



Impact of COVID-19 on the Physical Therapy Profession

A Report From the American Physical Therapy Association

August 2020 Update

Introduction

APTA published its first communication about the COVID-19 pandemic on March 3, 2020. Over the next two months, the country responded to a rapidly spreading pandemic with an unprecedented shutdown that affected schools, business, sporting events, and more.

On March 17, APTA's Board of Directors issued a statement encouraging physical therapists to "use their professional judgment to determine when, where, and how to provide care, with the understanding this is not the optimal environment for care, for anyone involved."

The day before, the Trump administration and the Centers for Disease Control and Prevention released guidelines that noted that those who work in a "critical infrastructure industry," such as health care, have a "special responsibility" to maintain normal work schedules.

Throughout the pandemic, physical therapy services have been treated as essential by federal, state, and local guidance, although many physical therapists have proactively stopped nonessential in-person care to flatten the curve of the pandemic.

Between April 24 and May 11, APTA surveyed a representative sample of 5,400 physical therapists and 1,100 physical therapist assistants to gauge the impact of the COVID-19 pandemic on the physical therapy profession.

APTA performed a follow-up survey between July 2 and 22 with 1,813 PTs and 271 PTAs responding. This report includes data from both surveys.

The survey findings represent snapshots in time. It is expected that situations for PTs and PTAs will continue to change according to fluctuations in COVID-19 cases and changes in state and federal guidance.



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Executive Summary

The physical therapy profession has not looked the same since the COVID-19 pandemic began to affect the United States in March. Many have seen, and continue to see, reductions in hours and income. Use of telehealth and other video-based consultation has increased, but in-person care remains more common and preferred. Many PTs and PTAs are facing increased financial hardships, although the pandemic is more likely to have increased career pride than decreased it.

COVID-19 Disrupts the Physical Therapy Profession

- Physical therapy clinics that stayed open during the early stages of the pandemic had fewer consumers walking through their doors. Physician referrals and direct access visits declined. Care hours declined. By July there were signs of progress, but the effects of the pandemic remain.
- Employment and income suffered, particularly for PTAs. Many filed for unemployment in response. For 72% of owners, revenue losses exceeded 50% at some point. By July, 34% of owners were seeing revenue losses of 50% or more, with 40% still seeing reductions of between 26% and 50%.
- In July, 24% of PTs and 30% of PTAs were struggling to pay essential bills. Nonessential (flexible) spending was a challenge for half of PTs and 58% of PTAs, with the majority of both groups expecting it would take longer than three months to return to previous levels of flexible spending.
- The pandemic didn't change the level of career pride of most PTs and PTAs, but 29% of PTs and 31% of PTAs reported that their career pride increased as a result of COVID-19.

Telehealth Adoption and Utilization Expands

- Prior to the pandemic, telehealth was the exception to the rule in physical therapy. Once the pandemic began changing behaviors, the number of PTs providing video consults significantly increased. However, by July only 13% of PTs providing telehealth were treating more than 10 patients per week that way, with 32% seeing fewer than one patient per week via telehealth on average.
- By late April, the ability for PTs to get paid for telehealth services was significantly improved, but challenges still remain: Many PTs are uncertain about payment, patient satisfaction, and outcomes. And technology challenges among patients and clinics remain a barrier to wider use.

Professional Judgment Demonstrated

- For the 45% of PT owners who reported that their clinic closed for in-person services at some point during the pandemic, exercising professional judgment to reduce risk was the main reason.

APTA Helps PTs and PTAs Stay Informed

- Prior to the pandemic, only 30% of practices had an emergency preparedness plan in place, leaving many PTs and PTAs looking for help.
- The CDC was the most-used source for external guidance, but APTA was not far behind. APTA's website set traffic records as the association shared information on the pandemic and on shifting rules around telehealth.

Practice and Workforce Implications

Although most PTs and PTAs have retained steady employment and pay during the pandemic, the physical therapy community faced furloughs, layoffs, and income reductions.

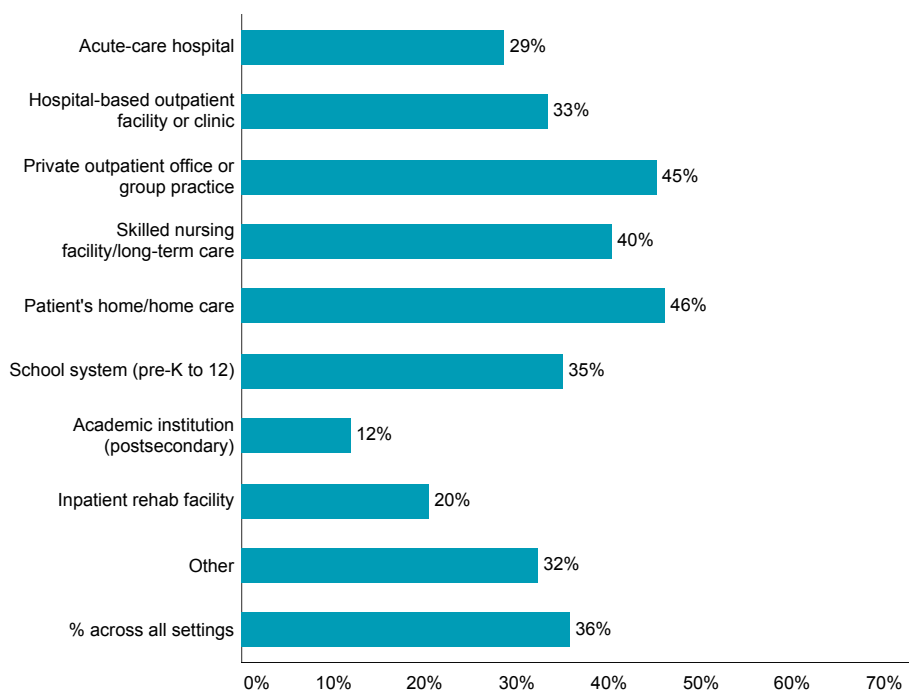
Practice Hours Decline for Most PTs and PTAs

Stay-at-home orders reduced the volume of physical therapist care. While 10% of PTs saw their hours increase during the early phases of the pandemic, 54% experienced a decrease. An even greater percentage of PTAs – 64% – experienced a decrease in hours. By July, 36% of PTs and 48% of PTAs were experiencing a decrease in hours compared with before the pandemic.

“We closed for in-person visits for one week, but then saw only truly urgent patients, amounting to three to four in-person visits per week. While closed we immediately started seeing patients via telehealth.”

–PT respondent

Percent of PTs Whose July Work Hours Were Lower Than Before the Pandemic

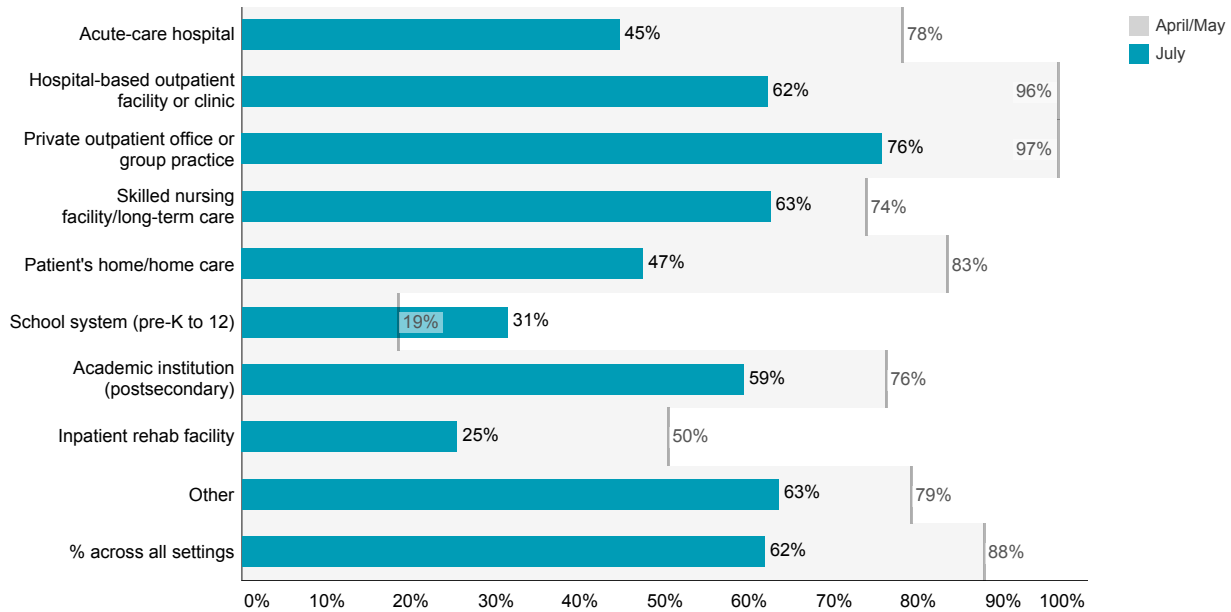


Physician Referral and Direct Access Affected

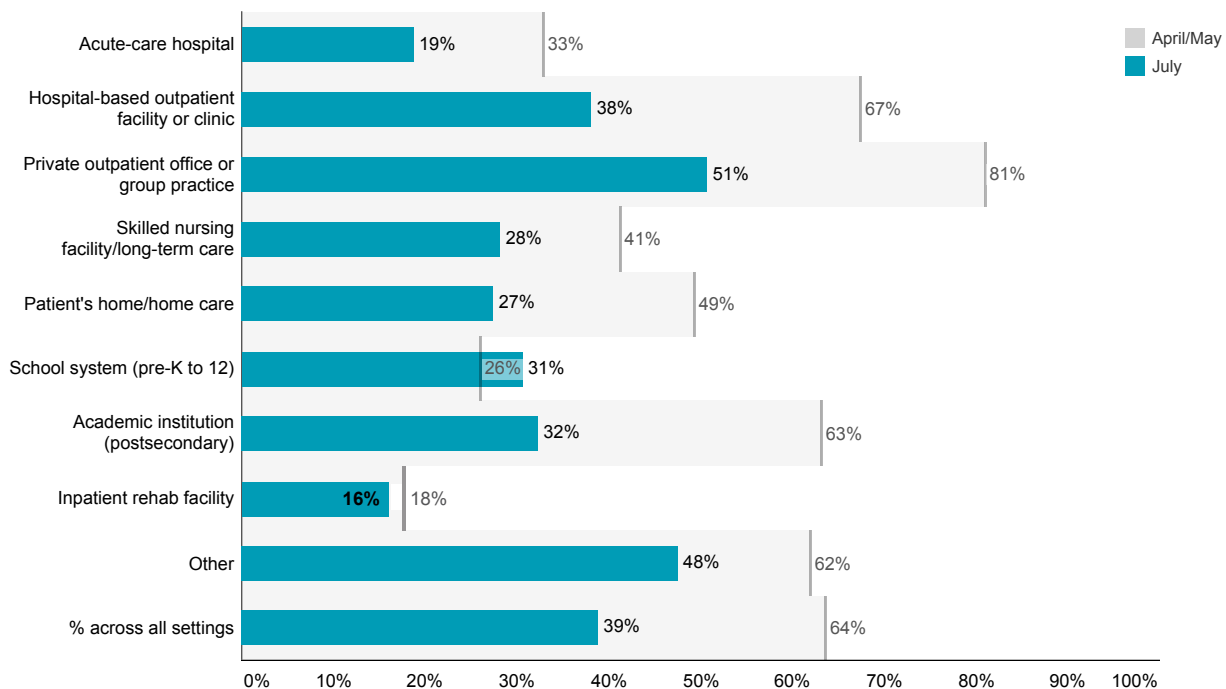
Physician referral and direct access both declined in the early phases of the pandemic but were showing signs of recovery by summer. In July, 62% of PTs were experiencing physician referral declines, compared with 88% in the spring. Meanwhile, 39% of PTs were still seeing a reduction of direct access volume in July, compared with 64% who reported declines in the spring.

Percent of PTs Whose Patient Caseload Declined

Physician Referral



Direct Access

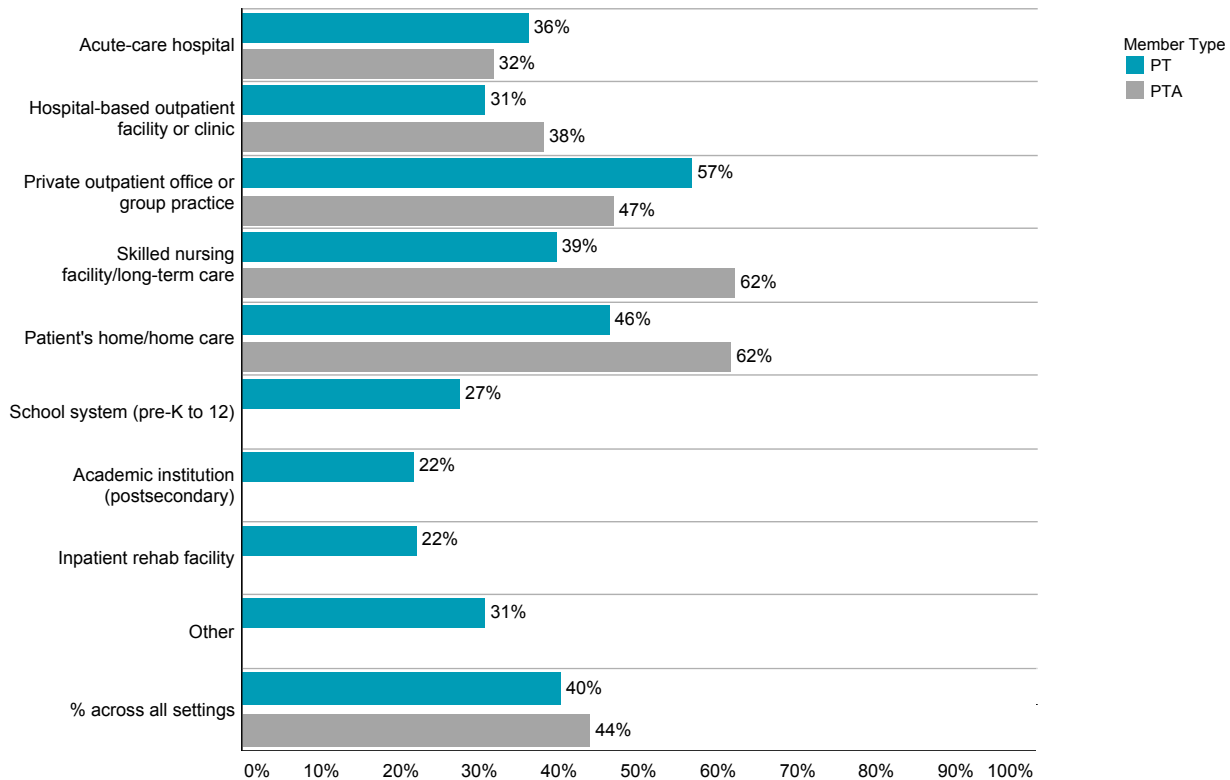


Income Declines

In July, 40% of PTs and 44% of PTAs still were experiencing declines in weekly income compared with before the pandemic. And while only 5% of PTs reported income increases, 15% had seen an increase in hours. Meanwhile, 6% of PTAs reported income increases, while 14% had increases in hours.

Hazard Pay: Approximately 7% of PTs and 6% of PTAs received hazard or premium pay during the pandemic.

Percent of July Respondents Whose Weekly Income Was Lower Than Before the Pandemic



PTAs data not reported from some settings due to small number of respondents.

“I am worried about the long-term effects of COVID-19 on the PT industry. I was having difficulty before finding a job. I worry it will be even harder now.”

—PTA respondent

Employment Challenges Continue

Since the start of the pandemic, 7% of PTs have been laid off, 16% have been furloughed, and 2% have resigned or quit, according to the July survey. Of them, 55% returned to their previous position and 11% attained a new position, but 33% were still unemployed as of July. Of those who lost employment, 82% filed for unemployment.

As for PTAs, 15% have been laid off, 26% have been furloughed, and 3% have resigned or quit, according to the July survey. Of them, 33% returned to their previous position and 8% attained a new position, but 54% were still unemployed as of July. Of those who lost employment, 89% filed for unemployment.

Employment Loss by Facility Based on July Survey

	PT				PTA			
	Laid Off	Furloughed	Resigned/quit	None of the above	Laid Off	Furloughed	Resigned/quit	None of the above
Acute-care hospital	3% 5	10% 18	2% 3	87% 163	5% 1	19% 4	0% 0	76% 16
Hospital-based outpatient facility or clinic	4% 17	21% 81	1% 4	74% 282	9% 3	24% 8	3% 1	68% 23
Private outpatient office or group practice	12% 70	22% 129	3% 16	66% 385	25% 19	41% 31	3% 2	33% 25
Skilled nursing facility/long-term care	8% 7	6% 5	1% 1	84% 70	15% 6	18% 7	0% 0	69% 27
Patient's home/home care	6% 6	17% 16	3% 3	76% 72	12% 2	18% 3	18% 3	53% 9
School system (pre-K to 12)	2% 1	3% 2	2% 1	94% 60	0% 0	33% 1	0% 0	67% 2
Academic institution (postsecondary)	0% 0	2% 2	1% 1	97% 110	0% 0	0% 0	0% 0	100% 7
Inpatient rehab facility	2% 1	7% 4	2% 1	90% 52	0% 0	0% 0	0% 0	100% 9
Other	6% 6	11% 12	2% 2	84% 89	20% 2	20% 2	10% 1	50% 5
Grand Total	7% 113	16% 269	2% 32	77% 1,283	15% 33	26% 56	3% 7	57% 123

(Respondents could choose more than one option, so totals may exceed 100%.)

% of Total
0% 41%

Essential Care Is the Norm

For PTs practicing during the pandemic, 80% said their employer never instructed them to provide in-person treatment for what they considered nonessential physical therapist services.

Personal Protective Equipment Widely Provided

For PTs who continued to provide in-person care during the pandemic, 85% reported being provided adequate PPE. Of those who felt the provided PPE was inadequate, 59% cited being asked to reuse PPE and 43% cited not being provided enough PPE, some commenting on lack of N95 masks or face shields.

Personal Finances Challenged

In July, the pandemic was affecting the ability to pay essential bills and expenses for 24% of PTs and 30% of PTAs. Nonessential (flexible) spending was a challenge for half of PTs surveyed and 58% of PTAs. Of them, 64% of PTs and 68% of PTA expected it would take longer than three months to return to previous levels of flexible spending.

Career Pride Increases

While most PTs and PTAs felt that the pandemic had not affected their pride in their career, 29% of PTs felt their career pride increased, compared with 11% who said it declined, while 31% of PTAs felt their career pride increased compared with 17% who felt it declined.

Aerosol-Generating Procedures Rare

Only 16% of PTs surveyed in July said they were engaged in aerosol-generating procedures when treating patients. The CDC recommends that providers don full PPE, including N95 or other filtering respirator masks – such as powered air-purifying respirators or elastomeric respirator masks – when performing an aerosol-generating procedure with patients who have suspected or confirmed COVID-19.

Patient Screenings Common

Of PTs surveyed in July, 51% were personally screening patients for COVID-19. Of those, 93% asked screening questions and 78% took patients' temperatures.

Telehealth Adoption and Utility

Perhaps no specific area of health care was impacted as dramatically by the pandemic as was telehealth.

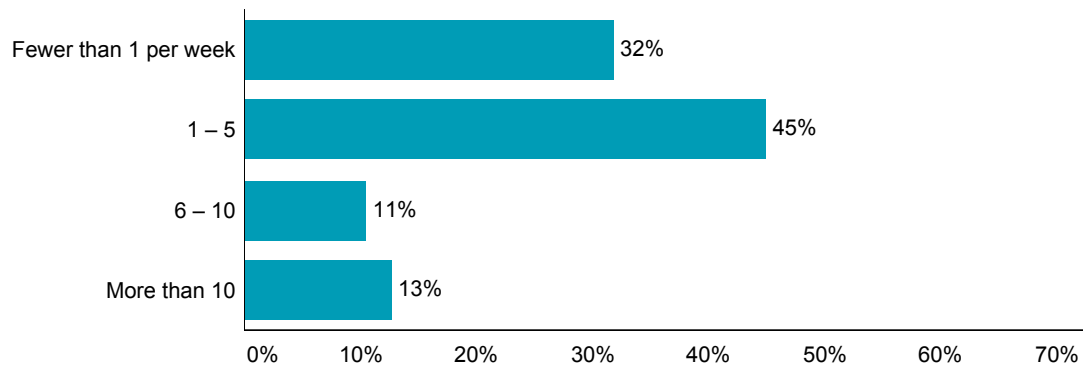
On March 17, the Centers for Medicare and Medicaid Services announced it was easing restrictions in ways that would allow PTs to provide “e-visits.” It wasn’t until April 30 – after significant advocacy by APTA and its members – that CMS included PTs and PTAs in private practice among the providers eligible to bill for services provided through real-time, face-to-face technology. Then on May 27, CMS recognized outpatient facility-based providers among those who can bill for telehealth services provided through real-time, face-to-face technology under Medicare.

The number of PTs providing telehealth rapidly increased, but most have used it minimally.

PTs Pivot to Video

Prior to the pandemic, 98% of PTs surveyed were not providing live video consults. By July, 47% reported providing live video consults. Of those, just under half (45%) treated between one and five patients per week in that manner, 32% treated fewer than one patient per week, 11% treated six to 10 patients per week, and 13% treated more than 10 patients via live consult.

Average Patients Treated Per Week Via Live Video Consult



“I have found some aspects of video visits highly helpful (e.g., seeing sitting position where they watch TV, seeing sleeping position using their pillows, etc.), and plan to continue with videos as part of my treatments after the pandemic.”

—PT respondent

Uncertainty Persists

Of PTs surveyed in July, half were unsure which payers reimbursed for telehealth services and 56% were unsure if telehealth services were reimbursed at the same rate as in-person care. Similar uncertainty extended to satisfaction and outcomes, with 46% not knowing how their patients valued their telehealth care compared with in-person care and 49% unable to compare outcomes in both settings.

In-Person Outperforming Telehealth

Of those who could compare patient satisfaction and outcomes, 46% of PTs said patient satisfaction was equivalent or improved via telehealth, 47% reported equivalent or improved outcomes, 54% reported lower patient satisfaction, and 53% reported poorer results.

“Patients visit our clinic to get out of the house and interact with others. We do not force them into telehealth if they would rather do live services.”

—PT respondent

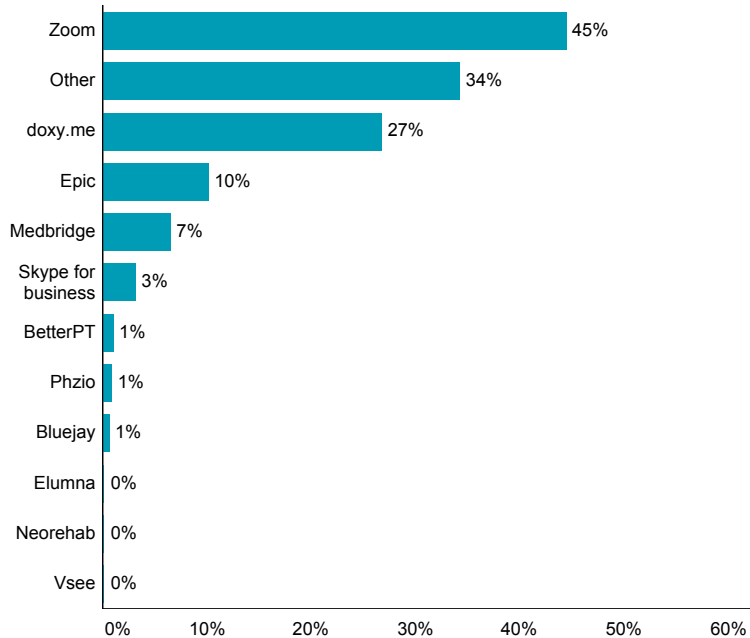
“Patients really want hands-on care.”

—PT respondent

Zoom Leads the Way

The most popular platform for video consults was Zoom, identified by 45% of PTs surveyed in July. Doxy.me was used by 27%, and Epic by 10%. Respondents identified more than two dozen platforms used to facilitate video-based care.

Telehealth Platforms Being Utilized



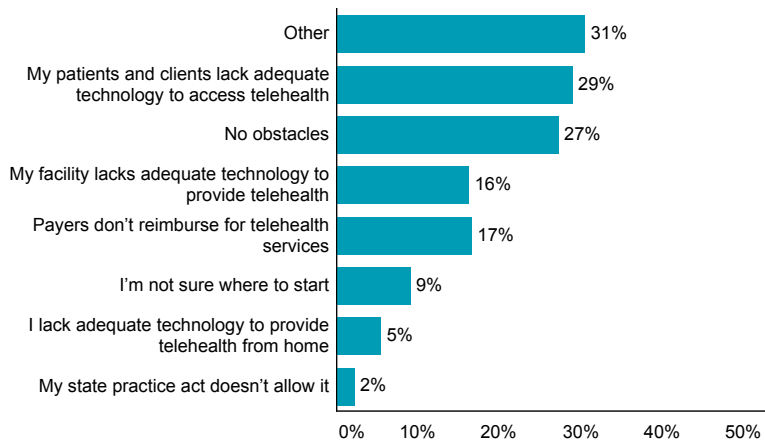
“Many older patients are not tech-savvy. Most of our patients are over 60 years old.”

—PT respondent

Technology Gaps Create Barriers to Wider Use

Two of the top three obstacles to telehealth were related to technology: 29% said their patients and clients lacked adequate technology, while 16% said their facility’s technology was a limiting factor. Another common barrier was lack of payment for services (17%).

Obstacles To Providing Telehealth

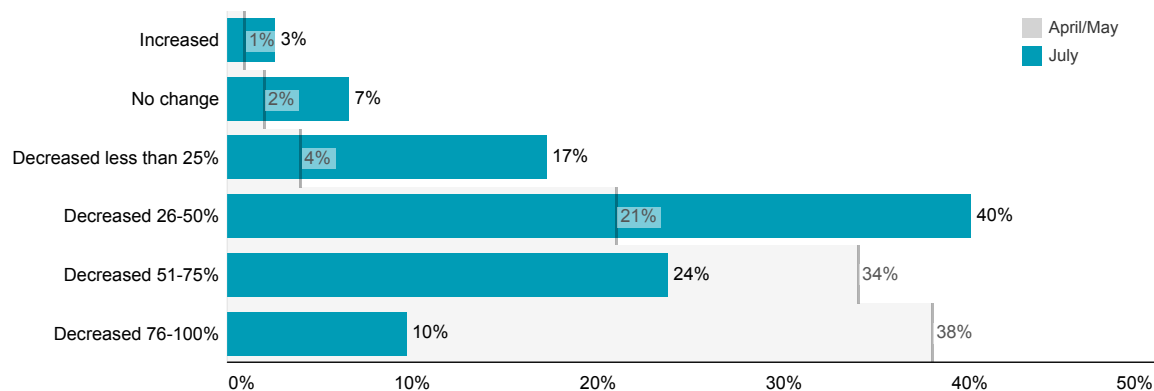


Impact on Practices

Of the PTs surveyed in the spring, 17% were practice owners or partners. Of them, 38% reported that revenue had decreased 76%-100% in the early phases of the pandemic, with another 34% reporting declines of 51%-75%.

In July, 15% of PTs surveyed were owners, and 34% of them were still experiencing revenue declines of 51% or more, with 40% experiencing decreases of 26% to 50%.

Weekly Revenue Change

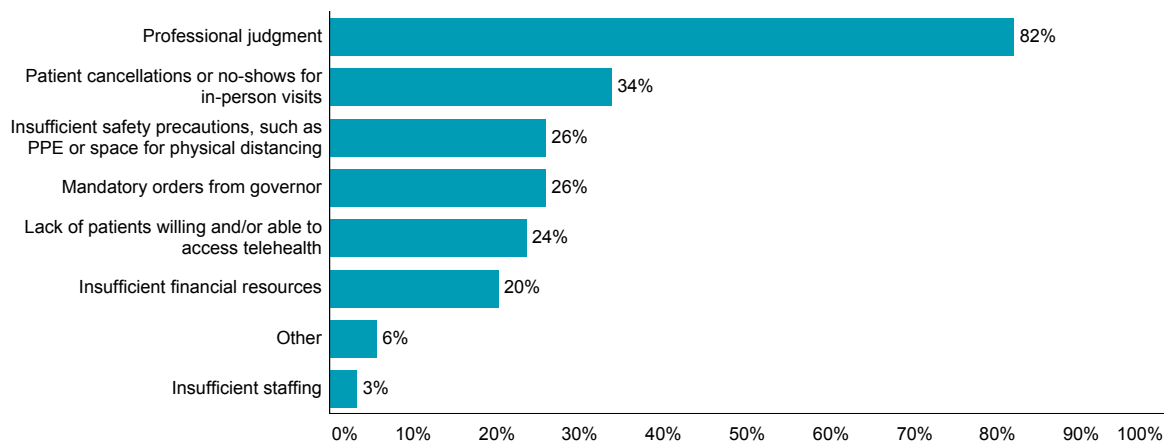


Professional Judgment Demonstrated

Nearly half (45%) of owners surveyed in July reported that their clinic closed at least temporarily due to COVID-19. Of them, 58% closed for more than four weeks. Of the practices that closed, the top reason cited was professional judgment (82%), followed by patient cancellations (34%), and governor's orders and insufficient safety precautions such as a lack of PPE (each at 26%).

"I felt as health care professionals we needed to model the behavior being requested of all citizens. We closed for two weeks and reevaluated. We determined which patients really needed to be seen in the clinic and who realistically could come in, and we determined who we could see via telehealth and e-visits." —PT respondent

Reasons for Facility Closures



Small Business Loans Pursued

In response to revenue decline, 75% of owners surveyed in July applied for a small business loan, with 92% of them receiving small business relief. Most owners (94%) applied for the Paycheck Protection Program. Additionally, 52% received funds from the \$30 billion CARES Act general distribution fund.

Emergency Preparedness Plans Rare

Prior to the pandemic, 30% of the responding owners/partners in the spring had an emergency preparedness plan in place, which helped most with policies and procedures (46%) and communications (37%).

“We, as a company, have learned that we have many deficits that need to be addressed to better handle situations such as the COVID-19 pandemic. Working remotely has highlighted our deficits in communication, PPE equipment, and ability to effectively manage staff resources.” —PT respondent

Trusted Sources of Information

In a period of rapid change, APTA was a trusted source of information.

The association's website set a single-day traffic record on March 17 – more than 68,000 users and 131,000 pageviews – when APTA's board of directors issued a statement on patient care and practice management that encouraged PTs to “use their professional judgment to determine when, where, and how to provide care.”

Over the next 10 days, traffic to APTA's website tripled as the association provided guidance on COVID-19 and evolving rules related to telehealth. In the ensuing weeks, APTA would produce dozens of articles, webinars, and courses, with APTA chapters and sections providing additional valuable content.

APTA's call center had a 48% increase in call volume and a 39% increase in customer service requests yet reduced its average response time to support members during a time of need.

The CDC was the most helpful source of information during the pandemic, cited by 81% of PTs surveyed in July, followed by state government (46%), APTA (45%), and the PT's employer (44%).

“APTA section webinars have been extremely helpful. I am distilling them and sharing this information with members of our department to keep our practice in step with the best practitioners in our profession.”

—PTA respondent

Recommendations for the Profession

The physical therapy workforce should be better leveraged to improve health across settings and patient populations at all times – not only in a time of crisis.

PTs and PTAs on the frontlines of the COVID-19 crisis response have been crucial members of the health care team, providing care in hospitals, rehabilitation facilities, and nursing homes. Meanwhile, PTs and PTAs who work in local clinics and other community-based settings have helped ensure that essential care to individuals not affected by COVID-19 is not disrupted. Maintaining and advancing mobility, strength, activity, and endurance – core elements of physical therapy in all settings – has positive effects on health and function at all times. Through improved accessibility, PTs and PTAs can reduce unnecessary hospitalizations and preventable bottlenecks in the health care system, while lowering the total cost of health care and improving societal health.

Direct access restrictions must be removed. APTA has long advocated for consumers to have direct access to physical therapist services. Efforts to flatten the curve are specifically designed to avoid overwhelming hospitals and other medical facilities. Enabling consumers to go straight to a PT without restrictions allows more timely and effective care to optimize outcomes in all situations and is of heightened importance during a pandemic.

All PTs and PTAs must have access to personal protective equipment and training on its proper use. The CDC has developed a document, Strategies to Optimize the Supply of PPE and Equipment, to help health care providers manage a “sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility.” PPE is essential not only for the safety of therapists but for the safety of patients.

PTs and PTAs should develop long-term strategies for telehealth. Telehealth has enabled PTs to treat and advise patients who otherwise might have gone without care during the public health emergency. Moving forward, PTs must ensure that they fully understand evolving regulations and best practices to ensure patient safety, privacy, and quality of care. Some patients – especially those who live in rural and remote areas and those with underlying health conditions – will rely on physical therapy services delivered via telehealth. Patient access to physical therapy via telehealth must continue beyond the public health emergency. (See Recommendations for Policymakers)

Recommendations for Policymakers

On April 14, APTA sent a letter to House Speaker Nancy Pelosi and Majority Leader Mitch McConnell that featured the following recommendations:

Provide economic stability to the health care of older adults. Now is not the time to reduce payment to providers under the Medicare program. In the 2020 final Medicare Physician Fee Schedule rule, CMS reduced payment, effective January 1, 2021, to more than three dozen categories of health care providers in order to increase payment for primary care health professionals. To prevent these cuts from going into effect, Congress should waive the budget neutrality requirements for a period of no less than five years for purposes related to the proposed evaluation and management payment adjustments.

Support health care providers and first responders on the front lines of the pandemic. Include funding for “hazard pay” to assist health care providers who are deemed essential during the COVID-19 pandemic. Also, the federal government must do significantly more to facilitate the timely manufacturing and distribution of ventilators and PPE through a process that is transparent, equitable, based on need, and noncompetitive.

Provide additional economic support specifically to health care providers with small businesses. Congress should include small businesses in the Immediate Relief for Rural Facilities and Providers Act, which provides targeted financial support and grants to health care providers.

Protect students with disabilities. No additional waivers for either the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 are warranted. Given that IDEA offers flexibility by design, and that states, districts, communities, and families are working together to find solutions to the problems they face in the next several months, this is not the time to roll back civil rights protections for students with disabilities.

Small business workforce flexibility. Locum tenens arrangements ensure that care is continued by another licensed, qualified provider during a temporary provider absence due to illness. Inclusion of the Prevent Interruptions in Physical Therapy Act (H.R. 5453) in any legislative package would relieve potential staffing shortages faced by small clinics and ensure uninterrupted care to Medicare beneficiaries.

Implement a long-term policy solution on telehealth. Congress should pass legislation that would provide a permanent policy solution to expand use of telehealth services by physical therapy providers.

Improve access to rehabilitation for COVID-19 patients at community health centers. Congress should include the Primary Health Services Enhancement Act (H.R. 5693) as part of any future COVID-19 relief package. This bipartisan legislation would expand patient access to essential physical therapy services to children and adults who receive care at rural health clinics and federally qualified health centers, also known as community health centers.

Appendix: Timeline

Items specifically impacting the physical therapy profession are in **blue**.

Dec. 31, 2019: The World Health Organization's China Country Office is informed of a cluster of pneumonia cases of unknown cause in Wuhan, Hubei Province, leading to identification of a novel coronavirus.

Jan. 21, 2020: The United States has its first confirmed case, in Washington state, by a man who developed symptoms after a trip to Wuhan.

Jan. 30, 2020: The WHO declares a global health emergency.

Jan. 31, 2020: The Trump administration restricts travel from China.

Feb. 6, 2020: Although it will not be linked to the pandemic until April, the first known coronavirus death in America occurs in Santa Clara County, California.

Feb. 11, 2020: The WHO names the disease caused by the virus COVID-19, short for coronavirus disease 2019.

Feb. 19, 2020: If it hasn't done so already, the pandemic hits close to home for the physical therapy profession when the Life Care Center in Kirkland, Washington, has its first patient sent to the hospital for what becomes a confirmed case of COVID-19, although a 911 call had described someone at the center as having similar symptoms on January 29. By mid-March there are at least 142 cases among residents, staff, and visitors connected to Life Care Center, including 35 deaths.

Feb. 29, 2020: The first reported coronavirus death in the United States occurs near Seattle. (Earlier deaths are later discovered via autopsy.)

March 3, 2020: APTA publishes its first article related to the pandemic, "Coronavirus Reports: What We Know, and What We Don't," which notes that the risk of global spread is "very high," according to the WHO, and "reminds PTs and PTAs to follow precautions for reducing the spread of infectious diseases." Over the next month, the article generates more than 108,000 pageviews.

March 5, 2020: APTA creates a landing page for COVID-19 information and issues its first communication about association operations related to the pandemic, noting that it is "monitoring the developments," but that "all APTA events are ongoing and operations are continuing as usual." This will change six days later.

March 11, 2020: APTA suspends all in-person meetings and business travel by staff or members through April 15, 2020. This includes canceling the Federal Advocacy Forum in Washington, D.C.

March 13, 2020: President Trump declares a national emergency.

March 15, 2020: The Centers for Disease Control and Prevention recommends no gatherings of 50 or more people in the United States.

March 16, 2020: The Trump administration and the CDC announce “15 Days to Slow the Spread” recommendations. Later updated to “30 Days to Slow the Spread,” the guidelines note that “if you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.”

March 17, 2020: APTA’s board of directors issues a statement on patient care and practice management during the COVID-19 outbreak that “encourages physical therapists to use their professional judgment to determine when, where, and how to provide care, with the understanding this is not the optimal environment for care, for anyone involved.” The statement leads to record single-day traffic on APTA’s website, with more than 68,000 users and 131,000 pageviews visiting apta.org.

March 17, 2020: CMS announces it is easing Medicare telehealth restrictions in ways that could allow PTs to provide “e-visits,” a limited type of service that must be initiated by the patient. Prior to this change CMS had not recognized PTs among the health care professionals eligible to bill codes associated with such visits.

March 19, 2020: California becomes first state to issue a stay-at-home order.

March 20, 2020: APTA President Sharon Dunn, PT, DPT, board-certified orthopaedic clinical specialist, writes an open letter to the physical therapy community reinforcing that “care decisions should be based on a specific person’s needs and a risk/benefit analysis for the individual, not simply by the setting in which the care is provided. The COVID-19 outbreak changes the factors we must consider in our professional evaluation,” she continues, “but it does not change our basic responsibility to do what is best for our patients. As licensees, physical therapists are empowered and obligated to make those decisions.”

March 25, 2020: APTA joins the APTA Cardiovascular and Pulmonary Section and the APTA Academy of Acute Care Physical Therapy in endorsing Physiotherapy Management for COVID-19 in the Acute Hospital Setting: Clinical Practice Recommendations, a document published in April in the Australian Journal of Physiotherapy.

March 26, 2020: The United States becomes the country with the most confirmed COVID-19 cases: at least 81,321, with more than 1,000 deaths.

March 30, 2020: CMS issues a new rule that includes therapy codes in telehealth but stops short of allowing PTs to conduct the services described by those codes.

March 31, 2020: APTA cancels its in-person House of Delegates and NEXT Conference and Exposition, set for Phoenix, Arizona, in June. Like so many in-person meetings, both events are transitioned to an online environment.

April 10, 2020: Courtesy of the CARES Act, a \$30 billion emergency relief package begins rolling out to many health care providers – including PTs – who are caring for patients with possible or verified COVID-19. In the ensuing weeks, APTA will help members – including providers who were eligible but didn’t receive relief funds – navigate the CARES Act.

April 30, 2020: In a major shift strongly advocated by APTA members, CMS includes PTs and PTAs in private practice among providers who can bill for telehealth services provided through real-time, face-to-face technology.

May 15, 2020: BCBS of Tennessee becomes the first major insurer to adopt a permanent telehealth benefit in response to the pandemic – including telehealth services provided by PTs and others – among benefits to remain in place even after the COVID-19 health emergency ends.

May 27, 2020: The United States reaches 100,000 deaths related to the coronavirus.

May 27, 2020: Due to advocacy by APTA, its members, and other stakeholders, CMS recognizes outpatient facility-based providers among those who can bill for telehealth services furnished through real-time, face-to-face technology under Medicare.

May 27, 2020: APTA releases the first “Impact of COVID-19 on the Physical Therapy Profession” report.

July 23, 2020: The Department of Health and Human Services extends the national public health emergency related to COVID-19 for another 90 days.

June 29, 2020: The APTA Cross-Academy/Section Core Outcomes Measure Task Force releases its first set of recommendations on measures PTs should consider using to evaluate a patient’s recovery from COVID-19.

July 23, 2020: Major League Baseball begins a shortened 60-game season. The Women’s National Basketball Association starts its season two days later. The National Basketball Association resumes its season, which went into hiatus on March 11 due to the coronavirus, on July 30. All three leagues play games without fans in attendance and with restrictions in place to try to limit exposure to the coronavirus.

August 3, 2020: Among provisions of its proposed 2021 Medicare physical fee schedule, CMS proposes to permanently allow PTs to furnish and bill e-visits, virtual check-ins, and remote evaluations of recorded video and images (communications technology-based services).

August 7, 2020: APTA announces that the 2021 Combined Sections Meeting, scheduled for Feb. 24-27 in Orlando during APTA’s centennial year, will be transitioned to virtual in the interest of public health. “Simply put, as the COVID-19 pandemic continues, there is no evidence to suggest that a mass gathering like CSM will be safe in February 2021,” the statement explains. “As a health care association, we cannot risk the health of our attendees or the people they serve.”