

ABPTS

American Board
of Physical Therapy
Specialties

Physical Therapy Specialist Certification

General Information

August 2025

About Board Certification

The American Physical Therapy Association, a national professional organization representing 100,000 members throughout the United States, established the specialist certification program in 1978. Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physical therapist at entry into the profession.

The specialist certification program was established to formally recognize physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice and to help consumers and the health care community identify these physical therapists.

Elements of the Program

The APTA Specialist Certification Program includes three essential elements:

1. It is a voluntary process. Participation in the certification process is initiated only at the request of the individual.
2. It is a nonrestrictive process. No attempt is made to prohibit anyone from practicing in a specific area, and board-certified physical therapists are not required to restrict their practice to the area in which they are certified.
3. It is a coordinated process. ABPTS serves as the central mechanism for certifying specialists. This reduces duplication of effort and provides reasonable uniformity in the level and type of standards used as the basis for certification.

Transform your career as a physical therapist by becoming a board-certified clinical specialist. Join more than 40,000 of your esteemed peers who showcase proficiency in specialized knowledge and advanced clinical expertise. With 10 specialized paths to choose from, you can define your expertise, increase your earning potential, and propel your professional journey to new heights.

Why Become a Board-Certified Clinical Specialist?

Discover the benefits of joining this prestigious group:

- **Elevated competency:** Exceed the standards of entry-level practice by honing your expertise in a specific area.
- **Career advancement:** Open doors to higher income opportunities and career growth.
- **Professional recognition:** Gain recognition among your peers and patients for your commitment to excellence.
- **Lead the profession:** ABPTS specialists are often at the forefront of developments in research and practice, shaping the future of physical therapy.

Ready to stand out? Continue the journey to unlock the boundless potential within you.

The purposes of the APTA Specialist Certification Program are to:

- Assist in the identification and development of appropriate areas of specialty practice in physical therapy.
- Promote the highest possible level of care for individuals seeking physical therapist services in each specialty area.
- Promote development of the science and the art underlying each specialty area of practice.
- Provide a reliable and valid method for certification and recertification of individuals who have attained an advanced level of knowledge and skill in each specialty area.
- Assist consumers, the health care community, and others in identifying certified clinical specialists in each specialty area.
- Serve as a resource in specialty practice for APTA, the physical therapy profession, and the health care community.



Amy Vandermark, PT, DPT
Board-Certified Women's
Health Clinical Specialist

"Becoming board certified has always been a goal of mine. It feels great to show my commitment to my patients, my profession, and to be part of an ever-growing specialty. Preparing for the specialty exam has provided me with the opportunity to network with others who have the same passion that I do, and I'm forever thankful."

The American Board of Physical Therapy Specialties

The American Board of Physical Therapy Specialties coordinates and oversees the specialist certification process as the governing body for certification and recertification of clinical specialists. The board is composed of 12 individuals: board-certified physical therapists from nine board-certification specialty areas; one individual with expertise in test development, evaluation, and education; one non-physical therapist representing the public; and one non-physical therapist representing another health care profession.

Excerpt from "A Physical Therapy Profile: Wages Earned in the Profession, 2021-22"

A Physical Therapy Profile:
Wages Earned in the
Profession, 2021-22

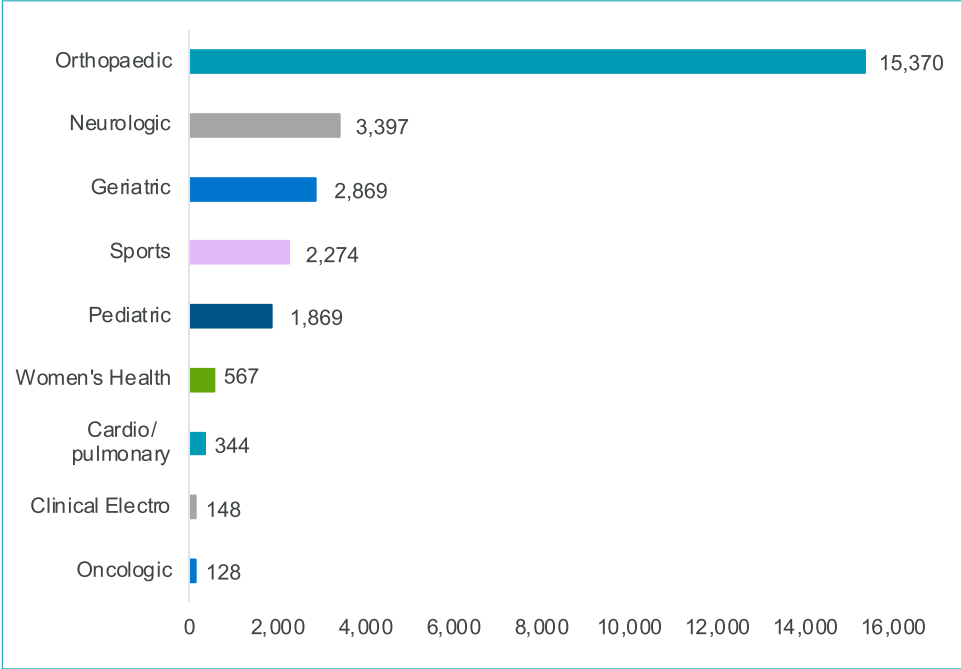
A Report From the American Physical Therapy Association

July 2023

APTA Specialist Certification

As of December 2021, 26,308 physical therapists have achieved specialist certification by the American Board of Physical Therapy Specialties. (Specialization in wound management recognized its first cohort of board specialists in 2022.)

Number of Board-Certified Specialists by Specialty Area in 2021



In analyzing the influence of board certification on wages, APTA confirmed that board certification is an independent factor generating a higher hourly rate than what is earned by physical therapists who are not board certified. The difference is an estimated \$2.27 more per hour on average across specialty areas.

Among board-certification specialties, there is evidence that hourly earnings vary (p = 0.051/effect size 0.017), much as they do between practice setting and clinical focus for all PTs.

Clinical specialization in women's health was determined to be the baseline, with the lowest hourly wage within the board specialties. The increase in hourly wage for other ABPTS clinical specialties ranges from \$2.70 for pediatrics to \$7.55 for neurology, with clinical electrophysiology being an outlier. (See Page 14 for more about this especially high wage.)

Using the average hourly increase of \$2.27, APTA estimated an annual increase in wages for board certification by multiplying the \$2.27 by 40 hours per week for 50 weeks per year (\$2.27 x 40 = \$90.80 weekly x 50 weeks). The result is an average \$4,540 bump in annual wages for board-certified specialists compared with the wages of those without board certification.



Influences of Sex/Gender or Race/Ethnicity on Wages for Clinical Specialists

Looking at wages for male versus female clinical specialists, our analysis indicates that gender identification has no influence on the benefit of hourly wage increase for board certification; male and female specialists benefit similarly by becoming board certified ($p = 0.792$). This is true even though male versus female distribution of clinical specialists within different specializations varies. For example, board-certified orthopaedic clinical specialists are almost equally distributed among APTA membership, 49.06% female and 50.94% male. On the other hand, there are more female than male clinical specialists in pediatrics (95.12% female and 4.88% male), neurology (84.45% female and 15.55% male), and geriatrics (74.32% female and 25.68% male).

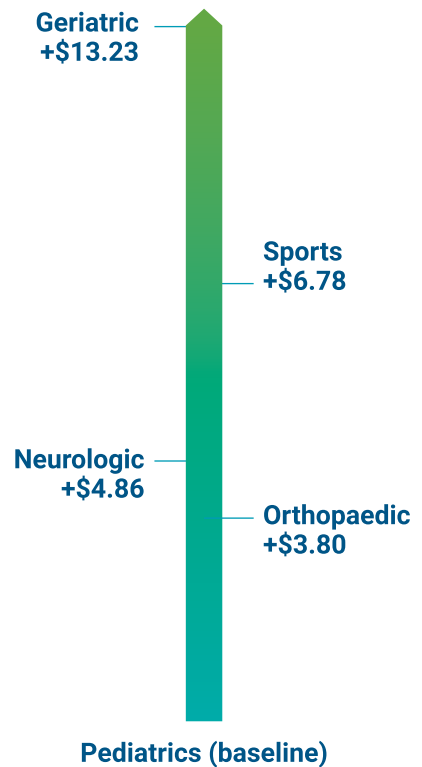
Follow-up models also revealed that board certification is not influenced by race or ethnicity ($p = 0.738$); all racial and ethnic subgroups benefit similarly from attaining board certification.

Influences of Early-Career Board Certification on Wages

In the first five years of practice, ABPTS clinical specialization is even more financially advantageous than non-certification. Early-career PTs who are board certified reported making an average estimated \$2.97 per hour more than PTs who are not board certified (equating to an estimated \$5,940 per year increase: $\$2.97 \times 40 = \118.80 weekly $\times 50$ weeks). Follow-up models revealed that this relationship does not differ by gender or race. However, it does differ by owner or partner status. Those in the first five years of practice who responded “yes” to being an owner or partner and “yes” to having a certified specialty are estimated to make approximately \$10.42 per hour (or \$20,840 per year) more than non-owners or partners who are board certified. (For non-specialists, being an owner or partner does not influence wages.)

While all early-career board-certified specialists earn more than their early-career non-certified colleagues, the extent of the increase again varies by specialty area. Pediatrics was chosen as the baseline with the lowest hourly rate; geriatrics earned the highest hourly rate, exceeding pediatrics by \$13.23.

Note that not all clinical specializations are represented in this analysis, because those included in the chart — geriatric, neurologic, orthopaedic, pediatric, and sports physical therapy — are the only areas of board certification represented in the survey results for respondents in the first five years of practice.



Eligibility
Requirements
and
Frequently
Asked Questions

Minimum Eligibility Requirements and General Information for All Physical Therapist Specialist Certification Examinations:

Cardiovascular & Pulmonary, Clinical Electrophysiologic, Geriatric, Neurologic,
Oncologic, Orthopaedic, Pediatric, Sports, Women's Health, and Wound Management

1. Licensure

Applicants must hold a current permanent/unrestricted license to practice physical therapy in the United States or any of its possessions or territories.

2. Fee Schedule/Application Deadline

Applicants are required to pay application review and examination fees. **The application review fee is non-refundable.** Upon submission of an application, applicants are granted online access to an electronic copy of the *Description of Specialty Practice (DSP)* as well as the corresponding *Self-Assessment Tool for Physical Therapists* within the online application system.

Fees for the specialist certification examinations are as follows:

Fees	APTA Member Rate	Nonmember Rate	Deadline
Application	\$535 \$635 (after July 1)	\$880 \$980 (after July 1)	July 1 (Early Bird application deadline) for: - Cardiovascular & Pulmonary - Clinical Electrophysiology - Oncology - Women's Health - Wound Management Sep. 30 (Final application deadline).
Application	\$535 \$635 (after July 31)	\$880 \$980 (after July 31)	July 31 (Early Bird application deadline) for: - Geriatric - Neurologic - Orthopaedic - Pediatric - Sports Sep 30. (Final application deadline).
Examination	\$810	\$1,535	Nov. 30 for all specialties
All applications must be submitted through the online system at http://abptsportal.apta.org/.			

3. Time Limit for Active Application/Reapplication Eligibility

Applicant files will remain active for two consecutive exam administrations, however, *eligibility for the second exam administration requires an online reapplication submission, reapplication fee, as well as the current examination fee.*

This policy applies to those who choose to delay sitting for the exam, those who are not approved to sit for the examination, and those who do not pass the exam. Eligible reapplicants will receive reapplication information by email directly from the Specialist Certification Program.

Reapplicants must meet the current application eligibility requirements to be eligible to sit for the next year's exam. After two consecutive exam administrations, an entirely new application must be submitted along with the initial applicant review fee to apply for specialist certification.

Fees	APTA Member Rate	Nonmember Rate	Deadline
Reapplication Review Fee	\$180 (in addition to any outstanding balance from previous year's application cycle).	\$180 (in addition to any outstanding balance from previous year's application cycle).	Aug. 31 for all specialties.
Examination	\$810	\$1,535	Nov. 30 for all specialties.
All applications must be submitted through the online system at http://abptsportal.apta.org/.			

4. Minimum Eligibility Requirements for all Specialty Areas

Licensure

Applicants must hold a current permanent/unrestricted license to practice physical therapy in the United States or any of its possessions or territories.

Direct Patient Care

Applicants must meet requirements for Option A or Option B.

Option A:

Applicants must submit evidence of 2,000 hours of direct patient care as a licensed United States physical therapist (temporary license excluded) in the specialty area within the last ten (10) years, 25% (500) of which must have occurred within the last three (3) years. Direct patient care must include activities in each of the elements of patient/client management applicable to the specialty area and included in the *Description of Specialty Practice* (DSP). These elements, as defined in the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention.

Option B:

Applicants must submit evidence of successful completion of an APTA-accredited post professional clinical residency, completed within the last 10 years. Applicants who are currently enrolled in an ABPTRFE-accredited clinical residency, or are enrolled in a residency program that has been granted candidacy status, may apply for the specialist certification examination in the appropriate specialty area prior to completion of the clinical residency. These applicants will be conditionally approved to sit for the examination, as long as they meet all other eligibility requirements, pending submission of evidence of successful completion of the ABPTRFE-accredited clinical residency to APTA's Specialist Certification Program, no later than one month before the examination window opens. To verify your residency program's credentialing status, please visit www.abptrfe.org.

5. Additional Requirements for *Cardiovascular and Pulmonary, Clinical Electrophysiologic, Oncology, Sports, Women's Health, and Wound Management* Specialty Areas

Cardiovascular & Pulmonary

- *Advanced Cardiac Life Support Certification*

Applicants must be currently certified in Advanced Cardiac Life Support by the American Heart Association

- *Research and Evidence-Based Practice Requirement*

All applicants must submit evidence of an activity involving research and evidence-based practice, directly related to the cardiovascular and pulmonary specialty area. This requirement is met by submitting either a data analysis project or a case report.

- *Data Analysis Project*

Applicants must submit evidence of involvement in the formulation, implementation, and completion of a clinical data analysis project directly related to the cardiovascular and pulmonary specialty area of physical therapy. The project must be completed within the last 10 years and while the applicant was as a licensed physical therapist. Projects must start with a question or purpose and devise a methodology to answer the question, collect data, determine the results, and reach a conclusion.

- *Case Report*

Applicants must submit one case report demonstrating specialty practice in cardiovascular and pulmonary physical therapy. This case report must be based on a patient or client seen within the last three years and as a licensed physical therapist.

The purpose of the case report is to document competency in patient and client management in the specialty area. Patient management in a clinical case reveals clinical reasoning skills that are essential to demonstrating competency in the cardiovascular and pulmonary physical therapy specialty area. Patient and client management has five elements — examination, evaluation, diagnosis, prognosis, and intervention — which lead to optimal outcomes of care. Select a typical case in your practice for which you can provide evidence that demonstrates your competency in all five elements. The case should demonstrate the specialized care of a cardiovascular and pulmonary physical therapist. ABPTS may audit your submitted case report to verify its authenticity.

Clinical Electrophysiology

- *Additional Requirements*

- *Patient Reports*

Three actual patient reports completed by the applicant with waveforms must be submitted and will be reviewed by a panel of board-certified physical therapists. The physical therapist examiner is to reflect upon the referring diagnosis or reason for referral, patient presentation, clinical examination findings, medical history and review of systems, pertinent literature, and the pattern, nature and quality of their electrophysiologic findings when evaluating their testing approach, quality of testing, and the study findings in support of the underlying impression(s) and clinical correlates.

- *Testing Logs*

Option A applicants must submit a log of the most recently completed 500 electrodiagnostic examinations conducted within the last 10 years. Option B applicants must submit a log the most recently completed 300 electrodiagnostic examinations conducted within the last 10 years. These logs need to include the date of the study (month and year) and outcome of testing (e.g., polyneuropathic process, proximal compromise or nerve root involvement, focal peripheral nerve compromise). Any protected health information must be removed from the log.

Oncology

- *Case Report*

All applicants must submit one case report demonstrating specialty practice in oncology. This case report must be based on a patient or client seen within the last three years. The purpose of the clinical case report is to document competency in patient and client management in the specialty area. Patient and client management in a clinical case reveals clinical reasoning skills that are essential to demonstrating competency in the oncologic physical therapy specialty area.

Guidelines for case selection: Patient and client management has five elements — examination, evaluation, diagnosis, prognosis, and intervention — which lead to optimal outcomes of care. Please select a typical case in your practice where you can provide evidence that demonstrates your competency in all five elements. The case should provide a clear picture of how the oncologic specialist provided care that is beyond that of an entry-level practitioner. ABPTS may audit your submitted case report to verify its authenticity.

Sports

CPR Certification

The applicant must be currently certified in Cardiopulmonary Resuscitation (CPR) by completing the American Heart Association's BLS Healthcare Provider Course or American Red Cross' CPR for the Professional Rescuer course.

Acute Management of Injury & Illness

The applicant must submit evidence of current knowledge in national First Responder standards and Emergency Cardiovascular Care (ECC) guidelines with your application. Acceptable evidence includes **current** evidence of one of the following:

- Certification as an Emergency Medical Responder by the American Red Cross
- Certification or licensure as an Emergency Medical Technician
- Certification or licensure as a Paramedic
- Certification as a Certified Athletic Trainer by the National Athletic Trainers Association Board of Credentialing (NATABOC).

Acceptable training to attain the Acute Management of Injury and Illness certification includes the American Red Cross Emergency Medical Response Courses. If you are planning to take the American Red Cross Emergency Medical Response course to meet the emergency care minimum eligibility requirements, but have not completed the course at the time of the application deadline (July 31), please indicate when and where you anticipate taking the course.

Applicants who wish to have the specialty council evaluate whether an equivalent level emergency care training course meets the minimum eligibility requirements must submit information about the course (syllabus, description, textbook, etc.) to the Sport Specialty Council for review **prior to the July 31 application deadline**.

The request and materials to be reviewed are to be e-mailed to Spec-Cert@apta.org

Women's Health

- *Case Reflection*

All applicants must submit one case reflection demonstrating specialty practice in women's health. This case report must be based on a patient or client seen within the last three years. The purpose of the clinical case reflection is to document patient and client management competency in the specialty area. Patient management in a clinical case reveals clinical reasoning skills essential to demonstrating competency in the women's health physical therapy specialty area (as per the Description of Specialty Practice, male pelvic health cases also will be accepted).

Guidelines for case selection: Patient and client management has five elements — examination, evaluation, diagnosis, prognosis, and intervention — that lead to optimal outcomes of care. Please select a typical case in your practice to provide evidence that demonstrates your competency in all five elements. The case should provide a clear picture of how the applicant provided care beyond that of an entry level practitioner. ABPTS may audit your submitted case reflection to verify its authenticity.

Wound Management

- *Case Report*

All applicants must submit one case report demonstrating specialty practice in wound management. This case report must be based on a patient or client seen within the last three years. The purpose of the clinical case report documents competency in patient and client management, revealing clinical reasoning skills that are essential to demonstrating competency in the wound management specialty area.

Guidelines for case selection: Patient and client management has five elements that lead to optimal outcomes of care: examination, evaluation, diagnosis, prognosis, and intervention. Please select a typical case in your practice through which you can provide evidence that demonstrates your competency in all five elements. The case should provide a clear picture of how the wound management clinical specialist provided care that is beyond that of an entry-level practitioner. ABPTS may audit your submitted case report to verify its authenticity.

6. Application

The online application system is accessible through <http://abptsportal.apta.org/>. All applicants must describe their physical therapy practice experience for each position and facility within the online application or on the appropriate hard copy application forms. Applicants must also chart their experience by year to ensure that they meet recency requirements. Applicants must document the number of direct patient care hours in the specialty.

7. Applying for a Second Area of Certification

Applicants must submit a complete set of application materials and fees for each specialist certification exam. ABPTS policy does not permit an applicant who applies for certification in a second specialty area to submit the same direct patient hours for more than one specialty area. Specialty councils will review previously submitted applications for duplication of hours. The ABPTS and specialty councils do not recommend that applicants apply in more than one specialty area during the same year.

What Activities Constitute Direct Patient Care?

Applicants for specialization certification in physical therapy and applicants for re-certification frequently ask questions related to the activities that they may include in calculating their “direct patient care” hours.

Because each situation is different, there is no specific list of activities that may always be included or excluded as direct patient care. However, a guiding principle to consider for defining direct patient care is: **the activities that a therapist participates in that have a direct influence on the care of a specific patient or client. *This work can be fee based or pro bono.***

Eligible direct patient care hours only include the time spent practicing within your specific specialty area.

Some examples of approved direct patient care activities:

1. Team meetings where the needs of one or more specific patients are discussed and evaluated, regardless of whether or not the patient and family are present.
2. Your consultation services if your evaluation and input directly impact a specific patient.
3. Time spent preparing home exercise programs for specific patients.
4. Time spent reviewing medical records prior to seeing a specific patient or patients.
5. For senior therapists or heads of departments, time spent reviewing the physical therapy documentation in the records of all of the patients in his/her unit. **Note: these hours can only be utilized once and cannot also be used for other categories such as administration.**
6. Time spent teaching a family how to help or care for a specific patient through a home exercise program.
7. Screening of individual participants in a community senior center for risk of falls.
8. Screening of new clients of a fitness center in order to prevent injury once they start exercising.
9. Involvement in a research project where patients are directly influenced or affected by your interaction. This interaction can be on a 1-on-1 basis or in a group setting, as long as the care of the patient or patients are directly influenced or affected by your interaction. **Note: these hours can only be utilized once and cannot also be used to calculate research activities points.**
10. If you teach a course that involves working with a group of students to evaluate and treat a specific patient or patients, the time spent in this activity that has a direct influence on a specific person counts towards your direct patient care hours. **Note: these hours could also count as clinical supervision but cannot be allocated to both categories in the Professional Development Portfolio.**
11. Time spent providing feedback on a written case from one of your students that is on a clinical affiliation, **for a patient the student is currently treating.** This feedback should be discussed with their clinical instructor and changes implemented as needed.
12. Time spent providing acute care and injury management for athletes in venues where athletes practice and compete.

Physical Therapy Specialist Certification

Frequently Asked Questions

Following are answers to typically asked questions regarding the specialist certification process. Email the APTA Specialist Certification Program (spec-cert@apta.org) if you have additional questions.

1. In which physical therapy specialty areas can I apply for certification?

- Cardiovascular & Pulmonary
- Clinical Electrophysiology
- Geriatrics
- Neurology
- Oncology
- Orthopaedics
- Pediatrics
- Sports
- Women's Health
- Wound Management

2. How soon after completion of an entry-level physical therapy program can someone apply to take a certification examination?

After gaining at least 2,000 hours of clinical practice experience working directly with patients in the chosen specialty area, a clinician may opt to sit for the specialist certification examination. Although a clinician may complete the required number of hours in about 1½ -2 years, it is anticipated that it may take longer because of factors like work setting, job, and specialty area. It also may take more practice experience to obtain the depth and breadth of knowledge necessary to be successful on the board certification examination.

3. How do I determine if I am ready to take the specialty examination?

Physical therapists who are interested in sitting for the specialist certification examinations are encouraged to assess their readiness to successfully complete the specialist certification process. Certain APTA documents, such as the *Description of Specialty Practice* and *Self-Assessment Tools for Physical Therapists*, may be useful.

Description of Specialty Practice

After conducting a practice analysis study, each specialty area develops an extensive list of significant knowledge, skills, and abilities related to clinical practice in that specialty area. These items are validated by a group of experts for relevance to actual clinical performance, significance in safe and effective practice, and to ensure that their performance requires advanced knowledge and skill. The specialty council develops the written exam from this *Description of Specialty Practice*, and includes a percentage of questions from each of the major content areas identified in the practice analysis study.

Self-Assessment Tool

The *Self-Assessment Tools for Physical Therapists* are designed to help individuals evaluate their current level of knowledge and skills in the specialty area against a set of nationally accepted advanced clinical competencies. Upon completing the competency ratings, physical therapists can begin to develop a professional development plan to increase knowledge and skills in practice in the specialty area. The plan might include continuing education courses, college/university courses, mentoring, or clinical residency.

For those individuals that are planning to submit an application, upon submission of an application, applicants are granted online access to an electronic copy of the *Description of Specialty Practice* (DSP) as well as the corresponding *Self-Assessment Tool for Physical Therapists*. Applicants may find these books helpful for organizing exam preparation. The DSPs can also be ordered separately on-line at www.apta.org or by contacting Member Services on 1 800 999-2782.

4. Does completion of an APTA-accredited residency qualify me to sit for the specialty examination?

Yes. Applicants for all specialty examinations have the option of submitting evidence of successful completion of an APTA – accredited clinical residency in the specialty area within the last ten (10) years to replace all or some of the clinical experience required to sit for the specialist certification examination.

5. How long does it take to complete online the application?

Most applicants say that it takes two to four hours to complete the online application.

6. Do facilities subsidize the cost of specialist certification?

Many candidates are reimbursed for their application and examination fees. Many candidates report that funds to subsidize part or all of the fees associated with specialist certification are drawn from career development or continuing education funds maintained by their facility.

7. How should I prepare for the exam? How long will it take me to prepare?

Candidates report that review of advanced level texts and current physical therapy research journals were the most helpful method of exam preparation. Some APTA Sections have prepared general resource guides of literature related to their specialty area. **(The ABPTS and specialty councils do not review or endorse the content of review materials).** The Specialist Certification Program also maintain a list of candidates who wish to participate in study groups so that you may contact other candidates in your local area.

The intent of the examination is to test the knowledge of *practicing clinicians*, and specialty councils suggest that applicants use the outline provided in the *Description of Specialty Practice* to target areas in which they may need "to brush up." Also, keep in mind that the exams cover the current scope of physical therapy practice, and candidates should keep abreast of widely accepted practice and current published research in their specialty area.

As for the time it takes to prepare for the exam, results from a recent survey of candidates indicated that they spent an average of 267 hours preparing.

8. Are there review courses for the examinations?

Please contact the **APTA Academy/Section** in your specialty area for information on the availability of continuing education courses and review courses that cover advanced specialty practice. Not all specialty academies/sections offer review courses. **NOTE: The ABPTS and specialty councils do not review or endorse the content of any courses.**

9. *How is the exam administered?*

The examination is administered by computer through PSI testing centers. PSI provides a tutorial at the beginning of the examination session to familiarize candidates with using the computer testing format responding to the questions, using the aids available for review of items, and the timing of the examination. Candidates may use up to ten minutes before beginning the examination to complete this tutorial. The Specialist Certification Program has made this tutorial available through its website and a link to this tutorial is provided to all approved candidates so that they may familiarize themselves with the examination format before the actual examination day.

10. *How long is the examination? What is the format of the exam?*

The exam, which contains approximately 200 items, is designed to objectively measure the application of advanced knowledge and skills required of physical therapy clinical specialists as described in the *Description of Specialty Practice* (DSP) for each specialty area. The exam is composed of objective multiple-choice questions that either stand-alone or are part of a series that relates to a case study.

Candidates are given six (7) hours to complete the specialist certification examination. The examination is administered in four 1½ hour testing periods, with an optional break after any section (up to 50- minutes), and a post-test survey if time is available within testing session.

11. *How are test items developed for the examination?*

The ABPTS and specialty councils established a Specialization Academy of Content Experts (SACE) and work with the National Board of Medical Examiners to train SACE members to write test questions. Members of SACE are usually certified specialists and represent a wide diversity of experience in type of practice setting, practice focus, geographic region, gender, age, schools of thought, etc. Workshops for members of SACE are held each year at the APTA Combined Sections Meeting and are run by the National Board of Medical Examiners. Subject matter experts and test editors extensively review and edit test questions before they are placed on an examination.

12. *How are the passing scores set for the examinations?*

The certification examinations are criterion-referenced, which means that each test assesses a clearly defined domain of knowledge and skills. You will be certified upon achievement of a passing score on the examination. The passing score is based on a performance standard set by a study conducted by a panel of clinical experts. The panel includes individuals representing diversity in practice setting, theoretical perspective, and geographic region. You meet the standards by proving mastery of the content, regardless of the performance of other candidates on the exam.

13. *Who makes the final decision regarding certification?*

The American Board of Physical Therapy Specialties (ABPTS) is the governing and decision-making body of the certification process. Following the exam administration, ABPTS will review the exam results and make the final certification decisions during their annual May board meeting.

14. May I take the exam again if I don't pass the first time?

YES, you may retake the examination the following year by submitting a reapplication form, an update of direct patient care hours, current license verification, and a reapplication review fee of \$180. Repeat candidates, or those who deferred sitting for a certification exam, must at the time of their reapplication meet all eligibility requirements for the current examination administration. An application will remain on file for only 2 exam administrations, and after that time an applicant must submit an entirely new application and review fee to be eligible to sit for the exam.

15. What effect has board certification had on those who have been certified?

Surveys of certified specialists indicate a variety of benefits from specialization and positive effects on both their personal and professional lives. Certified specialists spend an increased amount of time in research, teaching, consultation, and scholarly and professional activities, and report that specialist certification has had a positive effect on the number of consultations, invited presentations, new job opportunities, and the opportunity for increased responsibility. About 75% of recently surveyed certified specialists indicate that specialist certification positively affected their patient care. These certified specialists also report an increase in prestige in clinical, academic, and community settings and in their professional association. Personal rewards associated with specialist certification may include an increase in self-confidence, sense of personal achievement, and a more interesting and fulfilling career.

16. Can I expect to receive salary increases or promotions if I achieve board certification?

Some certified specialists have reported an increase in salary, title, and job opportunities after receiving certification. Facilities are beginning to incorporate the specialist certification process into their career ladder system.

17. What recognition will I receive if I am certified as a clinical specialist?

A special Ceremony for Recognition of Clinical Specialists is held annually at the APTA Combined Sections Meeting where you will be recognized by your peers. All newly certified specialists receive an 11"x 14" certificate to display as evidence of certification, and a specialist certification pin denoting an individual has achieved board certification in their specialty. In addition, certified specialists may designate their certification by using Board-Certified [Specialty] Clinical Specialist as an example. The Specialist Certification Program also maintains an on-line *Directory of Certified Clinical Specialists* available for those in the profession to make referrals, and for the consumer's use. The Directory is available through the specialist certification website, www.abpts.org.

MAINTENANCE OF SPECIALIST CERTIFICATION (MOSC)

ABPTS has developed a model for maintaining certification that focuses on continuing competence of the physical therapist specialist. This new model has been titled the “Maintenance of Specialist Certification” and includes the following elements:

- Professional Standing and Direct Patient Care Hours.
- Commitment to Lifelong Learning Through Professional Development.
- Practice Performance Through Examples of Patient Care and Clinical Reasoning.
- Cognitive Expertise Through a Test of Knowledge in the Profession.

Requirement 1: Professional Standing and Direct Patient Care Hours

In years 3, 6, and 9, a specialist must submit evidence of current licensure as a physical therapist in the United States or any of its possessions or territories.

In years 3, 6, and 9, a specialist must submit evidence of 200 hours of direct patient care acquired in the specialty area within the last 3 years. Direct patient care hours accrued in year 10 may be applied to the year 3 requirements for the next MOSC cycle.

Requirement 2: Commitment to Lifelong Learning Through Professional Development

Each board-certified specialist is obligated to participate in ongoing professional development, **within his or her designated specialty area**, which leads to a level of practice consistent with acceptable standards. Each specialist may choose to pursue professional development that leads to a level of practice beyond prevailing standards.

A web-based system to track continuing competence in a specialty area will be developed. This system will provide an individual account tracking mechanism for each specialist to record professional development activities during years 3, 6, and 9 of his or her certification cycle. There is not an hour requirement in this area, but the specialist must show evidence of professional development activities (equivalent to 10 MOSC credits) within 2 of the 3 designated activity categories in years 3, 6, and 9. By year 9, a specialist must have accrued a minimum of 30 MOSC credits and demonstrated professional development in each of the 3 designated activity categories. These activities include professional services, continuing education coursework, publications, presentations, clinical supervision and consultation, research, clinical instruction, and teaching.

Requirement 3: Practice Performance Through Examples of Clinical Care and Reasoning

The purpose of this requirement is to document continuing competency in patient/client management in the specialty area.

The specialist will use an online system to complete 1 reflective portfolio submission in years 3, 6, and 9 of his or her certification cycle. These reflective portfolio submissions will be used to demonstrate the specialist’s use of clinical care and reasoning. Each submission must have a reflective component and must have documentation that reflects clinical reasoning.

These reflective portfolio submissions will not be scored but will be screened for completion of required information and reflection.

Requirement 4: Cognitive Expertise Through a Test of Knowledge in the Profession

During year 10 of the certification cycle, the specialist will be required to sit for a recertification examination, comprising approximately 100 items. The exam will be specialty specific, assess an individual’s cognitive expertise in the specialty area, and **reflect contemporary specialist practice**.

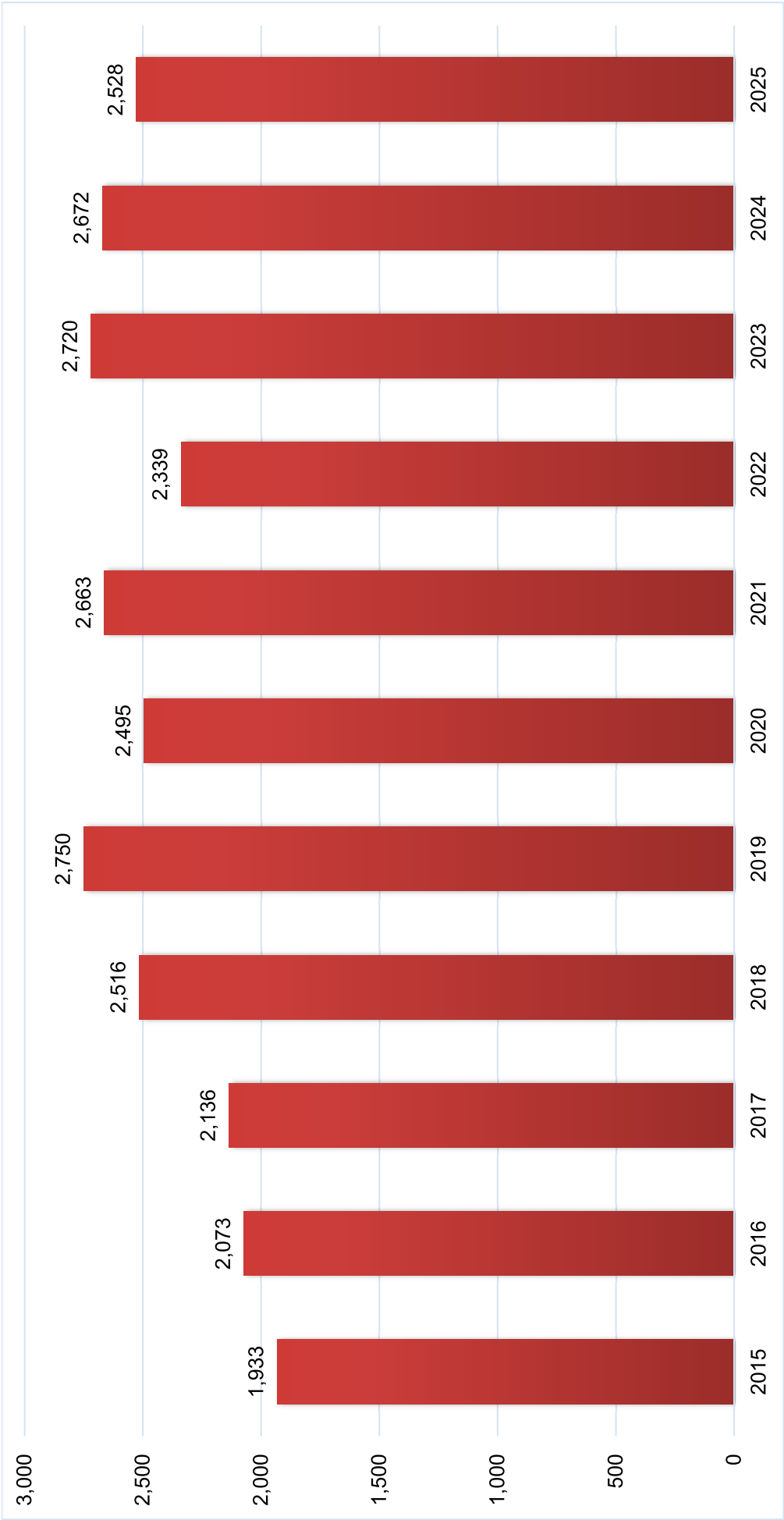
The exam blueprint breakdown for this exam will mirror that of the initial certification exam, as noted in the various *Descriptions of Specialty Practice*. Items will be coded and pulled from existing specialty item banks.

Successful completion of requirements 1-3 are prerequisites for sitting for the recertification exam. If a specialist fails to receive a passing score after the first attempt, he or she will be permitted to sit for the exam 1 additional time and will maintain his or her certification during this 1-year grace period.

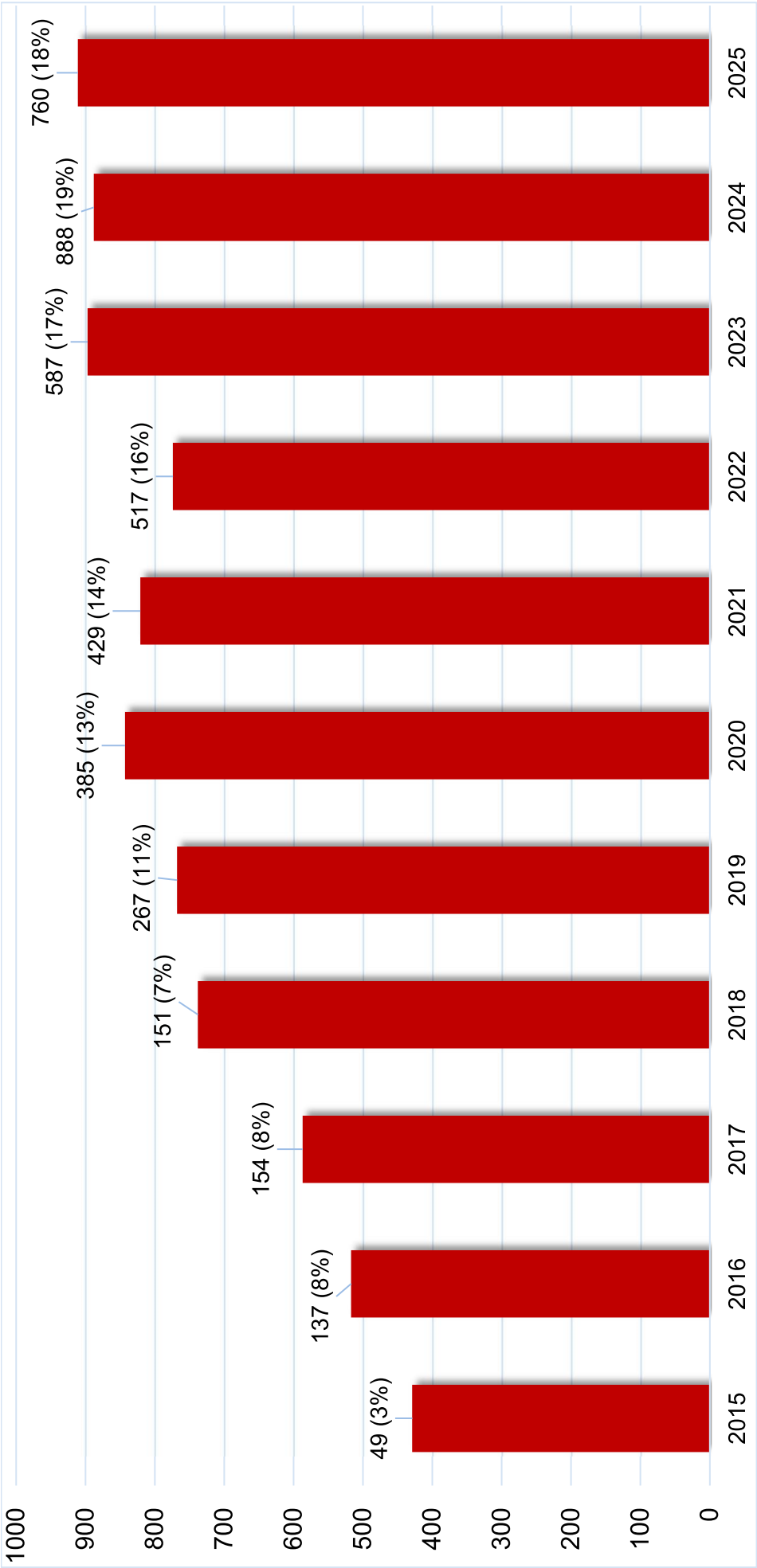
Any additional questions/concerns should be addressed to staff at spec-recert@apta.org or 800/999- APTA (2782), ext 3390.

Certified Specialist Statistics

Number of Certified Specialists



Number of Residency Applicants



Number of Newly Certified Specialists in Physical Therapy, 1985—2025

Information updated August 2025

Specialty Area	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Cardiovascular & Pulmonary	3	5		4	5	1	4	5	9	9
Clinical Electrophysiologic		4	2	7	9	3	5	6	9	6
Geriatric								14	20	41
Neurologic			3	2	4	8	6	4	18	38
Oncologic										
Orthopaedic					26	35	45	79	140	160
Pediatric		4	5	7	3	9	9	10	43	54
Sports			16	16	6	10	13	18	29	40
Women's Health										
Wound Management										
TOTAL	3	13	26	36	53	66	82	136	268	348

Number of Newly Certified Specialists in Physical Therapy, 1985—2025, cont.

Specialty Area	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Cardiovascular & Pulmonary	6	3	3	9	5	4	10	3	6	6	10
Clinical Electrophysiologic	7	4	1	5	4	5	7	7	12	9	3
Geriatric	40	57	55	87	82	50	31	39	54	52	62
Neurologic	33	26	28	29	21	32	37	46	39	39	45
Oncologic											
Orthopaedic	169	210	148	233	181	227	243	323	344	390	451
Pediatric	28	47	41	36	35	56	53	59	67	57	47
Sports	37	25	29	31	20	25	32	31	39	42	43
Women's Health											
Wound Management											
TOTAL	320	372	305	430	348	399	413	508	561	595	661

Number of Newly Certified Specialists in Physical Therapy, 1985—2025, cont.

Specialty Area	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cardiovascular & Pulmonary	9	11	5	3	10	7	21	11	31	17	19
Clinical Electrophysiologic	10	5	6	3	7	3	7	4	3	5	9
Geriatric	88	73	82	79	103	143	170	140	159	215	197
Neurologic	77	58	76	88	84	113	148	158	243	226	259
Oncologic											
Orthopaedic	502	542	531	611	567	689	809	877	973	1061	1164
Pediatric	49	68	67	89	68	81	86	93	107	107	130
Sports	67	71	68	67	79	114	126	132	198	252	238
Women's Health				61	21	29	43	40	32	50	57
Wound Management											
TOTAL	802	828	835	1,001	939	1,179	1,410	1,455	1,746	1,933	2,073

Number of Newly Certified Specialists in Physical Therapy, 1985—2025, cont.

Specialty Area	2017	2018	2019	2020	2021	2022	2023	2024	2025	TOTAL
Cardiovascular & Pulmonary	28	32	35	29	39	42	48	42	42	549
Clinical Electrophysiologic	2	5	8	12	6	6	22	13	18	251
Geriatric	285	315	332	251	312	209	275	209	179	4,321
Neurologic	302	358	387	366	417	341	403	403	392	4,965
Oncologic			68	37	23	32	23	33	37	216
Orthopaedic	1163	1475	1528	1,422	1,439	1,246	1,398	1,393	1,310	22,794
Pediatric	134	145	147	164	192	158	196	159	141	2,909
Sports	174	134	189	153	174	223	252	321	316	3,534
Women's Health	48	52	56	61	61	70	92	91	90	864
Wound Management						12	11	8	3	31
TOTAL	2,136	2,516	2,750	2,495	2,663	2,339	2,720	2,672	2,528	42,962

Certified Specialists by State

Information updated August 2025

State	Cardio. & Pulm.	Clinical Electro.	Geriatric	Neurology	Orthopaedic	Oncology	Pediatrics	Sports	Women's Health	Wound Mgmt	Total
Alabama (AL)	4	8	32	33	131	1	12	24	3	0	248
Alaska (AK)	2	3	6	14	119	1	4	8	3	0	160
Alberta (AB)	0	0	0	1	2	0	0	0	0	0	3
Arizona (AZ)	11	5	67	117	337	4	46	82	18	0	687
Arkansas (AR)	1	3	16	17	95	0	25	11	6	0	174
Australia (AUS)	0	0	0	1	0	0	1	0	0	0	2
British Columbia (BC)	0	0	1	0	1	0	0	1	0	0	3
California (CA)	26	10	333	469	2388	22	297	246	86	4	3881
Colorado (CO)	14	3	65	155	625	7	73	112	20	0	1074
Connecticut (CT)	7	1	48	52	303	5	26	24	7	0	473
Delaware (DE)	1	0	25	18	74	1	10	24	1	0	154

Certified Specialists by State, cont.

State	Cardio. & Pulm.	Clinical Electro.	Geriatric	Neurology	Orthopaedics	Oncology	Pediatrics	Sports	Women's Health	Wound Mgmt.	Total
District of Columbia (DC)	2	0	7	18	50	0	8	9	5	0	99
Florida (FL)	26	6	166	265	790	17	117	169	42	1	1599
Georgia (GA)	18	16	57	125	512	5	64	73	18	5	893
Guam (GU)	0	0	0	0	4	0	0	0	0	0	4
Hawaii (HI)	2	0	5	12	94	2	3	6	4	0	128
Idaho (ID)	0	2	20	20	173	2	16	35	7	0	275
Illinois (IL)	28	2	102	219	729	9	101	71	54	0	1315
Indiana (IN)	9	2	33	59	287	4	24	49	18	1	486
Iowa (IA)	2	1	31	22	170	0	26	24	7	0	283
Ireland (IRE)	0	0	0	1	1	0	0	0	0	0	2
Kansas (KS)	2	0	17	17	114	2	7	16	4	0	179
Kentucky (KY)	4	15	40	51	207	2	27	26	11	1	384
Louisiana (LA)	3	0	27	35	212	3	25	37	10	1	353

Certified Specialists by State, cont.

State	Cardio. & Pulm.	Clinical Electro.	Geriatric	Neurology	Orthopaedic	Oncology	Pediatrics	Sports	Women's Health	Wound Mgmt	Total
Maine (ME)	4	0	51	20	75	1	12	14	2	0	179
Maryland (MD)	15	6	85	91	349	3	52	51	17	0	669
Massachu- setts (MA)	29	0	148	162	453	4	73	56	21	0	946
Michigan (MI)	21	1	74	96	352	11	42	58	30	1	686
Military Overseas (AA)	0	0	0	0	5	0	0	0	1	0	6
Military Overseas (AE)	0	0	0	2	31	0	0	3	0	0	36
Military Overseas (AP)	0	0	1	0	24	0	1	8	0	0	34
Minnesota (MN)	11	1	89	111	513	7	39	108	12	1	892
Mississippi (MS)	2	0	8	23	56	0	12	15	2	1	119
Missouri (MO)	11	1	57	74	239	2	23	25	25	0	457
Montana (MT)	3	0	12	11	139	0	11	15	2	0	193
Nebraska (NE)	3	0	30	29	121	1	26	27	6	1	244
Nevada (NV)	1	0	23	17	102	0	13	17	6	2	181
New Hampshire (NH)	0	0	23	23	80	0	14	9	2	0	151

Certified Specialists by State, cont.

State	Cardio & Pulm.	Clinical Electro .	Geriatric	Neurology	Orthopaedic	Oncology	Pediatrics	Sports	Women's Health	Wound & Mgmt	Total
New Jersey (NJ)	18	2	150	157	651	9	99	86	18	0	1190
New Mexico (NM)	3	0	11	18	67	0	6	9	4	0	118
New York (NY)	31	17	228	279	932	8	158	162	39	0	1854
North Carolina (NC)	27	15	132	173	692	11	80	135	39	1	1305
North Dakota (ND)	0	0	11	12	58	1	9	17	4	0	112
Ohio (OH)	9	1	94	190	584	8	82	136	26	0	1130
Oklahoma (OK)	0	1	15	21	148	2	14	25	4	0	230
Ontario (ON)	0	0	1	1	6	0	0	1	0	0	9
Oregon (OR)	3	1	55	63	404	6	35	47	17	0	631
Overseas	0	0	0	2	7	0	0	0	0	0	9
Pennsylvania (PA)	23	23	216	269	764	7	127	121	44	1	1595
Puerto Rico (PR)	0	0	2	3	2	0	0	0	0	0	7
Quebec (QC)	0	0	0	0	1	0	0	0	0	0	1
Rhode Island (RI)	1	0	16	12	90	1	9	9	2	0	140
South Carolina (SC)	4	2	62	58	292	2	35	51	10	2	518
South Dakota (SD)	0	0	13	8	54	1	1	13	2	0	92
Tennessee (TN)	4	5	94	53	368	3	43	55	6	0	631

Certified Specialists by State, cont.

State	Cardio & Pulm.	Clinical Electro .	Geriatric	Neurolog y	Orthopaedi c	Oncolog y	Pediatric s	Sport s	Women' s Health	Woun d Mgmt	Total
Texas (TX)	34	10	207	335	1275	23	161	296	58	6	2405
United Kingdom (UK)	0	0	1	1	2	0	0	0	0	0	4
Utah (UT)	5	7	25	62	227	2	21	30	7	0	386
Vermont (VT)	2	0	12	18	45	0	4	11	1	0	93
Virgin Islands (VI)	0	0	0	0	1	0	0	0	0	0	1
Virginia (VA)	14	8	98	133	640	2	65	106	22	1	1089
Washington (WA)	11	6	112	99	727	9	51	89	28	0	1132
West Virginia (WV)	3	1	10	7	53	2	7	7	4	0	94
Wisconsin (WI)	6	0	58	73	458	3	34	72	17	0	721
Wyoming (WY)	0	1	7	7	60	0	3	7	1	1	87
Total	460	186	3329	4434	18565	216	2274	2938	803	31	33236

ABPTS Examination Pass Rates, 2021—2025

Examination Year	Examinees	Passed	Option A Pass Rate	Option B Pass Rate	Overall
2021	3238	2663	77%	94%	82%
2022	3051	2339	75%	87%	77%
2023	3125	2721	85%	93%	87%
2024	3092	2689	84%	95%	87%
2025	2969	2550	83%	94%	86%

2021 Exam Year by Specialty	Examinees	Passed	Option A Pass Rate	Option B Pass Rate	Overall
Cardiovascular & Pulmonary	47	39	80%	86%	83%
Clinical Electrophysiology	8	6	60%	100%	75%
Geriatrics	345	312	90%	100%	90%
Neurology	480	417	84%	98%	87%
Oncology	28	23	78%	100%	82%
Orthopaedics	1778	1439	78%	91%	81%
Pediatrics	233	192	82%	89%	82%
Sports	250	174	60%	81%	70%
Women's Health	69	61	85%	100%	88%
Wound Management	N/A	N/A	N/A	N/A	N/A

2022 Exam Year by Specialty	Examinees	Passed	Option A Pass Rate	Option B Pass Rate	Overall
Cardiovascular & Pulmonary	54	42	74%	86%	78%
Clinical Electrophysiology	12	6	50%	50%	50%
Geriatrics	264	209	78%	93%	79%
Neurology	417	341	78%	98%	82%
Oncology	34	32	93%	100%	94%
Orthopaedics	1674	1246	71%	85%	74%
Pediatrics	190	158	81%	96%	83%
Sports	306	223	69%	81%	73%
Women's Health	83	70	81%	95%	84%
Wound Management	16	12	75%	N/A	75%

ABPTS Examination Pass Rates, 2021—2025, cont.

2023 Exam Year by Specialty	Examinees	Passed	Option A Pass Rate	Option B Pass Rate	Overall
Cardiovascular & Pulmonary	57	48	81%	100%	84%
Clinical Electrophysiology	27	22	89%	78%	81%
Geriatrics	310	275	88%	100%	89%
Neurology	430	403	92%	99%	94%
Oncology	30	23	76%	80%	77%
Orthopaedics	1581	1399	86%	93%	88%
Pediatrics	226	196	87%	88%	87%
Sports	345	252	65%	86%	73%
Women's Health	107	92	81%	100%	86%
Wound Management	12	11	92%	N/A	92%

2024 Exam Year by Specialty	Examinees	Passed	Option A Pass Rate	Option B Pass Rate	Overall
Cardiovascular & Pulmonary	52	42	76%	100%	81%
Clinical Electrophysiology	18	13	100%	64%	72%
Geriatrics	305	209	67%	88%	69%
Neurology	430	403	92%	99%	94%
Oncology	45	33	71%	100%	73%
Orthopaedics	1592	1410	85%	96%	89%
Pediatrics	180	159	87%	94%	88%
Sports	347	321	92%	93%	93%
Women's Health	115	91	77%	87%	79%
Wound Management	8	8	100%	N/A	N/A

2025 Exam Year by Specialty	Examinees	Passed	Option A Pass Rate	Option B Pass Rate	Overall
Cardiovascular & Pulmonary	52	42	78%	100%	81%
Clinical Electrophysiology	25	18	83%	68%	72%
Geriatrics	263	179	66%	95%	68%
Neurology	427	392	89%	100%	92%
Oncology	42	37	86%	100%	88%
Orthopaedics	1536	1332	84%	93%	87%
Pediatrics	175	141	80%	82%	81%
Sports	331	316	92%	99%	95%
Women's Health	115	90	74%	90%	78%
Wound Management	3	3	100%	N/A	100%

Recertified Clinical Specialists by Year

Information updated August 2025

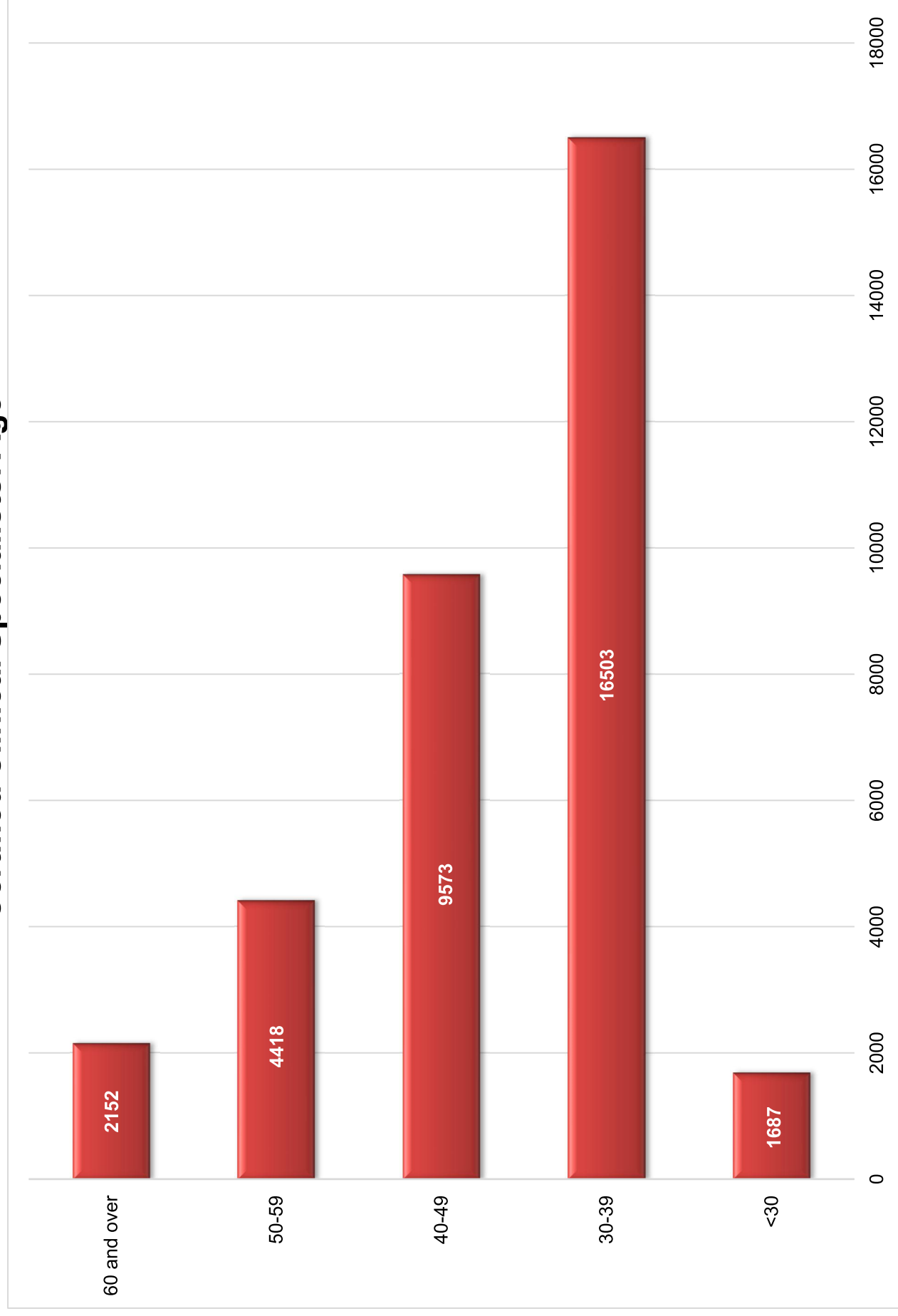
Specialty Area	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Cardiovascular & Pulmonary	3	2	6	3		2	3	7	8	6
Clinical Electrophysiology	7	4	6	3	3	3	6	7	5	4
Geriatric							8	12	26	20
Neurologic	1	2		5	5	2	1	15	15	24
Orthopaedic		1	12	26	14	42	63	116	109	135
Pediatric	5	6	2	6	5	8	9	33	40	22
Sports	12	7	6	7	9	7	12	26	24	26
Women's Health										
Total:	28	22	32	50	36	65	102	216	227	237

Specialty Area	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cardiovascular & Pulmonary	1	7	10	4	3	8	7	7	8	11
Clinical Electrophysiology	9	4	9	6	9	7	7	10	9	4
Geriatric	23	28	38	34	34	18	34	40	51	38
Neurologic	7	20	17	18	28	27	33	34	37	48
Orthopaedic	115	90	163	142	219	200	224	277	306	374
Pediatric	29	27	22	25	50	36	56	51	58	36
Sports	28	27	24	14	28	31	29	40	56	41
Women's Health										
Total:	212	203	283	243	371	327	390	459	525	552

Specialty Area	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Cardiovascular & Pulmonary	12	8	9	6	15	3	8		35	18
Clinical Electrophysiology	13	10	9	5	12	7	3		19	6
Geriatric	62	46	52	55	51	44	52		81	75
Neurologic	54	48	65	78	79	75	79		209	167
Orthopaedic	401	399	430	453	400	369	437	11	771	475
Pediatric	60	54	48	68	77	51	51		130	75
Sports	60	38	51	47	75	65	64		148	101
Women's Health		3	7	34	12	21	24		36	35
Total:	662	606	671	746	721	635	718	11	1429	952

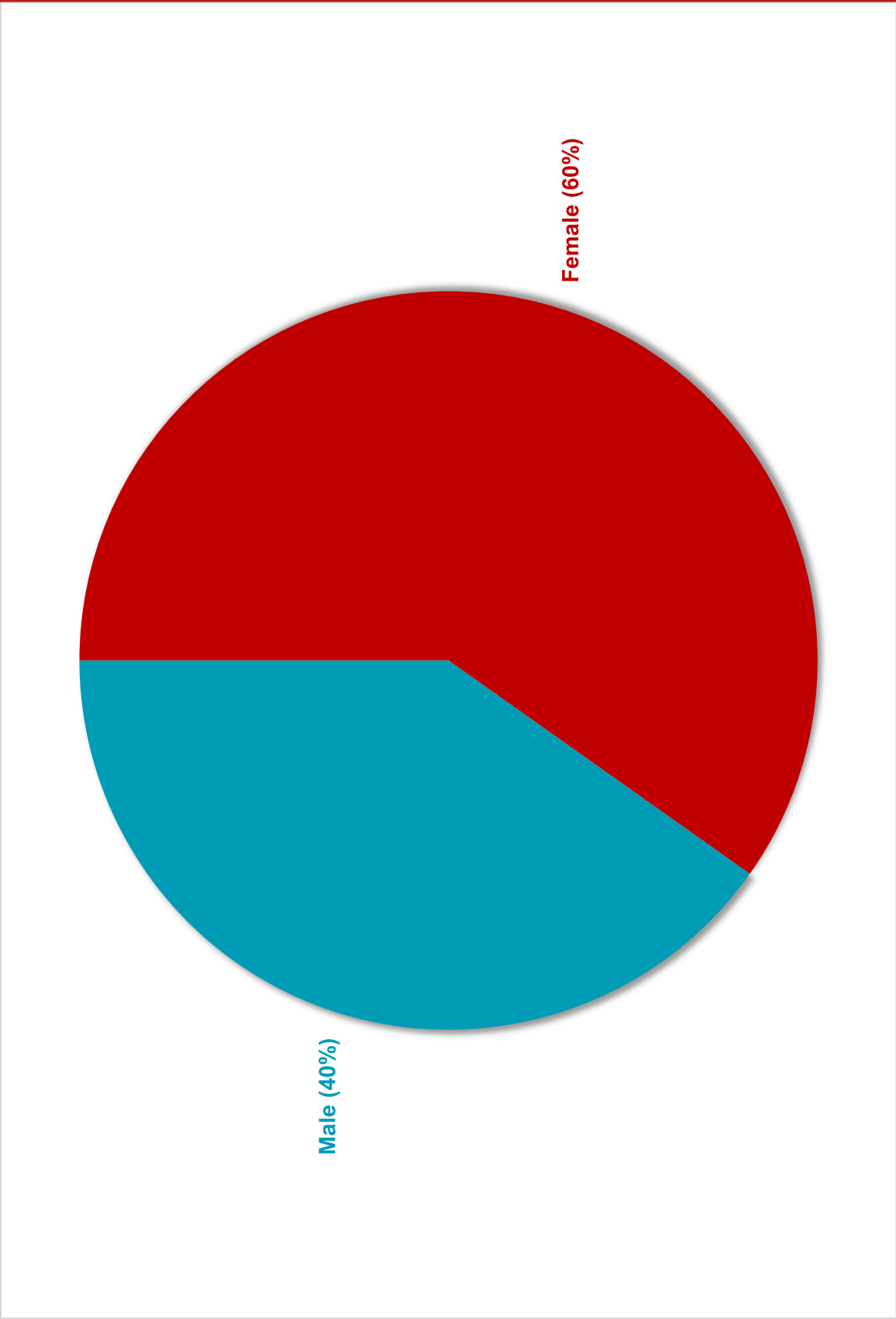
Specialty Area	TOTAL
Cardiovascular & Pulmonary	220
Clinical Electrophysiology	206
Geriatric	923
Neurologic	1193
Orthopaedic	6774
Pediatric	1140
Sports	1103
Women's Health	172
Total:	11731

Certified Clinical Specialists: Age



Data current as of August 2025.

Certified Clinical Specialists: Gender



Data current as of August 2025.
* Data based on the number of current specialists who listed a gender.

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