls, insurance issues, etc.²
- **Caseload**- considered the number of patients on a given clinician's schedule each day.²
- **Workload**- includes not only caseload (direct patient care duties/time) but also incorporates non-billable essentials including in-direct patient-related duties/time and non-patient-related duties/time.²
- **Burnout**- state of physical and mental exhaustion leading to a loss of energy, a drawing away from their jobs, and a gradual loss of productivity, and a decrease in caring about their jobs." ¹¹
- **Moral Injury** "the damage done to one's conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one's own moral beliefs, values, or ethical codes of conduct."

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RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

APTA DELIVERY OF VALUE-BASED PHYSICAL THERAPY SERVICES (HOD P06-19-20)
 AUTONOMOUS PHYSICAL THERAPIST PRACTICE (HOD P06-06-18-12)
 CODE OF ETHICS FOR THE PHYSICAL THERAPIST (HOD S06-20-28-25)

- 1 PRACTICE AND BUSINESS FINANCIAL ARRANGEMENTS FOR PHYSICAL THERAPISTS (HOD P06-20-
- 2 39-31)
- 3 STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT (HOD S06-20-31-26)
- 4
- 5 **OTHER RELATED DOCUMENTS:**
- 6 RC 16-14 TOOLS TO NEGOTIATE PRODUCTIVITY AND PERFORMANCE STANDARDS IN PHYSICAL
- 7 THERAPIST PRACTICE

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 6

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PROPOSED BY: TEXAS AND MARYLAND CHAPTERS

RC 9-21 ADOPT: AMERICAN PHYSICAL THERAPY ASSOCIATION'S COMMITMENT TO BEING AN ANTI-RACIST ORGANIZATION

That the following be adopted:

AMERICAN PHYSICAL THERAPY ASSOCIATION'S COMMITMENT TO BEING AN ANTI-RACIST ORGANIZATION

The American Physical Therapy Association is committed to being an anti-racist organization. APTA and its members, collectively and individually, have an obligation to address policies and long-standing practices that perpetuate systemic racism and inequity in our association, the profession, and society.

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

[Racism](#) is a public health and human rights crisis. A commitment to [antiracism](#) includes [educating ourselves](#) about racism and how it impacts our everyday lives.^{1,2} The expected outcomes of this motion are for APTA to commit to being an [anti-racist](#) organization by addressing [racist](#) policies and practices within our association and professional culture that contribute to [structural and systemic racism](#), specifically as it impacts our members, association staff, patients/clients, and communities that are Black, Indigenous and People of Color (BIPOC).^{1,3} Recognizing and taking actionable steps to dismantle structural and systemic racism contributes to achieving the Vision. A [systems thinking](#) approach (where we examine the order of structures that give and take opportunity from BIPOC and produce consistent disparities in determinants of health) is needed if we aspire to transform society, optimize movement and improve the human experience.⁴ This is especially true for BIPOC who have been impacted by the complex interactions of culture, policy, and institutions that have created and maintained racial inequality in nearly every facet of life. Improving the human experience of our BIPOC colleagues and patients/clients includes acknowledging and addressing their quality of life and health outcomes which are often limited by historical and current societal, institutional, organizational, and/or community structures and processes that perpetuate systemic racism.⁴ This motion directly supports the "Stewardship" aspect of the [APTA Strategic Plan](#), specifically the objective that states "Make APTA an inclusive organization that reflects the diversity of the society the profession serves."⁵

B. How is this motion's subject national in scope or importance?

An [April 2021 perspective in The Lancet](#) along with this [map](#) from the American Public Health Association (APHA) of declarations from across the US highlights how this motion's subject is national in scope and importance.^{6,7} According to this [New England Journal of Medicine \(NEJM\) perspective from September](#)

2020, the COVID19 pandemic has once again shed light on how structural racism and social risk factors have converged to create wide health disparities for BIPOC.⁸

Racism is any form of prejudiced thoughts and discriminatory actions directed towards a person based on a difference in race/ethnicity; usually by white/European descent groups against BIPOC. Racism is racial prejudice plus social and institutional power. It is the intentional and unintentional use of power to isolate, separate, and exploit others. Thus, racism is a system of advantage and oppression based on race. The use of power in racism is based on a belief in superior origin, the identity of supposed racial characteristics. Racism confers certain privileges on and defends the dominant group, which in turn, sustains and perpetuates racism. Overall, racism is a deeply ingrained belief that a hierarchy exists between individuals based on their racial or ethnic background which influences every aspect of American society.

- **Overt, explicit or direct racism** is easiest to identify and condemn since it is deliberate and intentional prejudice or discriminatory actions directed towards BIPOC.
 - Some examples include hateful speech, hate crimes, anti-immigrant violence, refusing to provide housing or access/entry to a BIPOC, and public harassment of BIPOC for speaking other languages.
 - Overt racism is not the subject of this motion.
- **Covert, implicit, or indirect racism** is subtle, hidden and often difficult to see because racist actions are either passive or ambiguous. “These subtle actions usually favor the suppressors while systematically restricting the rights of the oppressed.”⁹
 - Some examples include racial profiling, police brutality against BIPOC, denying white privilege, Eurocentric school curricula, cultural appropriation, denial of racism, denial of institutional racism, white silence, claiming reverse racism, racial microaggressions, and other socially acceptable practices such as stating “there is only one race, the human race;” “I don’t see color;” and “All Lives Matter.”
 - Thus, covert racism may only become apparent through the disparate outcomes it produces. It is likely that many of our actions inadvertently perpetuate covert and systemic racism since in the past we have not focused on the upstream factors that created racial inequities. This may have led to an Association that does not reflect the society we aim to serve and transform.
- **Systemic racism**, which occurs at the organizational and societal levels, in contrast to overt or covert racism which occurs at the individual level, is the focus of this motion. A helpful definition of systemic racism from the Aspen Institute is “*A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.*” It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.
 - “Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist.”¹⁰
 - Ijeoma Oluo, in *So You Want To Talk About Race*, importantly distinguished between individual level racism from systemic racism by saying, “*Who we see as successful, who we see as scary, what traits we value in society, who we see as ‘smart’ and ‘beautiful’- these perceptions are determined by our proximity to the cultural values of the majority in power, the economic system of those in power, the education system of those in power, the media outlets of those in power...At no point will you find me laying blame at the feet of one misguided or even hateful white person...[that person] is interacting with the system in the way in which it’s designed, and the end result is racial bigotry that supports the continued oppression of people of color... We have to actually dismantle the machine if we want to make change.*”¹¹

A [recent study published in JAMA](#) revealed the physical therapy profession to be one of the least diverse and most poorly representative of our population when compared to other health care professions. More alarmingly, an analysis of the current educational pipeline into the physical therapy profession projected that the future physical therapy workforce may be less diverse than the existing one.¹² The lack of racial and ethnic diversity in physical therapy is of national importance because that

lack of representation among healthcare providers is related to negative health outcomes and health care disparities among BIPOC.^{13–15} Unfortunately, there is little research evidence of that relationship in physical therapy, but it is documented in medicine. Despite increasing racial and ethnic diversity in the US, racial and ethnic diversity of physical therapists does not mirror that of the US.

- Despite the [US population being 13% Black](#), the December 2020, APTA Physical Therapy Workforce Analysis shows that less than [4% of PTs and 6% of PTAs are Black](#).^{16,17}
- There is an even larger gap in the Hispanic and Latinx communities with only 5.3% of PTs and 11.8% PTAs identifying as Hispanic or Latinx compared to 18.5% in the US population.¹⁷
- Table 1 compares the US population to the physical therapy workforce, APTA membership and APTA leadership by race.^{16–18}
 - In the APTA, the percent of members who identify as White is greater than in the PT and PTA workforce, and the PT and PTA workforce percentages are 16.6% and 13.7% greater respectively than the US population. That difference increases as one examines leadership positions.^{16,17}
 - The differences between the physical therapy workforce, APTA membership, APTA leadership, are evident when examining the percent of members who identify as BIPOC, Latino, or Asian.
 - This is despite the fact that members of APTA who are BIPOC volunteer for leadership opportunities within the organization at higher rates than White members do. For example, White members of APTA make up 77% of APTA Engage volunteers yet 87% of the house of delegates and 98% of chapter presidents are White. Conversely, APTA members who identify as Asian make up 10% of APTA Engage volunteers but only 4% of the HOD and 0% of chapter presidents or chief delegates.^{16–18}

Table 1. Comparison of the US population to the physical therapy workforce, APTA membership, and APTA leadership by race

	US population ¹⁵	PT Workforce (2018) ¹⁶	PTA and Aides Workforce (2018) ¹⁶	APTA Membership - PTs (2019) ¹⁶	APTA Membership - PTAs (2019) ¹⁶	Delegates (2020) ¹⁷	Chief Delegates (2020) ¹⁷	APTA Chapter Presidents (2020) ¹⁷	APTA Engage Volunteers (2020) ¹⁷
White alone	60.1%	76.7%	73.8%	84.3%	81.2%	87% (330)	96% (50)	98% (52)	77% (2060)
Black or African American alone	13.4%	3.6%	5.8%	2.5%	3.4%	2% (7)	2% (1)	2% (1)	4% (110)
Hispanic or Latino	18.5%	5.3%	11.8%	3.5%	8.0%	2% (8)	0% (0)	0% (0)	6% (146)
Asian alone	5.9%	12.9%	7.0%	6.9%	4.0%	4% (14)	0% (0)	0% (0)	10% (263)
American Indian and Alaska Native alone	13.0%	0.2%	0.0%	0.4%	1.0%	0% (0)	0% (0)	0% (0)	0% (9)
Native Hawaiian and Other Pacific Islander alone	0.2%	n/a	n/a	0.0%	n/a	0% (0)	0% (0)	0% (0)	0% (7)
Other	n/a	2.40%	1.70%	2.4%	2.5%	2% (9)	2% (1)	0% (0)	3% (72)
None Selected	n/a	n/a	n/a	0.0%	n/a	3% (11)	n/a	n/a	n/a

Adopting this position statement would mean that APTA must perform a thorough self-assessment to identify what systemic barriers exist within our organization and profession at large that serve as barriers for members who identify as BIPOC to either enter the profession or become a member of APTA and become an elected leader within our Association. Furthermore, APTA must examine why BIPOC members, who volunteer at higher rates than White members for APTA positions, are still underrepresented in leadership positions. Are there systemic inequities that are contributing to lack of representation? Finding solutions to these inequities is what a commitment to being an anti-racist organization would represent. After all, the more closely the makeup of our profession resembles that of society at large, the closer we will come to closing the gaps in health disparities and move towards health equity.

This motion is national in scope and importance because numerous reports have identified that health disparities that exist among BIPOC are influenced by [upstream factors](#) which include social and economic policies, laws, regulations, institutions, neighborhoods and communities with living

conditions that are barriers to supporting health for all people. Though the causes of health disparities are multifaceted, data suggests that some of the negative outcomes are due to structural and systemic racism.^{19–28} Select examples of health disparities that adversely impact BIPOC and how upstream factors contribute to those disparities are listed here:

- Both Hispanic and Non-Hispanic Black individuals [are less likely](#) than Non-Hispanic White individuals to meet National Physical Activity Guidelines.¹⁹ Income does not explain this disparity. More educated suburban Black women are less likely to be physically active and more likely to be obese than less educated urban Black women.²⁹
- On average, middle class Black neighborhoods have fewer resources specifically catered to physical activity making optimizing movement harder than those living in White middle-class neighborhoods.²⁰ Black and Hispanic neighborhoods are also generally further away from [green spaces](#), which may be a contributing factor to not meet the physical activity guidelines.²⁰
- Members of the Black community also [fear running in White neighborhoods](#), as was reported after the murder of Ahmaud Abernathy.³⁰
- Race, gender, and class have been cited as barriers to boys and girls using [active transportation](#) such as walking, cycling, or public transit.²¹
- Clear racial disparities have been found in the evaluation and treatment of [chronic non-specific low back pain](#). Black patients report greater pain and disability than Whites, yet are less likely to receive comprehensive treatment.²²
- Despite having a prevalence of [arthritis](#) similar to Whites, Blacks experience higher prevalence of severe joint pain due to arthritis. Hispanics also have a higher prevalence of severe joint pain but are less likely to be diagnosed with arthritis than their White counterparts.²²
 - Even though Black patients have more severe arthritic pain, they are less likely to receive [total joint replacement surgeries](#). These patients are denied the opportunity for optimal movement based simply on race. Differences were not explained by need, employment status, access to care, family responsibilities, disability, living alone, comorbidity, or Medicare eligibility age.²³
- Non-Hispanic Black persons are more likely than both Hispanic persons and non-Hispanic White persons to have failed to obtain needed medical care due to cost.²⁴ This means Black Americans are less likely to seek the care of a healthcare provider (i.e. physical therapist).
- Black people have a higher risk of stroke and approximately 50% can be explained by socioeconomic factors; the remainder may be due to psychosocial factors such as discrimination.²⁵
 - Individuals who are Black report high levels of discrimination and depressive symptoms and had increased carotid atherosclerosis, which is a risk factor for stroke.²⁵
 - In a study by Moody (2019), self-reported racial discrimination and lifetime discrimination were linked to increased white matter lesion volume (WMLV) in older Black adults. WMLV is a prognostic indicator of future stroke, dementia, and cognitive decline. This trend was not noted in younger or middle-aged adults who are Black; however, this may be due to older persons who are Black being exposed to more racial discrimination and lifetime discrimination burden.²⁷
- Perceived discrimination has been linked to lower kidney function in Black males and White females indicating a possible race and gender bias.²⁷

One can look at physical therapist education to uncover another dimension of the national scope of the racial and ethnic disparities that are confronting physical therapy. Table 2 provides data on the people in PTCAS who identify as White (not of Hispanic origin) with those that identify as people of color, e.g. African-American/black (non-Hispanic), Latino/Hispanic, American Indian/Alaska Native, Asian, Hawaiian/Pacific Islander and two or more races/ethnicities and other. Figure 2 compares applicant and admission percentages between all people of color, including those who identified as two or more races/ethnicities, with white people.

- The percentage of people of color in the accepted pool is smaller than the percentage of people of color in the applicant pool.^{28,31–33}

- Racial and ethnic diversity decreases as one goes from people who apply to people who are admitted. This is true when one looks at the data for each racial or ethnic group in Table 3.^{28,31-33}
 - The largest margin of difference is among African American/black applicants followed closely by Asian and Latinx/Hispanic applicants in the most recent years.^{28,31-33}

These data suggest that there are systems and structures in PT admission processes that disadvantage people of color.

Table 2: Percent of All PTCAS Applicants and Accepted PTCAS Applicants by Race and Ethnicity by Year: 2010-11 through 2017-18^{28,31-33}

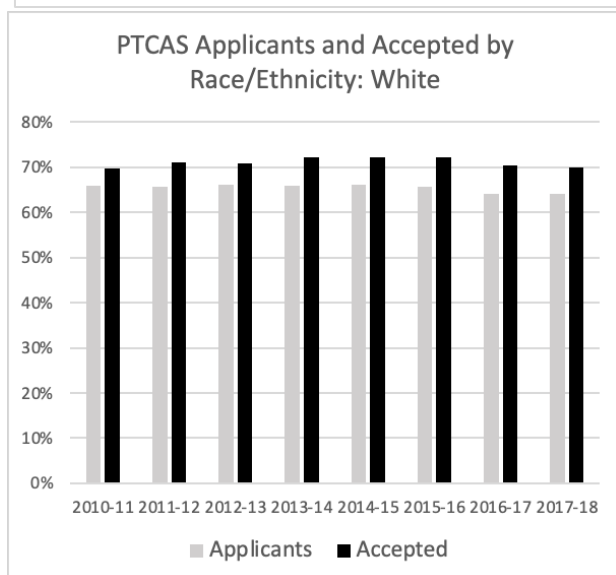
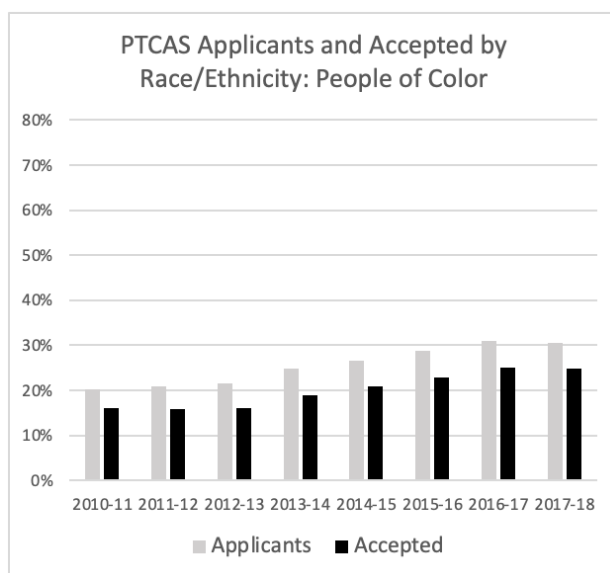
Race/Ethnicity	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Hispanic/Latino [^]	2.50%	2.20%	2.30%	7.30%	7.70%	9.40%	10.30%	10.60%
African-American/Black (non-Hispanic)	4.90%	4.70%	4.80%	4.50%	4.80%	5.30%	5.80%	6.10%
American Indian/Alaskan Native	0.30%	0.30%	0.20%	0.20%	0.10%	0.20%	0.30%	0.30%
Asian	6.60%	7.30%	7.30%	8.40%	9.20%	9.30%	9.70%	10.10%
Hawaiian/Pacific Islander	0.60%	0.50%	0.40%	0.10%	0.10%	0.10%	0.10%	0.20%
White (not of Hispanic origin)	66.00%	65.70%	66.10%	65.80%	66.10%	65.60%	64.20%	64.00%
Decline to state	13.80%	13.50%	12.20%	9.40%	7.30%	5.70%	4.90%	5.40%
2+Races/Ethnicities & Other	5.40%	5.80%	6.60%	4.40%	4.60%	4.50%	4.80%	3.30%

Table 3: Percent of Accepted PTCAS Applicants by Race and Ethnicity by Year: 2010-11 through 2017-18^{28,31-33}

Race/Ethnicity	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Hispanic/Latino [^]	1.90%	1.50%	1.80%	5.80%	6.20%	7.90%	8.20%	8.40%
African-American/Black (non-Hispanic)	2.80%	2.70%	2.30%	2.30%	2.70%	2.90%	3.30%	3.60%
American Indian/Alaskan Native	0.20%	0.20%	0.20%	0.10%	0.10%	0.20%	0.20%	0.20%
Asian	5.60%	5.90%	5.80%	6.70%	7.60%	7.70%	8.70%	9.30%
Hawaiian/Pacific Islander	0.30%	0.30%	0.20%	0.00%	0.10%	0.00%	0.10%	0.10%
White (not of Hispanic origin)	69.80%	71.00%	70.90%	72.20%	72.10%	72.10%	70.30%	69.90%
Decline to state	14.20%	13.40%	12.60%	8.90%	7.00%	5.20%	4.80%	5.50%
2+Races/Ethnicities & Other	5.20%	5.20%	5.80%	4.00%	4.20%	4.10%	4.50%	3.30%

* Percentages do not add to 100% because of rounding.

Figure 1: Race and Ethnicity Reported in PTCAS by Admission Status, 2010-11 through 2017-18 PTCAS Cycles, White Compared with Applicants of Color^{*28,31-33}



*People of Color is the sum of the percent of people in PTCAS who identified as Hispanic/Latino, African-American/black, American Indian/Alaskan Native, Asian, Hawaiian/Pacific Islander, and 2+ races/ethnicities. People who declined to state are excluded.

In her address to the APTA House of Delegates (HOD) in 2020 President Sharon Dunn acknowledged this crisis of racism stating *“we must accept that a similar devastating force — systemic inequality for racial and ethnic minorities — keeps many people from receiving our services every day.”*³⁴ This motion aims to move beyond the acknowledgement that systemic racism exists. This position would mean APTA commits to becoming an anti-racist organization by addressing policies and practices that may perpetuate structural and systemic racism and inequity in our association, the profession, and society.

- C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

Previous or current activities of the House, Board or staff that address the broader topic of diversity, equity, and inclusion (DEI) provided to the motion makers by APTA National Governance:

- HOD adopted [RC 24-19: Charge: Increasing Professional Diversity, Equity, and Inclusion in Clinical, Educational, And Research Settings](#), to increase professional diversity, equity, and inclusion.³⁵
- [APTA Strategic Plan 2019-2021](#) includes: “Make APTA an inclusive organization that reflects the diversity of the society the profession serves.”⁵
- The APTA Board of Directors established a new [standing committee on Diversity, Equity, and Inclusion \(DEI\)](#) to provide ongoing strategic counsel. The DEI Committee convened in February 2021 for its inaugural meeting.
- The Board also recommended that the Commission on Accreditation in Physical Therapy Education (CAPTE) require elements to improve diversity in PT and PTA education programs. CAPTE responded in August 2020 by developing a DEI task force to consider modifications to its standards and requirements that APTA's Board argued impede the admission of applicants from racial and ethnic minority populations.
- APTA has published resources on [Self-Education Recommendations to Improve Diversity, Equity, and Inclusion](#), and the recent APTA Magazine article titled [Diversity, Equity, and Inclusion in Physical Therapy](#) provides an overview of on the association's efforts in advancing DEI.^{36,37}
- In May 2020, [President Dunn's message addressed systemic racism](#). In the address Dr. Dunn stated that APTA opposes discrimination and challenged the profession to act against racism and systemic inequality.³⁴

Other actions the association has taken in the area of DEI:

- Created a [webpage](#) for DEI³⁸
- PT Moves Me ambassador program
- [Lynda D. Woodruff Lecture on DEI in Physical Therapy](#) ³⁹
- Campaign for Future Generations: Minority Scholarship Fund + Physical Therapy Fund
- New Director of Inclusion - recruiting for the position
- Legislative efforts- Allied Health Workforce Diversity Act, PT Workforce and Healthcare Access Act, advocacy for underrepresented and underserved communities
- Student Recruitment- HOSA and NSHSS partnerships
- APTA: DEI Discussions: Race and Racism, Aug 20, 2020
- Recognized Juneteenth

Stakeholders affected by this motion:

- APTA Members, APTA BOD, APTA staff, patients and clients that PTs/PTAs serve, future PT/PTA students, future patients and clients, and BIPOC in our association, profession, and society.

State or Federal laws or regulations addressing this topic?

- Though there are several bills (i.e., voting rights, raising minimum wage, universal healthcare, police reform) in the US Congress that address aspects of structural and systemic racism, none (at this time) have been adopted into law.

D. Additional Background Information.

APTA' is committed to becoming “an inclusive organization that reflects the diversity of the society the profession serves.”⁵ Current DEI initiatives in this realm have begun to address how we can become a more inclusive organization. However, these initiatives do not reflect our commitment to becoming an anti-racist organization. There is a distinction between the terms DEI and structural/systemic racism and the term anti-racist as it relates to the Association and its work. Our DEI and systemic racism operational definitions are as follows:

- **Diversity:** Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another. It is all-inclusive and recognizes everyone and every group as part of the diversity that should be

valued. A broad definition includes not only race, ethnicity, and gender—the groups that most often come to mind when the term "diversity" is used—but also age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, and physical appearance. It also involves different ideas, perspectives, and values.¹

- **Equity:** Equity is defined as “the state, quality or ideal of being just, impartial and fair.” The concept of equity is synonymous with fairness and justice. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept.²
- **Inclusion:** Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.¹
- **Race:** Race is a socially constructed system of categorizing humans largely based on observable physical features (phenotypes) such as skin color and on ancestry. There is no scientific basis for or discernible distinction between racial categories. The ideology of race has become embedded in our identities, institutions and culture and is used as a basis for discrimination and domination.²
- **Racism:** Racism is different from racial prejudice, hatred, or discrimination. Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.¹
- **Structural Racism:** Structural racism (or structural racialization) is the racial bias across institutions and society. It describes the cumulative and compounding effects of an array of factors that systematically privilege white people and disadvantage people of color.²
- **Systemic Racism:** Complex interactions of culture, policy, and institutions that create and maintain racial inequality in nearly every facet of life for people of color.⁴⁰
- **Racist:** One who is supporting a racist policy through their actions or interaction or expressing a racist idea.
- **Not Racist:** denying that one is a racist
- **Anti-Racist:** An anti-racist is someone who supports an antiracist policy through their actions or expressing antiracist ideas. This includes the expression of ideas that racial groups are equals and do not need developing. And also supporting policies that reduce racial inequity.¹

The definitions above indicate a clear difference between these concepts. Focusing on improving DEI initiatives without addressing the underlying cause is like treating the symptoms of a disease without looking upstream at the root causes that can help cure it. While APTA has recognized that increasing DEI within the profession and association is key to our sustainability as an Association as well as improving patient care and public health, a definitive APTA HOD position or APTA BOD or organizational policy does not exist that would show APTA's commitment to becoming an anti-racist organization. Such a position is needed to show APTA's commitment to addressing policies and practices that perpetuate structural and systemic racism. For any future DEI work to be sustainable and successful it must be grounded in this commitment to dismantle systemic barriers faced by BIPOC in our association, profession, and society.

It is important to clarify that even when individuals are not racists, they can still unwittingly participate in systems “that routinely produce outcomes that advantage Whites while producing cumulative and chronic adverse outcomes for BIPOC.”⁴¹ These systems are so ingrained in our culture and society that we participate in them passively, often without recognizing it. As Angela Y. Davis stated, “*In a racist society, it is not enough to be non-racist, we must be anti-racist.*”⁴² Inaction in the face of knowing that an injustice is being perpetuated is by default supporting an inevitably disparate outcome.

The motion makers believe APTA will need to meet with key stakeholders from BIPOC communities to determine actionable and measurable goals. These goals are likely to include elements of those recommended in [The Black Rehabilitation Manifesto](#).⁴³

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OTHER RELATED DOCUMENTS:

[APTA STRATEGIC PLAN 2019-2021⁵](#)

[RC 24-19: CHARGE: INCREASING PROFESSIONAL DIVERSITY, EQUITY, AND INCLUSION IN CLINICAL, EDUCATIONAL, AND RESEARCH SETTINGS³²](#)

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 8

Motion Contact: Karl R Gibson, PT, MS, Delegate, Pennsylvania Chapter
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RC Contact: Pam White, PT, DPT
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PROPOSED BY: PENNSYLVANIA CHAPTER

RC 10-21 CHARGE: THE FUTURE OF SPECIALIZATION AND ADVANCED CLINICAL PRACTICE IN PHYSICAL THERAPY

That the American Physical Therapy Association examine the history and current status of specialization and advanced clinical practice within the physical therapy profession and from that analysis create a long-term strategy to enhance the evolution and integration of specialization, and potentially sub-specialization, into the advanced practice of physical therapy, with a report to the House of Delegates in 2023. This analysis of specialization shall include, but not be limited to:

- Candidate preparation.
- Areas of clinical practice.
- Assessment methods and measures of clinical competency.

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The expected outcome is that the APTA would establish a group to review the history and current status of physical therapist specialization and other forms of advanced clinical practice within the physical therapy profession in order to create a long-term strategy for the full integration of specialization and advanced practice into the physical therapy profession. We believe that this process will result in a more cohesive spectrum of advanced practice that will reduce practice variation and improve our services to society. While one might assume that specialization is a mechanism to achieve our Vision, given our history of prominently recognizing new specialists annually at our Combined Sections Meeting, it is not explicitly addressed in the corresponding Guiding Principles to Achieve the Vision. We believe that specialization and the advanced clinical practice of physical therapists are pathways to transforming society by optimizing movement to improve the human experience and should be considered as such. With respect to the Strategic Plan, it is anticipated that this process would add value for physical therapists by more clearly delineating areas for advanced practice, and concurrently helping to reduce practice variation.

B. How is this motion's subject national in scope or importance?

Physical therapist specialization has expanded continuously since the concept was first adopted by the HOD in 1976 and the first cardiopulmonary examination was administered in 1985. There are now 10 areas of clinical specialization under the purview of the American Board of Physical Therapy Specialties (ABPTS), the entity also responsible for new specialties. Specialization is perceived by some to be a mechanism to improve the standard of care in physical therapy and a way to reduce practice variation. To date, all of the existing specialties have evolved from Sections/Academies, yet it is not clear that this is necessarily a requirement for specialization. Additionally, to more formally educate those intending to specialize, the profession has adopted post-graduate accreditation and reaccreditation standards for

residencies and fellowships. The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) provides oversight to ensure the accredited programs meet the minimum requirements needed to ensure the quality of the programs. There are however multiple areas of advanced clinical practice recognized by ABPTRFE for which there is no corresponding specialty nor formal recognition by the profession.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

The role of specialization is critical to the profession and those achieving this status are annually recognized at a ceremony held at CSM, reflecting its importance in the eyes of the APTA and its components. The HOD has not had substantive discussion of this area in recent years, although the APTA previously considered revamping the education process by requiring post-graduate training for all physical therapists, but this concept was not advanced in the face of strong opposition to both the time and expanded cost of such a process. This issue affects the full profession and is influenced by proprietary entities external to the APTA that are involved in providing education and recognition of various forms of advanced clinical practice. Such entities aim to recognize various forms of clinical physical therapy “specialization” including geriatric exercise, lymphedema management, hand therapy, human strength and conditioning, and vestibular dysfunction management, which are interventions integral to the practice of physical therapy. These developed forms of recognition are outside of the sphere of influence of ABPTS, and in some instances the APTA.

While outside of the control of the profession, perhaps these examples are the logical interface of multiple professions serving a common client. For the most part, medicine has managed to keep specialization and sub-specialization within the purview of their overall academic and post-academic structures. Yet physical therapists, in some cases, are reaching out to organizations external to the profession for recognition of the knowledge and skills that they have achieved beyond their entry-level education. Are the complexities and limitations of our existing systems fomenting this outreach? The professional organization has little to no influence on the processes created to recognize these certifications, and this could be counterintuitive to the APTA’s focus on reducing practice variation.

ABPTS and ABPTFRE currently have primary oversight of specialization and advanced clinical practice within APTA and should be essential parties to this process.

D. Additional Background Information.

ABPTS has in a basic fashion recognized the concept of sub-specialization, as referenced in its policies and procedures, as follows:

“IV. INSTRUCTIONS TO COMPLETE A PETITION FOR RECOGNITION AS A SPECIALTY AREA FOR CERTIFICATION (AMENDED ABPTS 05-16-05)

A.3.a-f.

Currently ABPTS accepts petitions for the establishment of new areas of specialization, but not those determined to be at the subspecialty level. For the purposes of this process ABPTS defines a subspecialty as, “a clinical practice area within a recognized specialty area (e.g., Neonatal Physical Therapy is a subspecialty of Pediatric Physical Therapy), or a portion of a recognized specialty area (e.g., Orthopaedic Manual Physical Therapy is a subspecialty of Orthopaedic Physical Therapy).”

This concept of sub-specialization has not however been considered by the HOD, nor are there clear guidelines as to what constitutes a sub-specialty, whether there should be a formal mechanism to be recognized as competent in such sub-specialty, or how to determine under which specialty a sub-specialty might exist. Furthermore, the question should be posed as to whether it should be necessary to become a

1 certified specialist in order to be recognized as having achieved an advanced level of practice in what
2 might be considered to be a subspecialty.

3
4 While we cannot change the past, are we poised to best address the future with respect to specialization,
5 sub-specialization, and other forms of advanced clinical practice for the physical therapist? As noted
6 previously the APTA has considered requiring post-graduate training for all physical therapists, but due to
7 strong opposition, this concept was not advanced. Since that time, there has been little discussion of the
8 future of specialization, and members of the profession have asked whether areas such as acute care,
9 pain management, amputee management, and vestibular physical therapy constitute a specialty.

10
11 If this motion is adopted, it is expected that the analysis requested will address the roles and structure of
12 specialization and other forms of advanced clinical practice in the future of physical therapy and begin the
13 dialogue that will help to integrate specialization and other pathways to advanced clinical practice as a
14 component of our strategy to achieve our Vision. We suggest that this analysis incorporate the
15 perspectives of ABPTS, ABPTRFE, entry level educators, residency/fellowship educators, clinical
16 specialists, the American Council of Academic Physical Therapy, the APTA Academy of Education, other
17 representatives of the Education Leadership Partnership, the public, and others deemed by the APTA
18 BOD to have a vested interest in the current and future scope of specialization and advanced clinical
19 practice in the physical therapy profession.

20
21 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

22 [APTA CLINICAL SPECIALIZATION POLICY \(HOD Y06-19-67-31\)](#)

23 [CLINICAL SPECIALIZATION IN PHYSICAL THERAPY \(HOD P06-19-66-30\)](#)

24 [GUIDELINES: AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP](#)
25 [EDUCATION \(BOD G12-18-03-07\)](#)

26 [VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION \(HOD P06-13-18-22\) AND GUIDING](#)
27 [PRINCIPLES TO ACHIEVE THE VISION \(HOD P06-19-46-54\)](#)

28
29 **OTHER RELATED DOCUMENTS**

30 [POLICIES AND PROCEDURES, AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES, NOVEMBER](#)
31 [2019](#)

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 8

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RC Contact: Pam White, PT, DPT
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PROPOSED BY: NEW JERSEY AND NEW YORK CHAPTERS

RC 11-21 CHARGE: PROMOTE PHYSICAL THERAPIST SERVICES AS ESSENTIAL FOR PEOPLE WHO HAVE HAD COVID-19

That the American Physical Therapy Association:

- **Promote physical therapists as practitioners of choice through a media campaign for management of individuals affected by the multisystem impact of COVID-19 and post-acute sequelae of SARS-CoV-2, or “long COVID,” aimed at reaching physical therapists and other stakeholders.**
- **In collaboration with sections/academies and other pertinent organizations, distribute evidence-based resources related to serving the physical therapy needs of individuals with the lasting consequences of COVID-19.**

SS: The COVID-19 (SARS-CoV-2) pandemic created an international health crisis. Since the onset of the virus, the world has experienced the challenging situations of managing a new illness, health access issues, health-related supply shortages, shut-downs, development of vaccines, and most sadly, the loss of millions of lives. The United States is to date (5/30/21) the most corona-affected country in the world. Although vaccination rates are increasing in our country, there remains continued numbers of cases reported here and abroad. This global pandemic is the worst the US has suffered since the polio epidemic. Physical therapy has played an integral role in the management of individuals suffering from COVID-19. We are challenged with the continuing consequences of the virus not only in hospital settings but now with the Post-Acute Sequelae of SARS-CoV-2 (PASC) also referred to as PASC or “Long COVID”. The APTA Acute Care Academy and other sections/academies responded and provided our profession with training modules to assist us in the understanding of the illness and its management. Now we must be in the forefront in the management of the continued challenges posed by the virus and PASC. The presentation of PASC has been shown to attack multiple systems.^{2,4,6,7,8} Physical therapist education, including management of the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary systems, places us as essential practitioners in the management of individuals suffering from PASC/“Long-COVID”. The urgency to address the issues of PASC/Long COVID requires immediate action.

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

The COVID-19 pandemic created an international and national health crisis. Since the onset of the virus the world continues to manage the illness often with mounting health access issues, health provider supply shortages, shut-downs, uneven distribution of vaccines, and the continued loss of lives daily. The United States is to date (5/30/21) the most corona-affected country in the world, followed by India, Brazil, France, Russia, Turkey, Russia, and the United Kingdom. Although vaccination rates are increasing in our country there remains continued numbers of cases reported here and abroad. This global pandemic is the worst the US has suffered since the polio epidemic. Physical therapy has played an integral role in the management of individuals suffering from COVID-19. We are challenged with the continuing consequences of the virus not only in hospital settings, but now with the Post-Acute Sequelae of SARS-

CoV-2 (PASC) also referred to as PASC or “Long COVID”. Sections/academies responded and provided our profession with training modules to assist us in the understanding of the illness and its management. Now we must be in the forefront in the management of the continued challenges posed by the virus and PASC. The presentation of PASC has been shown to attack multiple systems.^{2,4,6,7,8} Physical therapist education, including management of the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary systems, places us as essential practitioners in the management of individuals suffering from PASC/COVID-19. The urgency to address the issues of PASC/Long COVID requires immediate action.

The emergence of COVID 19 has led to the largest pandemic since the polio epidemic that saw its’ peak in the late 1940’s. The roles of physical therapists in examining and providing interventions became essential for improving the human experience of individuals afflicted by the illness, and the emergence of the post-polio syndrome continue to require the unique services of physical therapists. Late February of 2020 the United States experienced the rise of COVID 19. Although vaccinations are now available and the number of cases has been decreasing, we are now faced with the consequences that have occurred in those living with PASC/Long COVID. The profession cannot delay the extreme need to address the sequelae of those with PASC/Long COVID and those still facing COVID-19 in order to transform the lives of these patients and enable them to return back to the highest function possible to improve their quality of life.

The sequelae that’s impacting many survivors of COVID-19 is a global problem.^{2,7} Nationally we have surpassed 34+ million American cases and almost 600,000 deaths from COVID 19 (accessed CDC Data Tracker 5/30/21). To date the numbers of individuals suffering from PASC/Long COVID is unknown. NIH has recently put out a call for several grants addressing PASC/Long COVID.⁹ A recent systematic review revealed fatigue, headache, attention disorder, and dyspnea as the 5 most common symptoms.⁶ The review included individuals from 14 to 110 days post COVID with ages ranging from 17 to 87 including 15 studies with participant numbers ranging from 102 to 44,799.⁶ A recent National Institute for Health Research (NIHR) publication in *Lancet Psychiatry* found those individuals who suffered severe COVID-19 were at high risk 6 months post for neurological and psychiatric morbidity.¹¹ Therefore, the impact of the pandemic will continue, and physical therapists, who are trained to manage patients with multisystem involvement, must be fully prepared to manage these patients using the evolving evidence.

The sections/academies responded by providing members with information on COVID-19, which was timely and with emerging evidence. The value to physical therapists has been significant for our role as essential providers for individuals suffering from COVID -19. The sections/academies continue to embrace the need for education moving forward with the PASC/Long COVID sequelae and will require support of the APTA to deliver information in a timely manner.

Over the last 5 years prior to COVID-19, APTA had undertaken media Public Service Announcements and therefore know the value of the use of such media, as well as its reach. APTA has just recently launched three public service announcements series. The ultimate goal of ChoosePT has been to direct individuals to a physical therapist. This same approach could easily be used to be sure that patients with COVID-19 including PASC/Long COVID also find a PT through ChoosePT. APTA has joined with the American Academy of Physical Medicine and Rehabilitation (AAPM&R) putting out a national call for action by President Biden on PASC/Long COVID. Thus, this motion is timely and important to assure that these patients receive the highest quality services to address their many systems involvement. Increasing our campaign to influence physical therapists and stakeholders (including but not limited to physicians, payers, regulators, and legislators) will also benefit us and will bring attention to the need for physical therapy for these individuals with PASC/Long COVID.

B. How is this motion's subject national in scope or importance?

The sequelae that's impacting many survivors of COVID-19 is a global problem.^{2,7} Nationally we have surpassed 34+ million American cases and almost 600,000 deaths from COVID 19 (accessed CDC Data Tracker 5/30/21). To date the numbers of individuals suffering from PASC is unknown. NIH has recently put out a call for several grants addressing PASC.⁹ Clearly the need for professionals who are trained to manage patients with multisystem involvement are needed. A recent systematic review revealed fatigue, headache, attention disorder, and dyspnea as the 5 most common symptoms.⁶ The review included individuals from 14 to 110 days post COVID with ages ranging from 17 to 87 including 15 studies with participant numbers ranging from 102 to 44,799.⁶ Therefore the impact of the pandemic will continue, and physical therapists must be fully prepared to manage these patients using the evolving evidence.

Passing this motion could have the potential for physical therapy to be a leader in the management for individuals suffering from the COVID 19 and its prolonged consequences.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

Potential Stakeholders: APTA sections/academies, staff, and chapters, and the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html>)

D. Additional Background Information.

APTA's PACER Project presentations and other presentations done by sections show that members of the Association have been addressing the COVID-19 need for education. The association has also posted information on the Choose PT site.

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RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

CLINICAL PRACTICE GUIDELINES ENDORSEMENT (BOD Y03-19-06-09)

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 8

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PROPOSED BY: VIRGINIA AND MARYLAND CHAPTERS

RC 12-21 CHARGE: COLLABORATION BETWEEN APTA AND CHAPTERS IDENTIFIED AS HOST LOCATIONS FOR NATIONAL EVENTS

That the American Physical Therapy Association implement strategies to communicate with chapters identified as a host location for a national revenue-generating, open-registration event in order to promote proactive collaboration for identifying and mitigating any potential scheduling, location, and financial concerns of the host, and to address potential concerns for neighboring chapters whose local meeting participation may be impacted.

SS:

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current [Strategic Plan](#)), and if so, how?

This motion seeks to reinstate the requirement of proactive event planning and collaboration between APTA and a potential host chapter by creating a policy at the Board level. The focus is specific to open-registration national events (e.g., meetings, continuing education courses, conclaves, etc.) that require a fee to attend. The policy is not intended to apply to invitation-only events (e.g., the P.A.S.S. Summit, the Federal Affairs Forum, individual section/academy conferences).

Establishing this expectation as an operational formality will facilitate all parties' ability to optimize non-dues revenue opportunities and meet our obligations to our members. The absence of a policy like this contributed to a unilateral decision by APTA regarding centennial event planning that impacts the VA, DC and MD chapters. While notice was provided about these events, they have disrupted previously planned events in the chapters leading to lost non-dues revenue opportunities.

Discussions have been under way to create a remedy to this impact. However, the motion's goal is to prevent this "after the fact" response by requiring all parties to plan ahead.

This motion is most closely linked to the strategic initiative "Increase Member Value and Engagement." Much has been made about the strength of our "federated model." Chapters need to be financially stable to deliver on their commitment to contribute to this strategic focus. Their smaller operational size relative to APTA means they have less flexibility to adjust to surprises that interfere with their non-dues revenue generating activities.

B. How is this motion's subject national in scope or importance?

APTA limits the chapters it identifies for hosting large events based on the anticipated attendance size. Several chapters are regularly on the list – MA, DC, FL, LA, TX, CO, CA – because of their convention and hotel capacity. However, the intent of the motion is that any chapter asked to host a national revenue-generating open-registration event would be invited to collaborate proactively with APTA in the planning process.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

In 2018 the House of Delegates voted to rescind HOD Y06-04-26-22 MEETING COLLABORATION BETWEEN THE AMERICAN PHYSICAL THERAPY ASSOCIATION AND HOST CHAPTERS [Policy]. The delegates agreed with the motion maker that the Board of Directors is responsible for operational issues and the House is responsible for larger professional issues. A replacement policy was not created.

D. Additional Background Information.

APTA chapters are independently incorporated business entities that have a fiduciary responsibility to provide benefits for their members. Their ability to do so depends on adequate revenue that is generated from dues and non-dues sources. Continuing education courses delivered in conjunction with or outside of regular membership meetings are a primary source of non-dues revenue. Non-dues revenue is possible because these events are open to registrants for an attendance fee.

Competition for event registrants is high due to the prevalence of commercial companies that offer continuing education. In addition, APTA members are especially drawn to open-registration revenue generating national events that attract colleagues from around the country. Chapters must be strategic and proactive in their event planning to compete for non-dues revenue in this market environment.

In addition, chapters must plan events several years in advance to obtain the best facilities, services and prices. These commitments come with deposits that often are non-refundable. There is little to no flexibility for rescheduling if a national APTA meeting, course, conclave or exposition is added to the calendar in a chapter that already has an event planned at the same time of year. A specific challenge occurs when the APTA event is in the Washington, DC area because multiple chapters may be affected due to their proximity to the host.

Main Motion to the 2021 House of Delegates



Required for Adoption: Majority Vote

Category: 8

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RC Contact: Pam White, PT, DPT
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PROPOSED BY: NEW YORK CHAPTER

RC 13-21 CHARGE: REVIEW OF YEAR-ROUND GOVERNANCE

That the American Physical Therapy Association, to ensure efficient, optimal, and equitable delegate engagement in the House of Delegates, evaluate the expectations of the House governance cycle and the resulting obligations of members, components, and APTA staff and resources to assess the purposes, outcomes, and sustainability of the House governance cycle. A report with a description of the evaluation and recommendations, including a calendar, will be made available to delegates at least two weeks before the 2022 main motion deadline.

SS:

Year-round governance has no basis in House motions or any official governance policy or procedures. It has evolved over time into year-round activities requiring the almost daily attention on the part of the delegates to posts and proposals throughout the year. In addition, the voices of very few members have seemed to dominate the constant discussion on the HUB which may not be representative of the 400+ individuals constituting the House of Delegates in any given year. The concept of year-round governance and its schedule, while perhaps in theory laudable, has become burdensome as busy professional and personal lives require the need to strike a balance. If service as a delegate to the House of Delegates is to be accessible to a diverse group of members it must be as barrier free as possible.

We suggest that House Officers in consultation with the Board of Directors establish a formal calendar that spans a limited period to allow delegates to meet their commitment as members of the House of Delegates to approve motions of notice. This would assure that delegates are acting solely in that capacity and not as a think tank or as a group to explore concepts of motions.

We suggest that the Board undertake review in its annual cycle of all the activities that have evolved around the conceptual framework of year-round governance with suggestions for development of best practice for House of Delegates activity that is efficient (most productive/least wasteful), optimal (most desirable), and equitable (fairest). The review should take into consideration, but not be limited to, all of the following:

- Efficient use of resources;
- Consideration of delegate's time and reasonable expectations of the commitment including preferences for engagement accounting for generational differences;
- Focused time by delegates on issues coming before the House of Delegates and not just mere discussion of an idea;
- Incentivize motion makers to totally vet their motions prior to submission and seek out consultation as they feel needed;
- Have the Reference Committee serve, in addition to its usual roles, in an editorial review capacity (for clarity and wording and not for conceptual framework) of any draft motion and then have the Reference Committee post the list of draft motions that have been totally vetted by the component and reviewed by key stakeholders including the Reference Committee to CSM's Chief Delegates' Forum;
- Reduce the lengthy and detailed documentation involved in submitting a motion;

- Have the Chief Delegates bring the draft motions to their individual components/delegations that would be able to offer any suggestions for revisions, amendments, etc. to the originating component;
- The draft motions with any changes, including indications of potential seconding components, would be then submitted to the Reference Committee for inclusion in Packet I within the usual requirements of at least 2 months and no more than 3 months prior to the House of Delegates meeting (standing rule #16);
- The HUB, which was originally intended as a discussion format, could be opened for delegate discussion after Packet I is available, which would still allow potential changes to be considered by the motion originator prior to the House of Delegates and presented to the House of Delegates in Packet II;
- Close the HUB 2 weeks prior to the meeting of the House of Delegates.

Other considerations may also include:

1. Having the Speaker of the House, in concert with the House members adopt positions of total transparency of intent
2. Having no surprises dropped at the last minute at any meeting of the House
3. Having delegations that are submitting motions do all their own leg work prior to the House to engender support for their motion
4. Value of the current structure of the “main motion discussion groups” that have evolved into nothing more than someone promoting their motion
5. Review to revise the Standing Rules pertaining to #15 Reference Committee and #17 Main Motion Criteria to streamline a process that has become more burdensome for the component submitting a motion and placing more power in the Reference Committee than what was originally intended in standard rules of order.

A. What is the expected outcome of this motion? How does it contribute to achieving the Vision? Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?

This motion is to establish time frames for Delegate activities to support efficient use of delegate time and engagement of all in deliberations, recognizing not all delegates are able to be engaged in deliberation all year long. Furthermore, to create a space for individual delegates to be thoughtful and reflective in important issues.

Answer: Identify the reasonable engagement and involvement of delegates in deliberations.

B. How is this motion’s subject national in scope or importance?

This motion impacts the areas of delegate focus throughout the year. Delegates can identify the seasonality of motion concepts and motion discussions, as it can be a challenge to discuss these throughout the year with consistency and with the engagement of more than a few members.

C. What previous or current activities of the House, Board, or staff address this topic? Who are the stakeholders that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)? Are there any state or federal laws or regulations which also address this topic; if so, what are they?

APTA has had various forms of Governance review the past 20 years, with focus on structure and process impacting bylaws. This motion is focused on delegate engagement in deliberation on motions, as the year-round concept has led to motion concepts discussed throughout the year, which is a challenge for individuals to monitor and maintain engagement in a meaningful way throughout the year. Our observations are a few members are engaged in motion concepts throughout the year. We realize that not all delegates are able to maintain engagement throughout the year and would like to identify reasonable expectations for all 406 delegates to be involved in these discussions.

1 **D. Additional Background Information.**

2 Year-round governance has no basis in House motions or any official governance policy or procedures. It
3 has evolved over time into year-round activities requiring the almost daily attention on the part of the
4 delegates to posts and proposals throughout the year. In addition, the voices of very few members have
5 seemed to dominant the constant discussion on the HUB which may not be representative of the 400+
6 individuals constituting the House of Delegates in any given year. The concept of year-round governance
7 and its schedule, while perhaps in theory laudable, has become burdensome as busy professional and
8 personal lives require the need to strike a balance. If service as a delegate to the House of Delegates is to
9 be accessible to a diverse group of members it must be as barrier free as possible.

10
11 We suggest that the Board undertake review in its annual cycle of all the activities that have evolved
12 around the conceptual framework of year-round governance with suggestions for development of best
13 practice for House of Delegates activity. The review should take into consideration, but not be limited to, all
14 the following:

- 15 • Efficient use of resources;
- 16 • Consideration of delegate's time and reasonable expectations of the commitment including
17 preferences for engagement accounting for generational differences;
- 18 • Focused time by delegates on issues coming before the House of Delegates and not just mere
19 discussion of an idea;
- 20 • Incentivize motion makers to totally vet their motions prior to submission and seek out consultation as
21 they feel needed;
- 22 • Have the Reference Committee serve, in addition to its usual roles, in an editorial review capacity (for
23 clarity and wording and not for conceptual framework) of any draft motion and then have the
24 Reference Committee post the list of draft motions that have been totally vetted by the component and
25 reviewed by key stakeholders including the Reference Committee to CSM's Chief Delegates' Forum;
- 26 • Have the Chief Delegates bring the draft motions to their individual components/delegations that
27 would be able to offer any suggestions for revisions, amendments, etc. to the originating component;
- 28 • The draft motions with any changes, including indications of potential seconding components, would
29 be then submitted to the Reference Committee for inclusion in Packet I within the usual requirements
30 of at least 2 months and no more than 3 months prior to the House of Delegates meeting (standing
31 rule #16);
- 32 • The HUB, which was originally intended as a discussion format, could be opened for delegate
33 discussion after Packet I is available, which would still allow potential changes to be considered by the
34 motion originator prior to the House of Delegates and presented to the House of Delegates in Packet
35 II.