

# Oregon Board of Physical Therapy Board Meeting

Friday March 13, 2026

- I – Public Session
  - Call to Order
  - Roll Call



# Oregon Board of Physical Therapy Board Meeting

## Statutory Purpose

To protect the public health,  
safety, and welfare  
for *all* Oregonians  
by maintaining standards  
for quality care, professional  
skill and competence  
through the effective  
regulation of the practice of  
physical therapy.

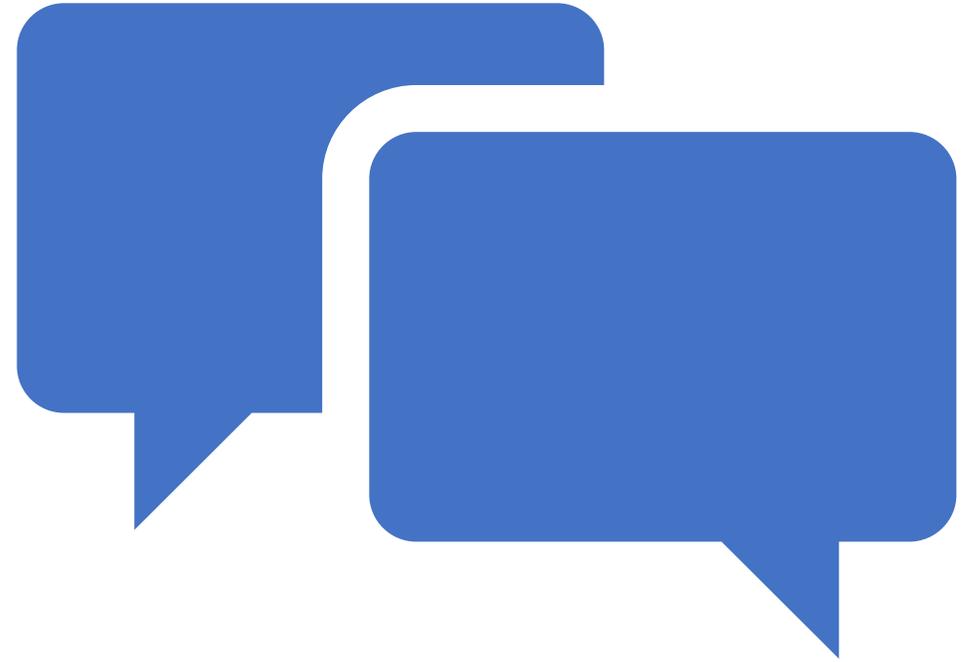
# A – Consent Agenda

- Minutes
- Ratification Report
- Director's Report & Financials
- External Financial Review
- Legislative Rulemaking Reports



PDF – Consent Agenda

# B – Public Comment



# C1 – Delegate Reports



## Highlights:

### PTCC:

- Nevada active January 20, 2026 (37<sup>th</sup>)
- Enacted/Not Yet Active
  - Connecticut
  - Maine
  - Rhode Island

### FSBPT:

- Committee/Task Force Reports
- Regulatory Training April 9-11
- Delegate Selection (next item)

# C2 – Delegate Selection



## **FSBPT: (annual)**

### Delegate

- Leadership Issues Forum, July 18-19, Arlington, Virginia
- Annual Education Meeting, October 22-24, Greenville, South Carolina

### Alternate Delegate

- Annual Education Meeting, October 22-24, Greenville, South Carolina

## **PTCC: (ongoing)**

### Delegate – Erin Crawford

- Annual Delegate Assembly; other meetings as needed; virtual

# C3 – Strategic Planning Progress Review



## Focus for 2026

- Renewals
- Significant Rulemaking as Result of HB3824 through mid-2027
- Licensing System Stability/ Replacement
- ADA/Section 508 Compliance of Website & Materials.
- Education & Outreach
- Strategic Plan Engagement & Update

<https://www.oregon.gov/pt/Documents/OBPT-Strategic%20Plan.pdf>

# C4 – Roundtable & Future Agenda Items



## **Future Topics/Reports:**

- PT/PTA Student Debt Trends
- Licensee/Student Outreach on Informed Consent/Motivational Interviewing
- Identified Presentations from FSBPT Annual Mtg on continuing education/community service
- Survey of other Board's rules on patient abandonment
- AI in Regulation
- Topics related to HB3824 (ex Dry Needling)
- Insurance prior authorization and approvals and impact on practice of Physical Therapy

# C4 – Roundtable & Future Agenda Items



## Future Topics/Reports

### PT/PTA Student Debt Trends

[Impacts of educational debt on physical therapist employment trends \(2023-Dickson, et.al PT\)](#)

[Healthcare educational debt in the united states: unequal economic impact within interprofessional team members \(2023-Shields, et.al PT and other health professions\)](#)

[Career Regret Related to Educational Debt Within the Physical Therapy Profession \(2025-Berry, et.al PT/PTA\)](#)

[2024 Physical Therapist Assistant Education Programs Fact Sheet \(2024-CAPTE\)](#)

[2024 Physical Therapist Education Programs Fact Sheet \(2024-CAPTE\)](#)

## Impacts of educational debt on physical therapist employment trends (2023-Dickson, et.al PT)

*“Educational debt is known to affect the post-professional aspirations of physical therapists [[16](#), [17](#)], affects life satisfaction [[18](#)], limits one’s ability to save for the future [[19](#)], and ultimately influences choice of work setting [[20](#), [21](#)]. It is, therefore, imperative that the profession be aware of any impending storm clouds that may impact the physical therapist workforce as it relates to educational debt [[2](#)].”*

## Impacts of educational debt on physical therapist employment trends (2023-Dickson, et.al PT)

*A systematic review of medical student debt found a significant association between educational debt and the pursuit of a higher paying specialty [22]. Another study found a significant correlation between the pursuit of residency specialty selection based on earning potential [23]. These choices could affect long-term job satisfaction or the attainment of additional post-professional certifications or credentials. The present study seeks to fill a gap in the current literature to determine if higher educational debt is associated with seeking higher salaries, working more hours, differences in job satisfaction, and how these co-variates may relate to satisfaction with a physical therapist's employment situation."*

## Impacts of educational debt on physical therapist employment trends (2023-Dickson, et.al PT)

*“Descriptive statistics from our study highlight several trends that are relevant to the Labor-Search Model, such as the increasing amount of educational debt for those who are younger and who have a higher level of educational degree attainment [48, 49]. These results, while not surprising, are important for understanding the labor market. For example, those in the 25–29 age group had a median of \$81,472.97 additional inflation-adjusted dollars in existing educational debt in comparison to those in the 40–44 age group, who had \$0 in educational debt. While some of that difference in educational debt is that those in the 40–44 age group had more working years to pay off educational debt, a major contributor is the higher cost of education in general. The average total cost of a physical therapist program in the United States in 2000 was \$18,013 for a public institution and \$50,556 for a private institution [50], while in 2020 those numbers had grown to \$69,418 for a public institution and \$118,865 for a private institution [51].”*

## Impacts of educational debt on physical therapist employment trends (2023-Dickson, et.al PT)

*“Also contributing to the rising cost of education is the increased value of the professional degree. Additional time within the higher education system has resulted in rising tuition costs. To achieve their personal, economic, and professional goals, students are increasingly faced with higher educational debt to obtain a professional healthcare degree [15, 16]. The results of our study suggest that physical therapists are handling the cost of this degree through a higher volume of work, and lower job satisfaction is related to higher debt loads.”*

# Healthcare educational debt in the united states: unequal economic impact within interprofessional team members (2023-Shields, et.al PT and other health professions)

## Methods

*“The study modeled maximum educational debt service ratios for 12 healthcare professions and 6 physician specialties, incorporating profession-specific estimates of entry-level salary, salary growth, national average debt, and 4 loan repayment scenarios offered by the US Department of Education Office of Student Financial Aid. Net present value (NPV) provided an estimate for lifetime “economic power” for the modeled careers. The study used a unique data source available from a single profession (physical therapy, N = 4,954) to examine whether educational debt thresholds based on the repayment model varied between minoritized groups and non-minoritized peers.”*

# Healthcare educational debt in the united states: unequal economic impact within interprofessional team members (2023-Shields, et.al PT and other health professions)

## Results

*“High salary physician specialties (e.g. obstetrics/gynecology, surgery) and professions without graduate debt (e.g. registered nurse) met debt ratio targets under any repayment plan. Professions with strong salary growth and moderate debt (e.g. physician assistant) required extended repayment plans but had high career NPV. Careers with low salary growth and high debt relative to salary (e.g. physical therapy) had career NPV at the lowest range of modeled professions. 29% of physical therapy students graduated with more debt than could be supported by entry-level salaries. Physical therapy students from minoritized groups graduated with 10–30% more debt than their non-minoritized peers.”*

## Career Regret Related to Educational Debt Within the Physical Therapy Profession (2025-Berry, et.al PT/PTA)

*“Educational debt and the economic value of entry-level education is a growing concern within the physical therapy profession. The purposes of this study were to determine if physical therapists (PTs) and physical therapist assistants (PTAs) had career regret related to their educational debt, and to analyze the relationships between career regret and participant demographics, education, employment, and financial information.”*

*“In total, 41.3% of PTs and 22.1% of PTAs surveyed reported career regret related to their educational debt.”*

## Career Regret Related to Educational Debt Within the Physical Therapy Profession (2025-Berry, et.al PT/PTA)

*“Results highlight the need to integrate debt management education throughout PT/PTA curricula. Prospective and current students should be provided with the profession's debt-to-income ratio, and innovative curricular models, along with additional financial resources, should be explored to mitigate educational debt.”*

## 2024 Physical Therapist Assistant Education Programs Fact Sheet (2024-CAPTE)

### The Average Physical Therapist Assistant Program

	2022-23			2023-24			2024-25		
Type of institution (% of total programs)	Public (72.8%)			Public (74.2%)			Public (73.9%)		
Geographic location with highest % of programs	South Atlantic (23.4%)			South Atlantic (22.8%)			South Atlantic (23.2%)		
Top three states with highest % of total programs	(Fla., Texas, Calif.)			(Fla., Texas, Calif.)			(Fla., Texas, Calif.)		
Costs (mean)	Public (in-district)	Public (out-of-district)	Private	Public (in-district)	Public (out-of-district)	Private	Public (in-district)	Public (out-of-district)	Private
Annual tuition	\$5,056	\$10,848	\$25,544	\$5,013	\$11,260	\$27,030	\$5,155	\$12,022	\$27,302
Annual fees	\$979	\$1,018	\$1,323	\$1,042	\$1,042	\$1,714	\$1,169	\$1,169	\$1,342
Total cost of professional program (room and board excluded)	\$12,881	\$23,415	\$41,269	\$12,699	\$21,815	\$40,394	\$13,039	\$22,076	\$43,147

## 2024 Physical Therapist Assistant Education Programs Fact Sheet (2024-CAPTE)

**Table 30. Percentage and Number of Programs Reporting Students' Debt from PTA Program by Debt Amount**

	Public		Private		Total	
	Number	Percentage of All	Number	Percentage of All	Number	Percentage of All
\$0-\$10,000	266	68.7%	50	12.9%	316	81.7%
\$10,001-\$20,000	20	5.2%	27	7.0%	47	12.1%
\$20,001-\$30,000	2	0.5%	17	4.4%	19	4.9%
\$30,001-\$40,000	0	0.0%	3	0.8%	3	0.8%
\$40,001-\$50,000	0	0.0%	0	0.0%	0	0.0%
\$50,001-\$60,000	0	0.0%	0	0.0%	0	0.0%
\$60,001-\$70,000	0	0.0%	0	0.0%	0	0.0%
\$70,001-\$80,000	0	0.0%	1	0.3%	1	0.3%

cNote: Programs with 10 or fewer graduates are not required to report and report zero.

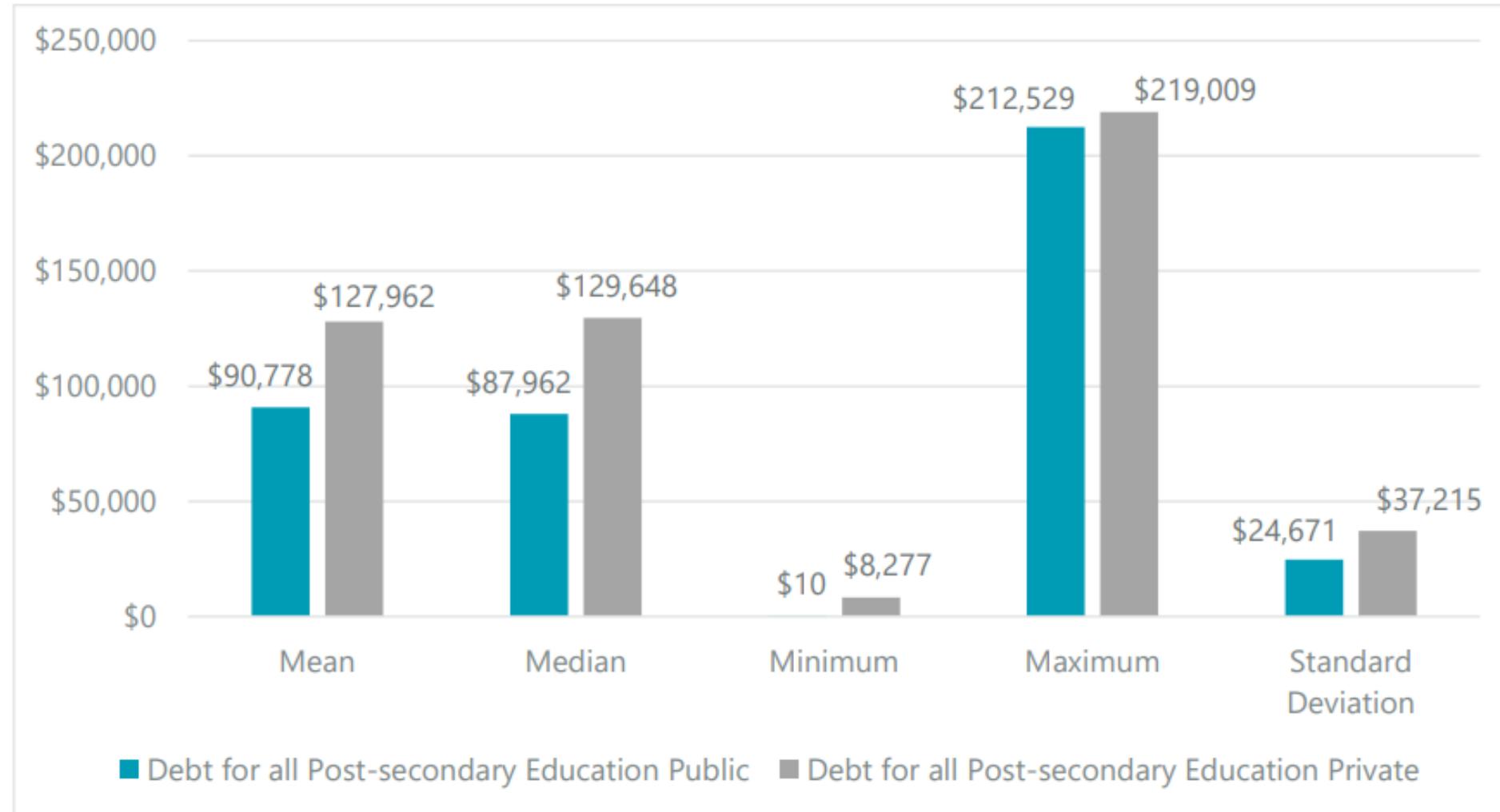
# 2024 Physical Therapist Education Programs Fact Sheet (2024-CAPTE)

## The Average Physical Therapist Program

	2021-22		2022-23		2023-24		2024-2025	
Type of institution (% of total programs)	Private (53.3%)		Private (55.8%)		Private (55.2%)		Private (55.6%)	
Geographic location with highest % of programs	South Atlantic (19.4%)		South Atlantic (19.4%)		South Atlantic (19.0%)		South Atlantic (18.8%)	
Top three states with highest % of total programs	(NY, PA, TX)							
Costs (Mean)	Public	Private	Public	Private	Public In State	Private	Public In State	Private
Annual tuition	19,847	38,256	21,249	40,538	22,270	43,222	20,901	46,133
Annual fees	2,815	1,862	2,838	2,323	3,233	2,798	3,476	2,378
Total cost of professional program (room & board excluded)	69,418	118,865	69,826	120,656	73,973	124,664	74,067	124,071

# 2024 Physical Therapist Education Programs Fact Sheet (2024-CAPTE)

Figure 12. Individual's Student Post-Secondary Debt After Completing DPT Program (undergraduate and DPT program debt)



# C4 – Roundtable & Future Agenda Items



## **Discussion**

# D1– Renewals Status Update



As of Wednesday, March 11 at 5 pm:

3518 Renewals Approved (50% Active)

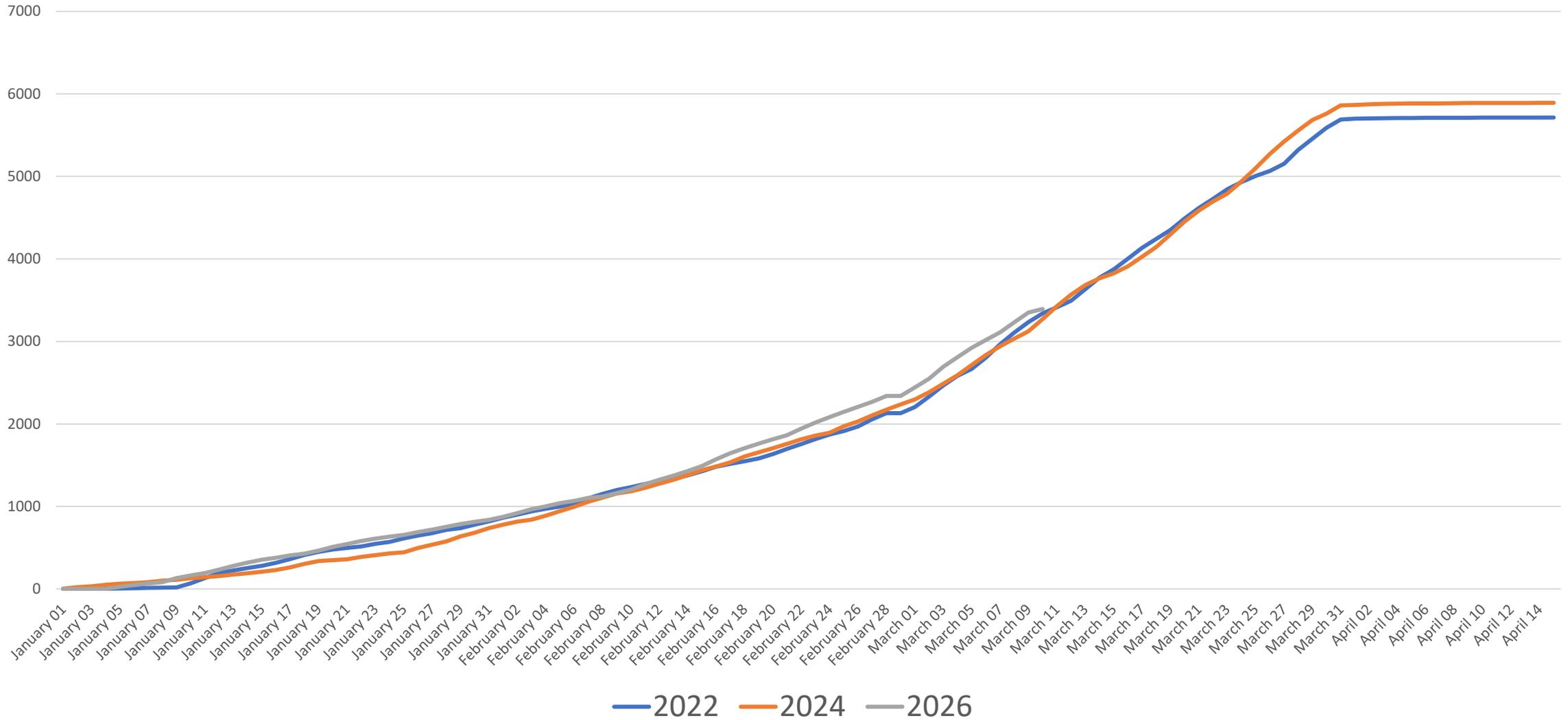
- 2938 PTs
- 580 PTAs

3435 Auto-Approved

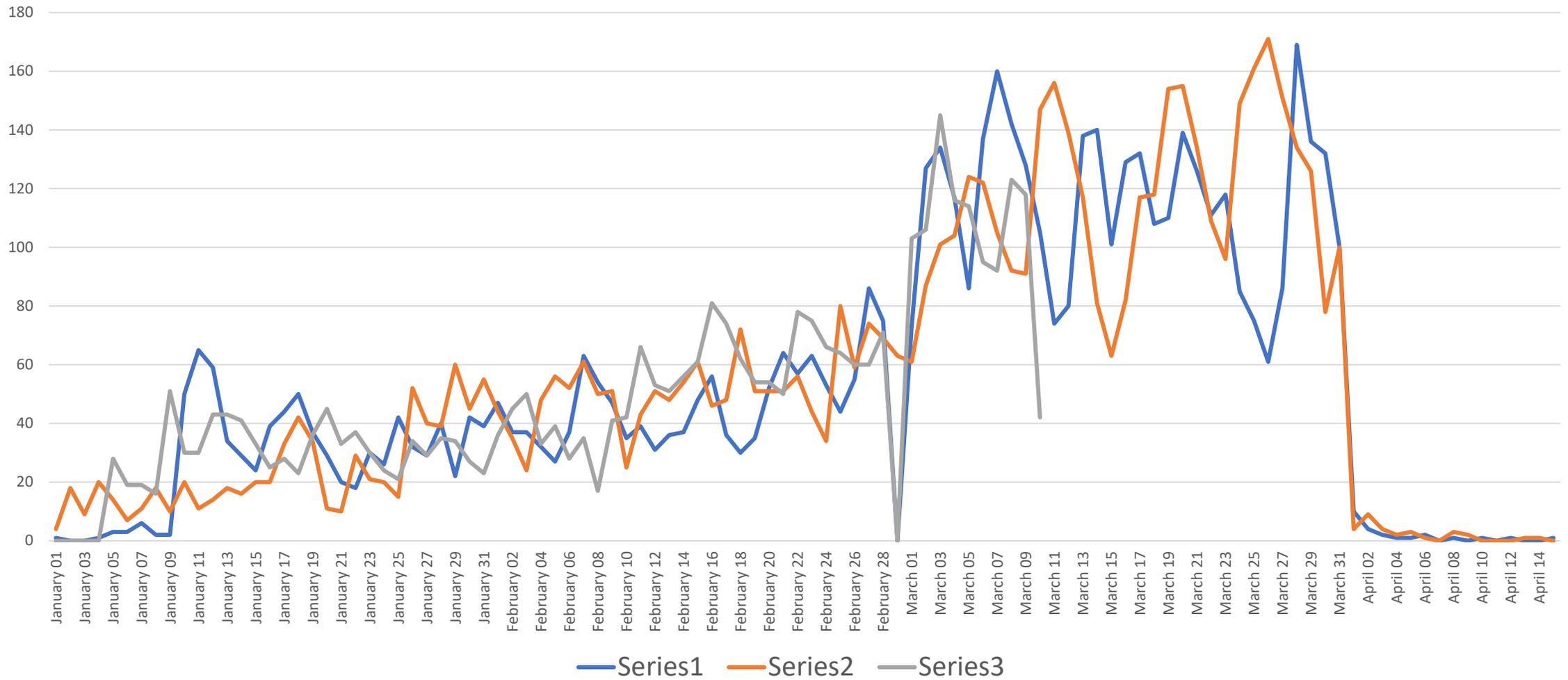
1299 Additional in New Status

Total Renewals Expected 5740 – 6020  
based on 18% -14% Lapse Rate

# Cumulative Renewals Submitted thru 3/10/26



# Daily Renewal Submissions 2022, 2024, 2026



# Renewal Outreach via Mailchimp

All 3 emails targeted only to Licensees who have not yet renewed.

\*Higher bounce rate due to mail server settings prior to DAS IT spam filter adjustment.

Date	Subject Line	Delivered	Opened	Open Rate	Link Clicks	Bounces	Most Clicked Links
Jan 9	License Renewal is Now Open	6,280	2,945	47%	990	585*	Pain Management Module (510) / Cultural Competency Courses (495)
Feb 11	Your Oregon License Will Expire on March 31	5,799	2,677	46%	942	23	Licensee Portal (672) / Cultural Competency Courses (356)
Mar 3	Your Oregon License Will Expire on March 31	4,399	1,937	44%	595	17	Licensee Portal (436) / Cultural Competency Courses (160)

Most recent campaign: <https://mailchi.mp/24ea13e3db78/december-news-brief-13057568>

# Non-Open and Bounce Analysis

Status	Meaning
<b>Non-Open</b>	Email delivered but not opened (may be unread or filtered to spam)
<b>Soft Bounce</b>	Temporary issue preventing delivery (e.g., full inbox or server block)
<b>Hard Bounce</b>	Invalid or inactive email address

***A small subset of licensees consistently do not open emails despite repeated outreach.***

Metric	Value
Email addresses appearing on <b>all three non-open lists</b>	<b>540</b>
Non-Opens as percent of most recent recipients (4,399)	<b>12%</b>
Percent of total contacts	<b>7%</b>

**0.38%**  
(Hard 0.07%)

**Most recent Bounce rate**  
(17 out of 4399) Feb '26  
*14 soft; 3 hard bounce*

**0.30%**

**Example old system Bounce rate (varies)**  
(21 out of 6926) - Oct '26  
*Not all soft bounces received  
No Non-Open Data*

# Renewal Audits

CC Audit (20%)  
March – April

LEDS (100%)  
April – August



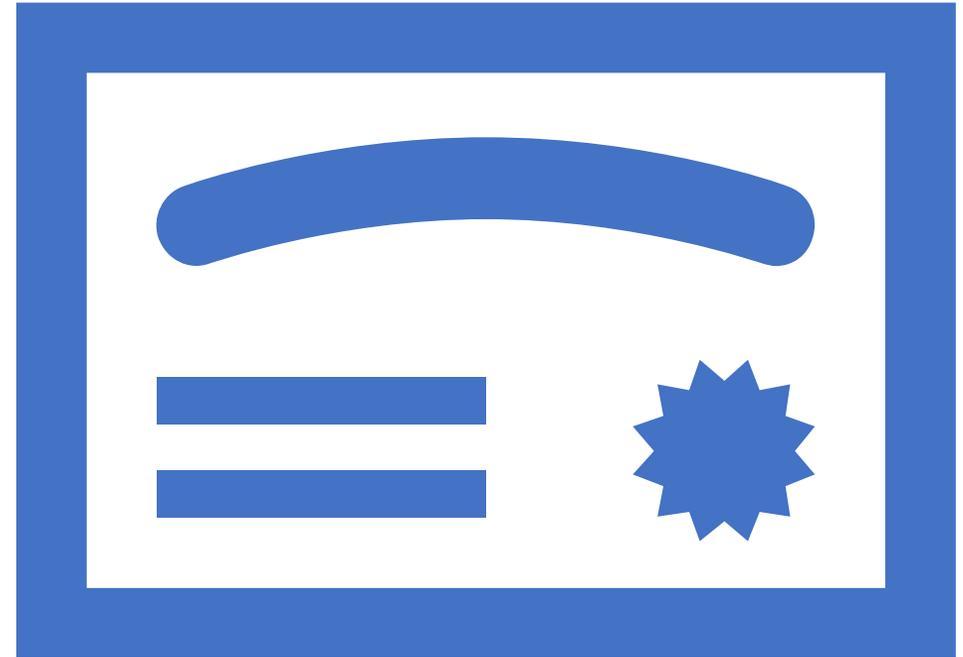
# D2– Request for Course Approval

Under 848-035-0030(2)(m) Courses or activities approved by the Board by special request. Request for approval shall be made to the Board, in writing, at least 60 days prior to license expiration.

## Timeline

- Courses entered in system since system opened
- First request via email 1/31/26 with licensee
- Impacts **multiple** licensees
- Reached out to provider to confirm content & course approval
- Provider believed courses qualified under (2)(c)
- Provider submitted request letter on behalf of all attendees

## OSU-Cascades -- Clinical Connections Nights Multiple Dates



## “Bend Beaver Connection Education Night” One-hour for 1 CEU credit

2/28/2026

To Whom It May Concern,

I am writing to the Oregon Physical Therapist Licensing Board to respectfully request a CEU exemption for the current certification period.

OSU-Cascades hosted a physical therapy meet-up series (Cascade Clinical Connections; four events in 2024 and five events in 2025) and communicated to attendees that 1 CEU credit would be awarded for participation. We were operating under the assumption that, as part of OSU-Cascades, we were permitted to offer CEU credit for these sessions.

Each monthly meeting featured different speakers (all licensed PTs) and topics, and all sessions were clinically focused and relevant to physical therapy practice. We have compiled a list of the PT speakers and presentation topics for your reference and review.

We acknowledge our error in assuming eligibility to provide CEU credit and regret any confusion this may have caused. We are committed to working closely with the Board to ensure full compliance with all requirements for any future educational offerings.

We respectfully request special consideration based on the following:

1. "Courses provided by an accredited institution of higher education, which may include but are not limited to, courses leading to an advanced degree in physical therapy or other courses that advance the licensee's physical therapy competence." These sessions were specifically targeted to advance PT competence and were delivered through an accredited institution of higher education.
2. "Courses or activities approved by the Board by special request. Request for approval shall be made to the Board, in writing, at least 60 days prior to license expiration." Sherri and I have been in communication since February 2, 2026, in an attempt to meet the Board's requests and comply with this provision.
3. "Courses, seminars, activities, and workshops sponsored, certified, or approved by an established and recognized health related organization or professional association recognized by the Board, unless excluded under part (4)." These sessions were organized through an established, accredited university and featured licensed physical therapist speakers presenting on clinical topics relevant to current practice.

Thank you for your time and consideration of this request. Please let us know if any additional documentation or information is needed.

Respectfully,

*Christina Inman, PT, DPT, ATC, OCS Emeritus*

Director of Clinical Education and Assistant Clinical Professor

[Doctor of Physical Therapy Program](#)

Oregon State University – Cascades

Office: Ray Hall 311C - (541) 706-2050

April 2024:

Jenny McAteer: Vestibular exam and interventions  
Mandon Welch - Quad activation in ACL-R  
Nick Hagan: PNF integration into sports rehab  
Melissa Carlton: Oncology and lymphedema basics

May 2024:

Arleen Norkitis- social perception in clinical practice  
Tim Gross – What PT's should know about skate ski technique  
Meg Gleason – Vestibular Screening in Cervical Assessment  
Jennifer Miles- Hip integration

October 2024:

Meg Navish: Soft skills for nervous system regulation  
Brittant Estuesta: Cozean Pelvic Dysfunction Screening Tool  
Jonathan Rice: Blood Flow Restriction Training

Feb 2025:

Hannah Carlsen – The glute's role In the the pelvic floor  
Chris Cooper – How your Golf Swing affects your lumbar spine  
Morgan Kriz - Vestibular Rehab : what's moving?

March 2025:

Blake Matlock: Therapeutic exercise interventions  
John Hilt – What is return to play mean for PT?  
Meg Gleason: Community resources for DME and patient supports  
Jay Dicharry – Lateral column imbalances in the foot  
Joe Gambles – PT for climbers

June 2025:

Morgan Stewart : Shoulder Pearls  
Bobby Bemis: Manual therapy articles, definitions, value  
Jonathan Rice: Wearable technology

Oct 2025:

John Center: LQ strength based testing and return to sport guidelines  
Meg Gleason: Dual tasking assessment and treatment  
Jonathan Rice: HB 3824 summary and discussion  
Morgan Kriz: Vestibular

Nov 2025:

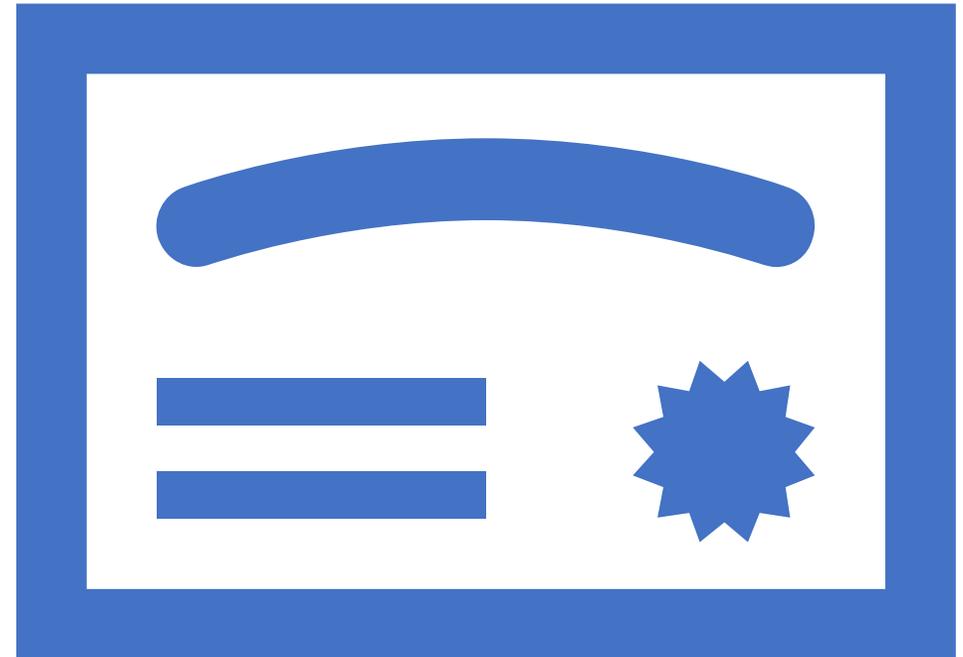
Peter Schrey: 2025 RCRS CPG  
Christina Inman: Acute management of soft tissue injuries  
Melissa Carlton: Oncology Basics for PTs

# D2– Request for Course Approval

Under 848-035-0030(2)(m) Courses or activities approved by the Board by special request. Request for approval shall be made to the Board, in writing, at least 60 days prior to license expiration.

## Approve?

## OSU-Cascades -- Clinical Connections Nights Multiple Dates



**“Bend Beaver Connection Education Night”**  
One-hour for 1 CEU credit

# D3– 2026 Legislative Session

## Short Session

- 35 Days – Even Years
- 295 bills introduced
- 143 bills passed

## Long Session

- 160 Days – Odd Years
- Average of 3,000 – 4,000 bills introduced



# D3– 2026 Legislative Session

Sine Die – March 6<sup>th</sup>

Several bills relating to public meetings & administrative rulemaking, State Budget/Cost of Services

Policy Bills in Behavioral Health, Privacy, Law Enforcement, Transportation, Education

## OBPT Interim Work (between now and 2027 Session)

- [HB 4095](#) (2026)  
(Semi-Independent Agencies)
- [SB 476](#) (2025)/ SB 1595 (2026)  
(Culturally Responsive Training)

# D4– HRRI Healthy Practice Resource Pilot



At a prior meeting, the Board reviewed the HRRI [Health Practice Resource \(HPR\)](#) and determined that the modules qualified for non-clinical continuing competence in Oregon. The Board further discussed the value of self-assessment tools in light of the potential increased risk of errors or patient harm as a result of burnout or other factors that impact healthcare practitioner wellness, as is being demonstrated through a growing body of research.

During this discussion, the Board also expressed interest in exploring how the HPR could potentially also be used within the investigative process, to help licensees involved in an investigation identify and understand how overall wellness can be a contributing factor to errors and violations, with the overall intent of preventing future violations through greater self-awareness and self-regulation, thereby furthering the Board’s statutory mission of public protection.

To explore this utilization of the HPR, a pilot program is recommended to test implementation, gather data and determine scope of any further rollout.



# Initial Scope of Pilot

The pilot will be initially limited to complaints related to documentation or billing issues, supervision, ethical or non-sexual boundary violations, scope of practice, or patient injury.

Participation will be offered to individuals who are subject to an investigation and where the Board issues a confidential advisory letter, or where there is a settlement agreement.

The pilot would not require participants to submit or share their results or plans directly with the Board, unless term of settlement.

Participants will be provided a self-reflection template to consider if any factors contributed to violations, and any actions they could take to mitigate any future impacts.

Participants will be asked but not required to complete a post-survey as part of the closeout of the investigation.

All materials remain confidential as part of the investigative files; however, anonymized aggregate data will be compiled and reported publicly.



# Initial Scope of Pilot

## Preliminary Advisory Group & Review Timeframe:



Several licensees (20+) have completed the HPR as part of their continuing competence requirements. Since these individuals now have familiarity with the tool, they could be invited to participate in an advisory group to flesh out the pilot.



Other interested parties willing to complete one or more modules of the HPR.



Review Point: One Year from Implementation

# D5— Board Continuing Competence Offerings



## **Strategic Objective: Prevention Education & Outreach**

- ✓ Topics relevant to Oregon law requirements, trends, licensing
- ✓ Free or Low Cost
- ✓ Individual Courses; *possible expansion to conference format in future*
- ✓ Credit

# D5– Board Continuing Competence Offerings



## **Strategic Objective: Prevention Education & Outreach**

- ✓ Board Staff; *possible other speakers*
  - ✓ Currently present nationally
  - ✓ Present to PT/PTA Programs
- ✓ Repurpose and Expand Value
- ✓ Virtual & In-person (bundled with other work in area)

# Example Content

Excerpt from

*Practitioner Wellbeing: Roundtable Discussion*

at [Louisiana Extra Mile Conference](#);  
Feb. 2026

Panelists:

- Sherri Paru, PT, Clinical Advisor/Investigator- OBPT
- Stephen Curley, Executive Director- KBPT; Board Member, FSBPT
- Kristina Lounsberry, PT, ATC- Moderator

# Focus

2-hour session



Hear from licensee's disciplined by the Board for boundary/ethical violations



Breakout into groups to discuss and analyze each case



Impact of their actions on the licensee, patients and others



Take aways and Tips



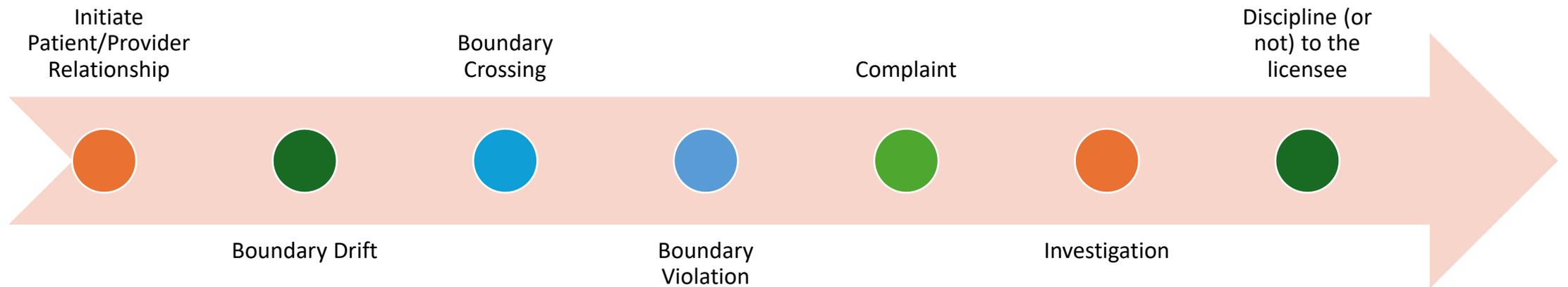
What available resources exist for licensees

# Susan's Story

# Take Aways

- Slippery slope
- Challenges of small town
- Personal stressors/trauma
- Power Imbalance- hard to see
- Isolation (before and after offense and during board investigation)
- Boundaries courses and treatment beneficial for insight and ability to reflect on the effect of their behavior on others
- Effect of a board action on the rest of your career

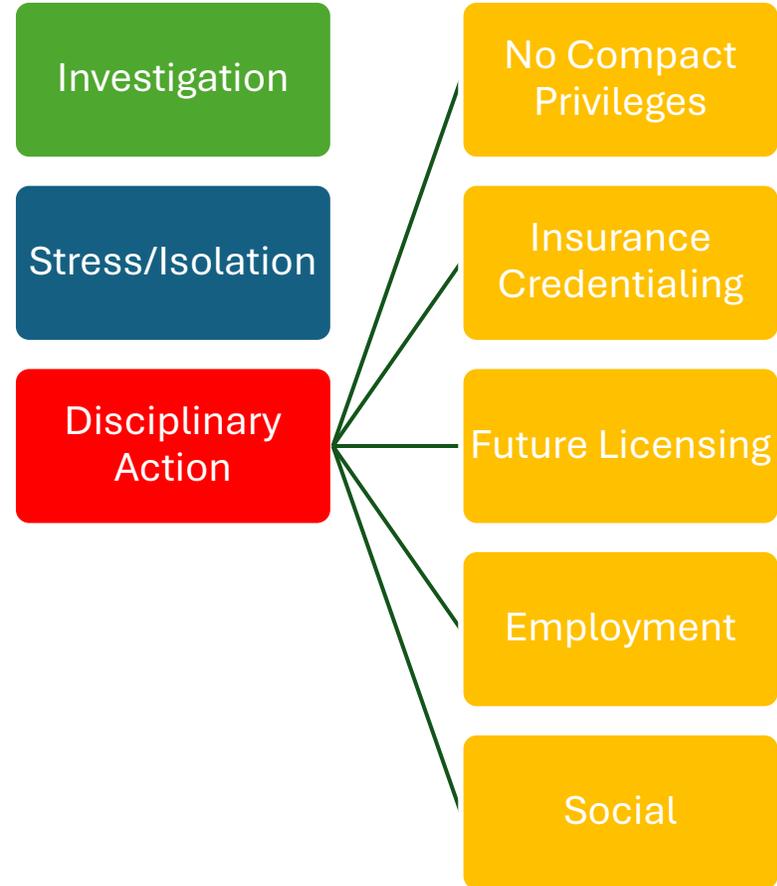
# Boundary Violations: A continuum



# Questions and Tips

- What's going on in my life? Do I need support?
- Can I talk to my supervisor, boss, etc?
- Is my work environment safe and supportive?
- Can I transfer the care of a patient to another therapist or recommend another clinic?
- How can I keep my interactions strictly professional? Clear boundaries and policies re: texting, social media, socializing, etc

# Implications of a Board Complaint



# D5– Board Continuing Competence Offerings



## **Strategic Objective: Prevention Education & Outreach**

- ✓ Discussion
- ✓ Proceed?

## D6— ETS/TOEFL Scores



- ✓ ETS Modified Score Scale
- ✓ Initially communicated as two-year transition with both scores on certificate in Fall 2025
- ✓ ETS changed implementation plan with minimal notice Jan 2026; new score only; crosswalk on site
- ✓ Current OAR still viable as written with use of ETS crosswalk
- ✓ No urgent change needed—could update as part of HB3824 implementation

# D6– Strategic Work Session



- ✓ Progress Reports due 6/1/2026
- ✓ Next Full Plans due 6/1/2027
- ✓ Minimum 2-year horizon
- ✓ Inclusive of DEI and IT Plans



## Prioritize

To inform long-range planning and policy; rule-making and legislative agenda.



## Communicate

To demonstrate how the Board is achieving Mission...and gain feedback.



## Implement

To inform development of program and budget priorities.

# Why Strategic Planning

Doing the Right Things  
at the Right Time

in the *Right Way*.

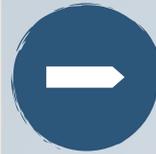
# Overall Planning Process

Not just a one-time event! Remember to rinse and repeat.

## Step 1

### Step Back

- Confirm our Purpose.
- Assess how well our programs and performance are currently meeting that purpose now through self reflection AND stakeholder input.
- Assess the environment to see what's changing/what's coming up and what needs to happen to address it.



## Step 2

### Prepare

- Identify Priorities and Key Dependencies.
- Research, Collaborate, & Reflect.
- Make a road map for getting from point A to Point B.



## Step 3

### Execute

- Use road map to plan program activities and budgets.
- Make operational projects and plans.
- Track progress to goal.
- Adjust; adapt; grow.

# Board of Physical Therapy (from Prior Plan)

The mission of the Board is to protect the public health, safety and welfare for **all** Oregonians by maintaining standards for quality care, professional skill, and competence through the effective regulation of the practice of physical therapy.

800 NE Oregon Street  
Suite 407  
Portland, Oregon 97232  
Phone (971) 673-0200  
Fax (971) 673-0226  
[Physical.Therapy@oregon.gov](mailto:Physical.Therapy@oregon.gov)  
[www.oregon.gov/PT](http://www.oregon.gov/PT)



## Enabling Statutes & Rules

ORS 688.010-688.240, ORS 676 (health boards generally) & ORS 182.454 (semi-independent agencies)

OAR 848



## Professionals Licensed

~5,000 Phys. Therapists (PTs)  
*Doctorate Level Degree*

~1,200 Phys. Ther. Assts (PTAs)  
*Associates Level Degree*

Fixed biennial renewal

plus

**~500 COMPACT HOLDERS**



## Core Functions

Licensing  
Complaint Investigation  
Education & Outreach  
Planning & Partnership



## 8 Member Board

5 Physical Therapists  
1 Physical Therapist Assistant  
2 Public Members



## Budget & Staff

\$1.88 M 23-25  
BI Budget  
3.6 FTE

**OBPT Vision:**  
Positive Patient  
Outcomes Achieved.



# Prior Plan: Identified Strategic Priorities & Action Items

## Continuity of Operations

Modernize IT Systems & Operations

Knowledge Transfer/ Staff Retirement

Facilitate Telehealth Practice

Adapt/Address COVID-19 IMPACTS

## Culturally Responsive Regulation

Update CC to allow outreach/ support diversity/ wellness

Work with Oregon PT/PTA Schools re: efforts to diversify workforce.

Explore other partnerships to address workforce availability, & diversity.

Update Mission language (incorp state DEI/Vision)

Internal Training

## Trauma-informed Regulation

Focus on Data

Non-CAPTE Applicants

Collaborate with OHA, FSBPT, APTA-OR, OPTIP; other State agencies on public protection and workforce diversity

Internal Training

## Focus on Prevention

Increase Outreach & Education  
Public, student & licensee

Increase Variety & Format of Educational Materials

Address Practitioner Burnout & Moral Injury

Review Renewal CC Prior to Close Date

Political

P

State or federal policy, rules, new laws, and upcoming elections.

Economic

E

The broad, economic climate we are in, such as inflation rates, interest rates, economic growth, and property prices.

Social

S

The population growth rates, cultural aspects, age distribution, and changing social behaviors.

Technological

T

The availability of technology and rate of technological changes for you and your customer.

Legal

L

The laws directly connected to us and our area of activity.

Environmental

E

The surrounding environment, weather, natural disasters, geographic position, climate changes, and sustainability.

Political

P

Federal and State legislation impacting healthcare

Regulation/ Deregulation Trends

Economic

E

Economic impact on profession through reimbursement rates, cost of healthcare, cost of education

Impacts to access to care

Social

S

Pandemic Impact

Access to care in rural areas

How we connect via Tech-Shift in Communication/ Outreach

Healthy Practice

Technological

T

Artificial Intelligence

System/Data protection and security

Telehealth

Uneven Investment in New/updated technologies

Legal

L

Recent Scope of Practice-updates/ Changes

Environmental

E

Balancing environmental footprint with equal access

Weather-fires, heat, snow

Climate impact on community wellness

**S**

**Strengths**

What are we good at?

**W**

**Weaknesses**

What are we not good at?

**O**

**Opportunities**

Where do we see big possibilities for OBPT?

**T**

**Threats**

What do we see on the horizon as being potentially harmful to our organization?

# S

## Strengths

- Active Connection to FSBPT
- Data Collection- Demographics
- Staff Response time and Experience
- Engaged Board Members – Public and Professional
- Positive Relationships with external Partners
- Governance Model

# W

## Weaknesses

- Small Staff / Limited Resources
- Desire to do it all / Limited Capacity
- Aging infrastructure

# O

## Opportunities

- Strategic utilization of technology
- Partnership

# T

## Threats

- High risk of burnout and resource fatigue
- Cybersecurity / Fraud
- Increase in administrative overhead costs
- Investigative costs

# Next Steps: Community Engagement

## Survey?

## Proposed Questions

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What are the OBPT's strengths and weaknesses?

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What are the challenges and opportunities facing the OBPT?

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How can the OBPT better serve our licensees?

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Where should the agency be allocating resources?

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Is there anything else you would like the Board to consider when developing this plan?

## II — Executive Session

*The Board will enter executive session pursuant to ORS 192.660(2)(f)(h) and (L).*

*Executive Sessions are closed to the public. Any attendees will be asked to wait in the waiting room or placed in the virtual waiting room during the executive session and brought back into the meeting room prior to the Board reconvening public session.*



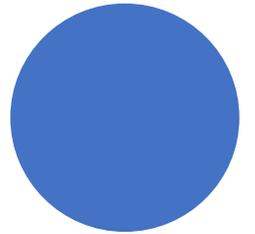
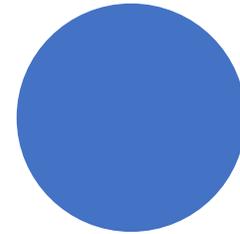
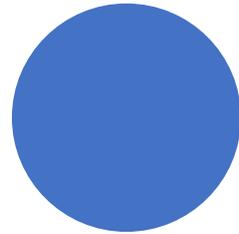
# III – Resume Public Session



# E — Board Motions as Result of Executive Session



# F – Other Business



# IV - Adjourn

## Next Scheduled Board Meeting(s):

### May 2026

**4:00 PM May 27, 2026 - Board Meeting - Virtual**

Executive Session Only | Executive Sessions are closed to the public.

**8:30 AM May 29, 2026 - Board Meeting - Virtual**

Public Session & Executive Session, if necessary

For more information on Board Meetings:

<https://www.oregon.gov/pt/Pages/meetings.aspx>

