

A photograph of a physical therapist with blonde hair, wearing a white long-sleeved shirt, assisting a pregnant woman with dark hair, wearing a black tank top and grey leggings. They are in a gym or physical therapy studio, with exercise balls and equipment visible in the background. A large, semi-transparent teal triangle is overlaid on the right side of the image.

APTA State of Pelvic Health Physical Therapy

A Report From the American Physical Therapy Association
and APTA Pelvic Health

July 2026

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APTA State of Pelvic Health Physical Therapy



A Report from the American Physical Therapy Association and APTA Pelvic Health, an academy of the American Physical Therapy Association

Executive Summary

The APTA State of Pelvic Health Physical Therapy report provides a comprehensive overview of the current landscape of pelvic health physical therapy in the United States. Developed through a collaborative effort between APTA and APTA Pelvic Health, an academy of the American Physical Therapy Association, the report draws on existing literature and findings from a national survey distributed broadly to physical therapists and physical therapist assistants who provide pelvic health services. The report is intended to support data-informed decision-making, advocacy, and strategic planning by articulating the value, scope, and challenges of pelvic health physical therapy within the evolving healthcare environment.

The report is designed to align the profession's response to rapidly growing pelvic health needs with APTA's strategic priorities with concise, credible, and shareable messages that articulate the value of pelvic health physical therapy to patients, referrers, health systems, payers, and policymakers.

Key Findings

Pelvic health needs are increasing while provider capacity remains limited.

Demand for pelvic health physical therapy continues to grow, reflecting increased recognition of pelvic health conditions across the lifespan. However, workforce supply, geographic distribution, and appointment availability have not kept pace. Survey data show widespread capacity constraints, including extended wait times, delays in follow-up care beyond what is medically appropriate, and many clinicians working at or beyond full schedules.

Pelvic health physical therapy addresses high-prevalence conditions across the lifespan.

Pelvic health PTs provide care for a broad range of conditions that significantly affect function and quality of life, including pelvic pain, urinary and bowel dysfunction, pregnancy- and postpartum-related conditions, pelvic oncology, neurologic conditions, and age-related pelvic health concerns. Care spans prevention, rehabilitation, and episodic management across genders and age groups.

Physical therapists and physical therapist assistants are essential to meeting demand.

Survey findings highlight the importance of PTAs, collaborative practice models, and advanced training pathways in expanding access to pelvic healthcare while maintaining quality. Although utilizing PTAs is part of a broader strategy to increase capacity, shortages and underutilization persist.

Technology is influencing care delivery, access, and patient expectations.

Diagnostic technologies, biofeedback tools, telehealth, and emerging digital platforms are increasingly used within pelvic health physical therapy. Respondents recognize opportunities to improve access and efficiency, particularly through telehealth and administrative technologies, while emphasizing that technology must complement, rather than replace, skilled, hands-on, individualized care.

Barriers to care are largely structural rather than driven by patient disinterest.

Access challenges are shaped primarily by extrinsic factors, including workforce shortages, reimbursement variability, administrative burden, referral patterns, and geographic limitations. These barriers contribute to delayed or unmet care despite patient need and interest in conservative treatment options.

Challenges, Needs, and Opportunities

The findings depict a complex practice environment characterized by growing demand, constrained workforce capacity, and evolving health system expectations. Persistent challenges include uneven access to services, limited public and interprofessional awareness, administrative and documentation burdens, and payment structures that place pressure on visit length and care delivery models. These pressures contribute to workforce stress and burnout and threaten the sustainability of individualized pelvic healthcare.

At the same time, substantial opportunities exist. Expanding and standardizing education and training pathways, improving integration of PTAs, strengthening research and data infrastructure, and thoughtfully incorporating technology can help modernize practice while preserving care quality. Enhanced interprofessional collaboration and improved referral pathways also offer important avenues for expanding access and improving patient outcomes.

Why Physical Therapy for Pelvic Health Matters

Pelvic health physical therapy plays a critical role as a first-line, conservative, and evidence-based approach to managing pelvic health conditions. PTs apply specialized, movement-based assessment, hands-on intervention, therapeutic exercise, patient education, and evidence-informed use of technology to address impairments, activity

limitations, and participation restrictions. [Clinical practice guidelines](#) developed by APTA Pelvic Health and other professional organizations consistently reinforce the role of physical therapy in managing pelvic health conditions.

As consumer pelvic health technologies and information sources proliferate, pelvic health PTs provide clinically guided care that integrates innovation with safety, individualized decision-making, and evidence-based practice. Workforce readiness, ensuring that PTs and PTAs are appropriately trained, supported, and utilized, remains central to delivering high-quality care and meeting growing public health needs.

Introduction

Purpose and Origin of Report

This report provides a comprehensive overview of the current state of pelvic health physical therapy in the United States. Developed through a collaborative effort between APTA and APTA Pelvic Health, it draws on existing literature and insights from the 2025 APTA Pelvic Health Profile Survey, which had 313 respondents, including both academy members and nonmembers who provide pelvic health physical therapy.

The purpose of this report is threefold. First, it is intended to increase awareness among healthcare professionals, referrers, and health systems of the scope, value, and appropriate use of pelvic health physical therapy across the lifespan. Despite strong evidence supporting pelvic health physical therapy as a conservative intervention for common and high-impact conditions, survey findings and access data indicate that limited awareness and inconsistent referral practices continue to delay care for many patients.

Second, the report illustrates how physical therapy is clearly positioned as a distinct, first-line, evidence-based profession, differentiated from consumer pelvic health products and services as well as from other healthcare disciplines. Throughout the report, pelvic health physical therapy is validated as a clinically guided, movement-based approach that integrates skilled examination, hands-on intervention, patient education, and evidence-informed use of technology. This distinction is increasingly important as consumer-facing pelvic health technologies and online information proliferate, often without appropriate clinical oversight or evidentiary support.

Third, this report is designed to align pelvic health physical therapy with the [APTA Strategic Framework for 2030](#). By describing current workforce capacity, education and training pathways, care delivery models, technology use, research priorities, and policy

considerations, the report provides a foundation for data-informed advocacy, practice modernization, and strategic planning. It offers PTs, PTAs, educators, administrators, payers, and policymakers a shared understanding of both the opportunities and challenges shaping the future of pelvic health physical therapy.

Together, these aims support the report's overarching goal: to articulate the essential role of pelvic health physical therapy in meeting growing public health needs while equipping the profession with credible, actionable information to strengthen access, quality, and sustainability of care.

How to Use This Report

- **Healthcare providers** can use this report to better recognize the value of incorporating pelvic health PTs into client care teams.
- **PTs and PTAs** can use the findings to understand current practice trends, workforce challenges, and opportunities within pelvic health physical therapy.
- **Members of the public** can use this report to better understand what pelvic health physical therapy is, when it may be beneficial, and how access to timely, specialized care can support function, quality of life, and overall health across the lifespan.
- **Policymakers and payers** can use the report to access up-to-date information on the contributions of pelvic health physical therapy to public health, as well as the environmental factors that contribute to delays in care.
- **Advocates and leaders** may apply the data to educate policymakers, payers, and health systems about the value and impact of pelvic health physical therapy.
- **Practice owners and administrators** can use the insights to inform program development, workforce planning, and care delivery decisions.
- **Students and early-career professionals** may explore pelvic health physical therapy as a growing and impactful area of practice.

History and Evolution of Physical Therapy in Pelvic Health

Origins of the Field

Pelvic health physical therapy was established well before formal specialization, emerging from early physical therapy practices in the mid-20th century that addressed childbirth recovery, continence, and musculoskeletal function. Early clinicians recognized the pelvic floor as integral to posture, respiration, continence, and functional movement, particularly for postpartum individuals and aging adults experiencing bladder and bowel dysfunction. Influenced by early research on pelvic floor muscle training and the women's health movement of the 1960s and 1970s, PTs began systematically developing evaluation

and treatment approaches emphasizing pregnancy, postpartum recovery, urinary incontinence, and pelvic pain. These efforts defined foundational competencies — neuromuscular reeducation, therapeutic exercise, patient education, and interdisciplinary collaboration — that remain central to pelvic health practice today.

In 1977, nearly 50 years ago, these clinical efforts were formalized with the founding of the Section on Obstetrics and Gynecology within APTA, creating an organized professional home for education, research, and collaboration. As the field matured, the section evolved to reflect both societal needs and clinical scope. In 1995, it was renamed the Section on Women’s Health, and by 2011, it formally recognized members treating male pelvic health conditions. This evolution culminated in 2019 with the transition to APTA Pelvic Health, a name that more accurately reflects contemporary practice across the lifespan and all genders. Throughout this history, visionary leaders, including Elizabeth Noble and other pioneering clinicians, played a key role in translating emerging science into clinical physical therapy practice and shaping a distinct professional identity in pelvic health.

Providers in Pelvic Health Today

Today, pelvic health physical therapy is practiced by a growing community of PTs, PTAs, and interdisciplinary partners, including physicians, nurses, and occupational therapists. Care spans prevention, wellness, and rehabilitation for bladder, bowel, sexual, and abdominal dysfunctions, reinforcing pelvic health as a core component of movement, function, and quality of life.

Growth of the Profession

The profession’s growth is reflected in the expansion of board specialization (now Pelvic and Women’s Health Clinical Specialist), the development of residencies, advanced certificate programs, and APTA Pelvic Health’s robust professional membership. Over the past decade, APTA Pelvic Health has experienced a 45% increase in membership, with more than 3,800 PTs, PTAs, and physical therapy students now represented. This significant growth demonstrates how the academy’s evolution mirrors both the changing needs of the U.S. population and the profession’s leadership in advancing pelvic healthcare.

Definition and Scope of Physical Therapy Management of Pelvic Health Conditions

Pelvic health physical therapy is performed by PTs and PTAs who treat conditions related to the abdominopelvic region, which includes the pelvic floor muscles and organs.

Scope of Practice

Pelvic health physical therapy focuses on the examination, evaluation, diagnosis, prognosis, and interventions of the pelvic floor, abdominal wall, and trunk. Assessment and treatment of pelvic floor muscles and organs can be performed through internal or external vaginal or rectal techniques. Management of musculoskeletal, neuromuscular, and behavioral components addresses a range of disorders causing bladder, bowel, sexual, pelvic organ support, and pelvic pain symptoms. Pelvic health physical therapy is essential across the lifespan for individuals of all genders to improve function and support recovery of urologic, gynecologic, colorectal, and sexual health concerns. Pelvic health therapists may also have additional training to address unique issues related to pregnant persons during antepartum, intrapartum, and postpartum.

Workforce and Practice Landscape

Adequacy of the Pelvic Health Workforce

Approximately 93% of survey respondents are involved in direct patient care, with a median of 80% of their caseload consisting of pelvic health physical therapy patients. More than three-quarters identify pelvic health as their primary clinical focus, while 14% consider themselves primarily orthopedic clinicians. Nearly 23% of respondents hold licenses in more than one state. Additionally, almost 7% are employed by the armed forces or government agencies (primarily at the state or local level). Just over 20% of pelvic health PTs report offering remote consultations to other healthcare providers. Because both multi-state licensure and remote consultation can extend care across state lines, maps depicting board-certified pelvic and women's health clinical specialists may underrepresent the true accessibility of pelvic health PTs. The growth of virtual care may help expand access for unserved and underserved populations.

Among surveyed pelvic health PTs, 33% report supervising other PTs, and 36% supervise PTAs. Many respondents note that PTAs could play an important role in meeting the growing demand for pelvic health physical therapist services. The median respondent estimated that 20% of their pelvic health patients access care through direct access, twice the rate reported for other conditions, despite only [41% of the general population being aware that PTs can treat patients without a physician referral](#).

- Twice as many patients seeking pelvic health physical therapy are seen via direct access compared to other conditions.
- Over three-fifths of pelvic health PTs have not conducted an annual physical therapy visit in the past year.
- Most patients access pelvic health physical therapy on an intermittent or episodic basis.

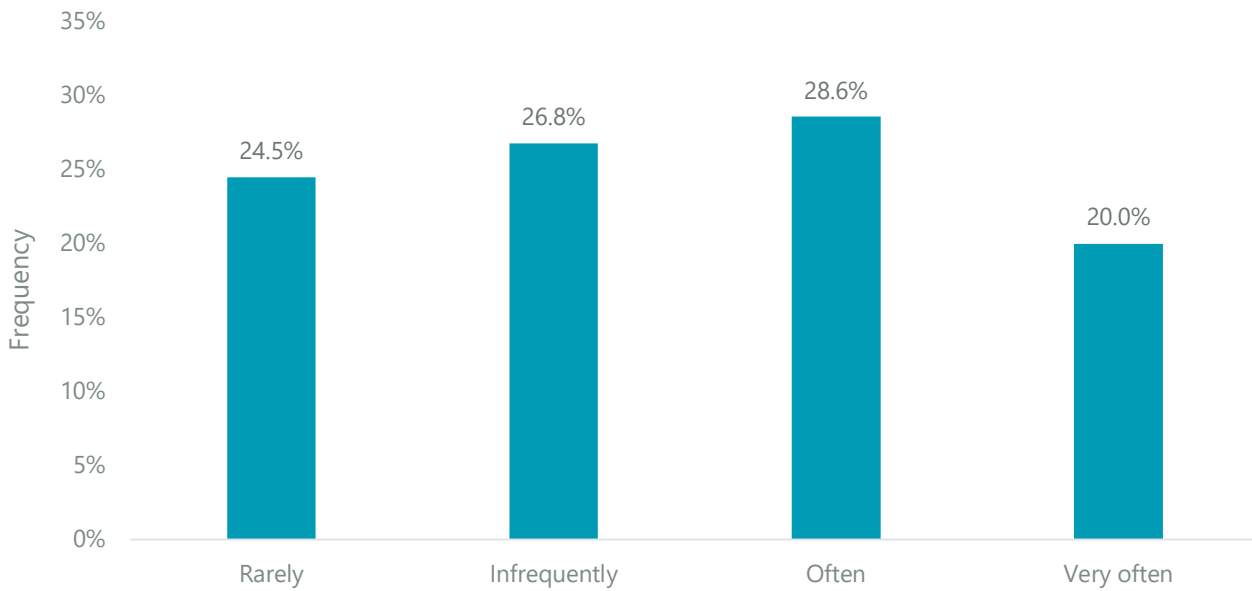
Annual physical therapy visits, intended as preventative evaluations to optimize movement and promote overall wellness, remain uncommon in this practice area. Only 9% of pelvic health PTs report performing annual visits at least occasionally, while more than three-fifths have not conducted one in the past year. This suggests that most patients receive pelvic health physical therapy on an intermittent, or episodic, basis rather than through routine preventative care.

Challenges Meeting Demand

The demand for pelvic health physical therapy continues to grow, and many clinics are struggling to keep up. Among survey respondents who spend 75% or more of their time treating patients, the median number of patient visits in a typical week is 40, with most reporting between 29 and 50 visits. They also report that pelvic health concerns account for most patient visits, representing a mean of 72% and a median of 82% of visits. About 30% of these respondents see only pelvic health-related visits. For all respondents who provide direct care, 34% say their overall patient volume has increased since 2024, while only 19% report a decrease. Therapists report a median no-show or cancellation rate of 14%.

Timely access to care remains a significant challenge. The typical wait for a new pelvic health patient is about two weeks, with most wait times ranging from 7 to 35 days (one to five weeks). Nearly half (48.6%) of respondents say follow-up visits are often or very often delayed beyond what is medically appropriate because their schedules are too full.

PTs Reporting Delays in Follow-Up Appointments Longer Than Medically Indicated Due to a Full Schedule



Source: 2025 APTA Pelvic Health Profile Survey.

Only about 15% of therapists have available appointment slots without extending their hours, and about one-third say they are already at capacity. A little over a quarter of respondents report that they could only meet demand by extending their work hours. Finally, nearly 23% cannot accommodate all appointment requests even with extended hours. Those therapists report they could fill about five additional visits per week if their schedules allowed. Not surprisingly, therapists who cannot meet demand have much longer median wait times for new patients (30 days, compared with 14 days for those at capacity, with or without extending hours).

Capacity of Pelvic Health PTs to Meet Demand and Evaluation Wait Times

Ability to Accommodate all who Requested Appointments	Percentage	Median Wait Time for an Evaluation
Has room without extra hours	15.5 %	6 days
At capacity without extra hours	35.0%	14 days
Used extra hours to meet demand	26.8%	14 days
Even with extra hours cannot meet demand	22.7%	30 days

PTAs: The Pathway to Expanding Care

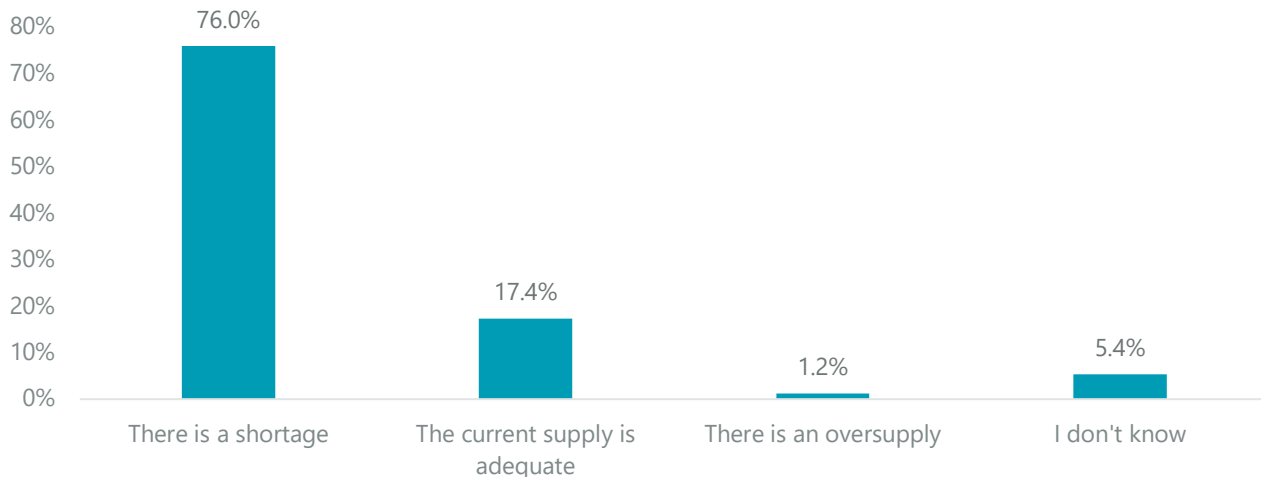
These capacity challenges may be addressed by adopting collaborative practice models that include greater utilization of PTAs, growth of the pelvic health PT workforce, and expanded use of advanced technology. Among surveyed PTs who currently meet patient demand by extending their work hours, more than half indicated that adding a PTA would completely or partially reduce the need to do so. Similarly, of those who reported being unable to meet all patient needs even with extended hours, 58% believed that incorporating a PTA would help alleviate capacity constraints to some degree.

- Half of the surveyed pelvic health PTs identified PTAs as a pathway to meet demand that exceeds provider capacity.
- Collaborative practice models, expansion of PTs and PTAs with pelvic health expertise, and technology may offer hope to increase the availability of pelvic health physical therapy to patients in need.

Comparison to Overall PT Workforce Adequacy

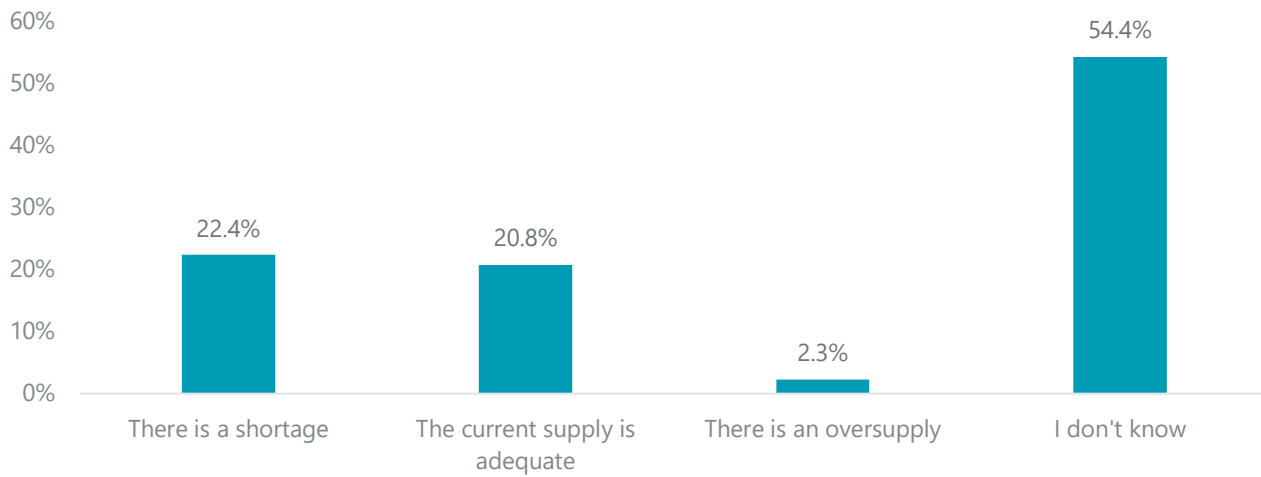
Respondents perceive labor shortages in pelvic health physical therapy to be more severe than shortages in physical therapy more broadly. When assessing the general physical therapy workforce in their area, 43% believe supply is adequate, and 38% believe there is a shortage. However, when asked specifically about pelvic health PTs, only 17.4% report an adequate supply, and 76% perceive a shortage. For PTAs with pelvic health expertise, 54.4% say they are unsure whether a shortage exists, while 22.4% believe there is one, and 20.8% believe supply is adequate.

Supply of PTs Treating Pelvic Health Conditions in Local Area, Rated



Source: 2025 APTA Pelvic Health Profile Survey.

Supply of PTAs Treating Pelvic Health Conditions in Local Area, Rated



Source: 2025 APTA Pelvic Health Profile Survey.

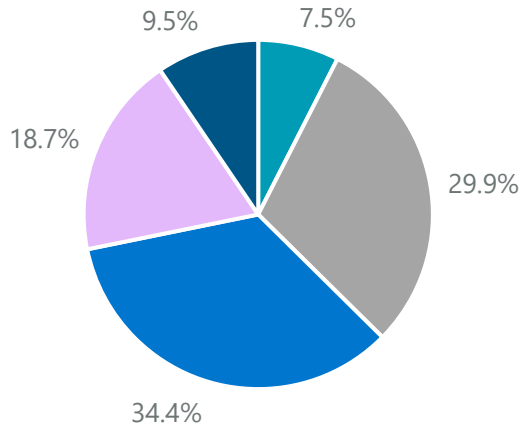
Retention is an important factor in meeting the growing demand for care. About 20% of pelvic health PTs have taken leave from the workforce in the past two years for reasons such as child-rearing, health needs, or further training. Half of these leaves last less than three months, and just over 3% lasted a year or more. Most found returning to work easy, though 18.5% reported difficulty. The vast majority (96.7%) do not plan to leave the profession or retire in the next two years. Only 1.8% expect to retire in the next two years, a rate below the 5% in the physical therapy profession, and 1.5% plan to leave pelvic health for another field. However, nearly 20% plan to reduce their hours in the same period, while only 5.8% plan to increase them.

Burnout

Burnout is defined as physical or emotional exhaustion related to work, reduced empathy for patients and colleagues, or diminished feelings of effectiveness, enthusiasm, or accomplishment at work. When asked about their burnout, just over one-third of pelvic health PTs say they do not feel burned out. A similar amount feel somewhat burned out, experiencing symptoms most months. Meanwhile, 18.7% report being more than somewhat burned out, and 9.5% describe themselves as very burned out; levels that may be linked to high demand and pressure to increase clinical hours. Monitoring burnout is essential given the growing need for pelvic health expertise and the limited supply of trained clinicians.

Understanding workforce needs is central to APTA’s Strategic Framework for 2030, which calls for strengthening the profession’s capacity to meet patient demand, addressing geographic maldistribution, and expanding workforce readiness in areas of growing public need, including pelvic health.

Level of Burnout, Rated



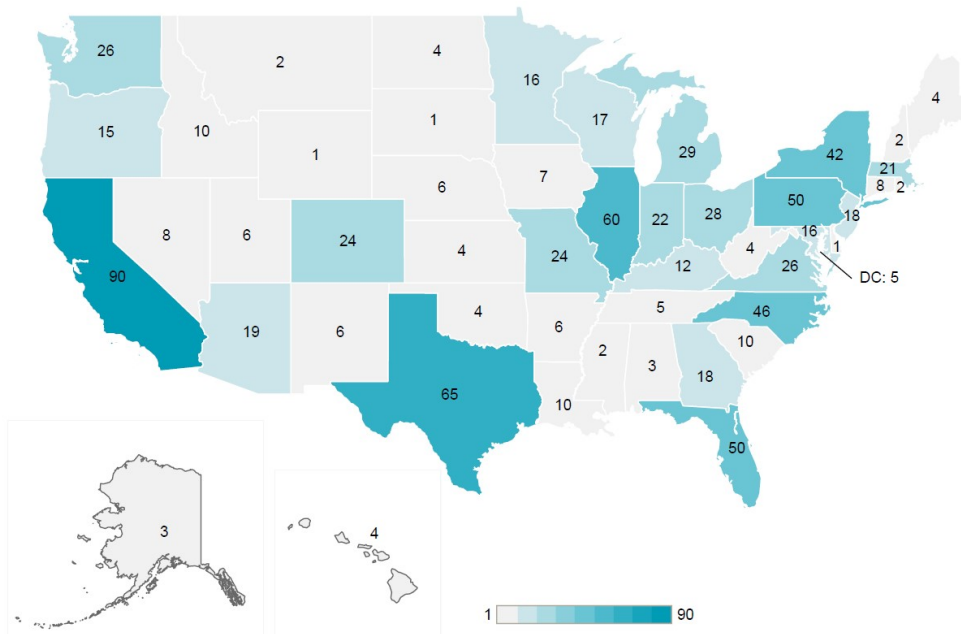
- I don't feel burned out. I have no symptoms of burnout or rarely experience them.
- I don't feel burned out. I sometimes experience less energy at work or less professional satisfaction than I would like, but not most months.
- I feel somewhat burned out. I experience mild or moderate symptoms of burnout most months (but not most weeks).
- I feel more than somewhat burned out. I experience symptoms of burnout most weeks or the symptoms feel more than moderate.
- I feel very burned out. Nearly every week, or more often, I experience symptoms of burnout or the symptoms feel very strong.

Source: 2025 APTA Pelvic Health Survey. Respondents could choose only one response.

Geographic Distribution of Providers

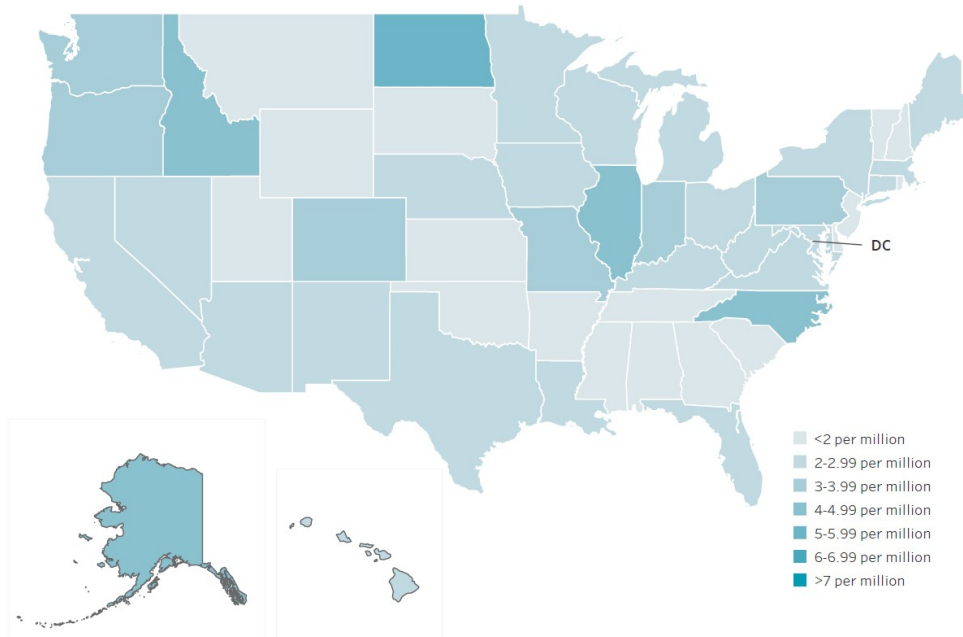
Pelvic health physical therapy is a focused area within the broader physical therapy profession, which PTs and PTAs may practice generally or pursue specialty training, although limited data exists on PTAs in this field. Nationwide, the workforce remains small, with only one to eight pelvic health–trained PTs per million residents, depending on the state.

Board-Certified Pelvic and Women’s Health Clinical Specialists per State



Source: ABPTS (as of Nov. 2025). Counts exclude emeritus specialists.

Board-Certified Pelvic and Women’s Health Clinical Specialists per Million People



Source: U.S. Census Bureau and ABPTS (as of Nov. 2025). Counts exclude emeritus specialists.

Provider Demographics and Practice Characteristics

Age, Gender, Race and Ethnicity

The median age of survey respondents (n=255) was 44 years. Of those, 97% identified as women, 1.9% identified as men, and one identified as nonbinary. No respondents identified as transgender, and two individuals selected “prefer not to disclose.”

Among respondents who reported their race and ethnicity (n=259 responses; multiple selections permitted), the majority identified as white (91.9%). Additional respondents identified as Asian (6.9%), American Indian or Alaska Native (1.2%), Black or African American (1.2%), Latino (1.2%), and Native Hawaiian or Pacific Islander (0.4%). A small proportion (0.8%) selected “Other,” including one respondent who identified as Middle Eastern. Nine respondents (3.5%) selected more than one racial or ethnic category; thus, the percentages above total to more than 100%.

Years in Practice

Respondents have spent a median of eight years in pelvic health and six years in their primary role.

Practice Setting

The majority of pelvic health PTs work in hospitals and private outpatient facilities. Fewer than 5% of pelvic health PTs work in a physician-owned facility, and 30% report being owners, co-owners, or partners in a clinical practice.

How Patients Find Providers

Both APTA and APTA Pelvic Health have provider directories to help patients find a PT who focuses on pelvic health conditions. Although laws in most states allow patients to receive physical therapy services without a referral from a medical provider, some insurances require a referral for an evaluation and/or treatment.

Referrals to pelvic health physical therapy are commonly issued by medical providers who manage pelvic, urologic, obstetric, or gynecologic conditions, including primary care physicians (family medicine, internal medicine), obstetricians and gynecologists, urogynecologists, urologists, as well as physician assistants and nurse practitioners working in these specialties.

Pelvic health physical therapy referrals also originate from other specialties involving managing pelvic and abdominal conditions, such as gastroenterology, oncology, pain, and musculoskeletal specialists. APTA Pelvic Health promotes the [PT Locator](#) as a tool for healthcare providers, not just patients, to find appropriate pelvic health referral partners. APTA's [Find a PT](#) tool on the ChoosePT website helps consumers search for a board-certified pelvic and women's health physical therapist in their area.

Wages and Compensation

Most survey respondents (80%) report holding a single job and working about 40 hours per week. Those with more than one job (20%) work an additional three to five hours weekly. Self-employed respondents typically work fewer hours, about 30 hours per week, while those paid hourly work a median of 24.5 hours.

Respondents who work at least 34 hours a week and are under the age of 65 report a median income of \$92,000 with an interquartile range of \$80,000 to \$109,400; an amount lower than the amount reported within the [APTA Physical Therapy Profile: Incomes for the Profession, 2025](#) (median of \$101,000 with an interquartile range of \$87,300 to \$120,000).

However, there are several important differences between the two groups. Respondents categorized as pelvic health physical therapists are a few years younger than others (a three-year difference in mean age) and much more likely to have income solely from self-employment (20% vs 8%). While pelvic health physical therapists are more likely to report

working in hospitals (38% vs 24%), which generally offer higher earnings, they are also more likely to report working in private outpatient practices (44% vs 27%), which typically offer lower earnings. Moreover, fewer pelvic health physical therapist respondents reported working in academia (10% vs 17%), another setting with higher reported incomes.

Ultimately, additional research with larger samples is needed to determine which factors affect salary differences across subfields of physical therapy practice.

Education and Training Pathways

Professional Education

Respondents reported substantial variability in the pelvic health education received during their entry-level physical therapy program. At least one-fourth indicated they received no pelvic health instruction, while a similar proportion reported receiving 10 or more hours. Overall, the median amount of pelvic health content delivered during entry-level education was two hours.

APTA Pelvic Health provides a resource for physical therapist entry-level degree educators on pelvic health content within the [Educator Toolkit](#). In addition, the Federation of State Boards of Physical Therapy incorporates [content](#) specific to pelvic health conditions on the National Physical Therapy Examination.

Postprofessional Training

Before independently treating their first patient with pelvic health needs, respondents reported a median of 24 hours of postgraduate in-person education with a laboratory component and a median of 6.5 hours of online training.

Among pelvic health PTs who received any in-person training, the median duration was 24 hours in-person and 8 hours online. For those who reported online training, the median in-person training time remained 24 hours, while the median online training time was 20 hours. Considering all forms of pelvic health education, including entry-level coursework, in-person postgraduate training, and online training, therapists report a median of 34 total hours of training before independently treating their first patient, with an interquartile range of 24 to 68 hours.

The [American Board of Physical Therapy Residency and Fellowship Education](#), or ABPTRFE, is the recognized accrediting body for PT residency and fellowship education programs in the United States. ABPTRFE currently accredits programs across 23 specialty and subspecialty areas of practice. The first women's health residency program — now referred to as pelvic

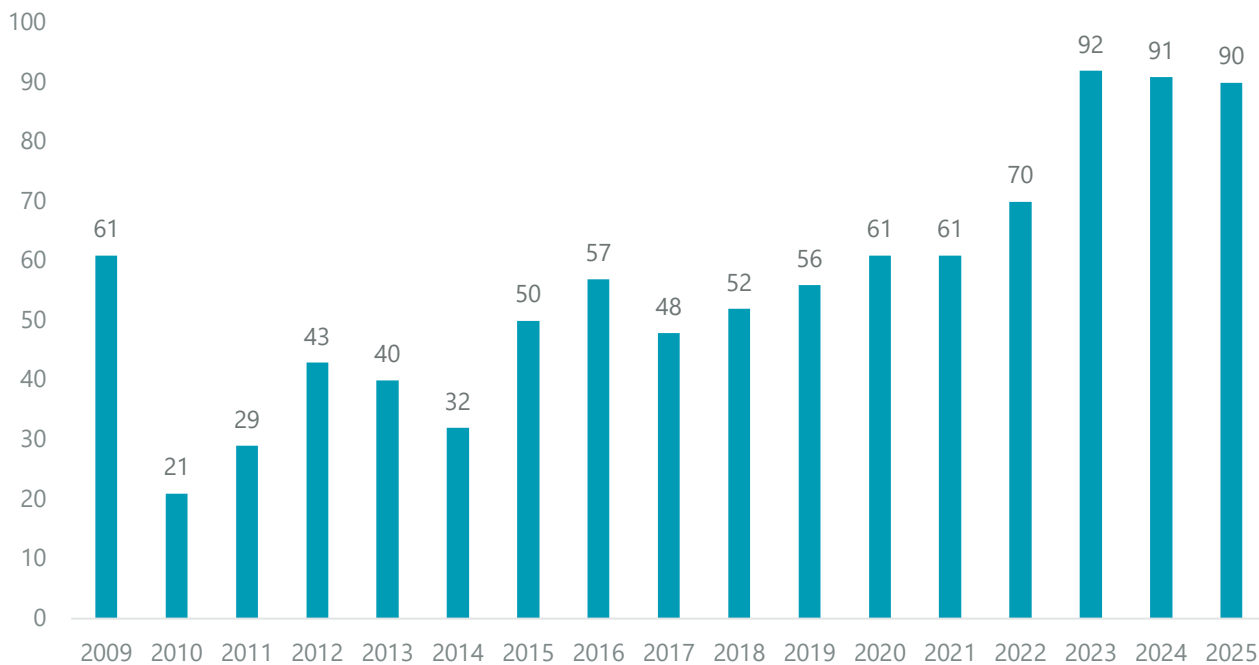
and women’s health — was accredited in 2007. As of May 2026, there are 25 accredited pelvic and women’s health residency programs, with an additional 12 programs undergoing initial accreditation. Despite this growth, these programs have limited capacity, offering only 72 residency positions annually for PTs seeking advanced training in this specialty.

Certification and Continuing Competence

Expansion of Specialization

The [American Board of Physical Therapy Specialties](#), or ABPTS, certifies over 40,000 specialists in 10 areas of physical therapy who demonstrate expertise in a specific area. In 2006, the APTA House of Delegates approved board certification in the area of women's health. The first women's health specialist certification examination was administered in 2009. In 2025, the House approved a formal title change of the specialty to Pelvic and Women’s Health. As of July 2025, ABPTS has certified 954 pelvic and women's health specialists. While board certification does exist, it is important to note that PTs who provide pelvic healthcare are not required to hold ABPTS board certification.

Newly Board-Certified Pelvic and Women’s Health Clinical Specialists by Year



Source: ABPTS.

PTA Advanced Proficiency

The American Physical Therapy Association’s [PTA Advanced Proficiency Pathways](#) program is an assessment-based certificate program recognizing advanced proficiency of PTAs across eight specialty areas. A ninth pathway in pelvic health is planned to launch in 2027.

APTA Pelvic Health CAPP

APTA Pelvic Health offers two Certificates of Advanced Practice in physical therapy: Pelvic Health ([CAPP-Pelvic](#)) and Obstetric Health ([CAPP-OB](#)). These certificates are awarded to licensed PTs and PTAs who complete a structured series of comprehensive, evidence-based educational courses; pass written and clinical examinations at each level; and submit a written report that undergoes rigorous review by the CAPP Case Reflection Committee. As of April 2026, 757 therapists have earned their CAPP-Pelvic, and 364 have earned their CAPP-OB.

Other Disciplines

Pelvic health-related certifications and continuing professional development opportunities are available across multiple healthcare disciplines, including occupational therapy, nursing, and midwifery. Within this interdisciplinary context, PTs contribute a distinct perspective grounded in their education and training in movement science, neuromusculoskeletal assessment, and functional rehabilitation. PTs apply both internal and external examination techniques, movement analysis, and therapeutic exercise to address the musculoskeletal and neuromotor components of pelvic health conditions. This approach supports comprehensive, conservative management strategies that consider functional impairments, activity limitations, and participation across the lifespan, often within collaborative, team-based models of care.

Engagement in Advanced Professional Development

Survey results indicated that just over one-third of respondents are board-certified clinical specialists in pelvic and women's health, one in eight have completed a residency, and one-fifth are currently enrolled in, or planning to pursue, a residency. Providers also report relying on additional advanced training, with nearly 60% identifying APTA Pelvic Health as a primary source of education and professional development.

In alignment with APTA's strategic priority to "Evolve Our Practice," expanding and standardizing training pathways — including residencies, certifications, PTA pathways, and continuing competence — helps ensure that practitioners are well prepared to deliver high-quality pelvic health services as evidence, technology, and scope of practice continue to evolve.

Licensure and Regulation

Within the United States, PTs do not require any additional licensure, registration, or regulatory designation beyond standard physical therapy licensure to provide pelvic health-related services. Pelvic health practice falls within the professional scope of physical therapy and is reflected in the profession's nationally recognized body of knowledge. The

jurisdictional scope of practice is established through state practice acts, which generally do not distinguish pelvic health as a separately regulated area but may include state-specific guidance related to delivery of care.

While licensure defines what PTs are legally permitted to do, it does not determine an individual therapist's readiness to deliver all pelvic health interventions. Consistent with APTA's framework, the personal scope of practice is determined by an individual's education, training, experience, and demonstrated competence. As a result, PTs without pelvic health specialization routinely address pelvic-related conditions within broader context of care, while recognizing when aspects of care exceed their personal scope.

Consultation and referral among PTs are essential professional responsibilities and support ethical, competency-based practice. When patient needs exceed an individual therapist's personal scope, such as in cases requiring advanced pelvic floor examination or complex condition management, PTs are expected to consult with or refer to colleagues with additional training or experience in pelvic health. This intraprofessional collaboration occurs within the same licensure framework and promotes role clarity, patient safety, and continuity of care, while remaining responsive to any state-specific regulatory considerations that may apply to pelvic health services.

Pelvic Health Conditions Treated in Physical Therapy

This section describes the broad range of conditions treated by pelvic health PTs and highlights their essential role across diverse patient populations. Drawing on findings from the literature, a 2025 Research Engagement Survey conducted by APTA Pelvic Health, and the [2020 ABPTS Description of Specialty Practice](#), pelvic health PTs commonly treat conditions across the sex and gender spectrum such as urinary and bowel incontinence; bladder and bowel dysfunction; constipation and defecatory disorders; pelvic organ prolapse; abdominal-pelvic pain; post-operative needs including gender-affirming surgery and cesarean delivery; pediatric voiding dysfunction; conditions related to perimenopause and menopause; male and female breast and urogenital cancers and postoperative impairments; pregnancy and postpartum related musculoskeletal issues such as pelvic girdle pain; lymphedema; autoimmune conditions; general musculoskeletal impairments affecting the extremities, pelvis, and spine; disordered eating syndromes; wound care; neurologic conditions; and osteoporosis.

Pelvic health PTs also serve a wide array of patient groups. According to the 2025 APTA Pelvic Health Profile Survey, all pelvic health PTs report treating women, more than 80% treat men, and approximately 60% treat transgender patients (though respondents may have interpreted “treat” as either past or current care).

When asked about the ages of their patients, the median respondent says adults ages 18 to 64 account for 60% of their patients, and 43% say this age group accounts for at least 75% of their patients. Regarding patients over 64 years old, the median therapist says they account for 25% of their patients, and about 27% say they account for half or more. About 64% of respondents report seeing no patients ages 13 to 17, and only 14% report that this age group accounts for 10% or more of their patients. Only a handful of respondents report seeing patients under 13.

Gender Identity of Patients Treated by Pelvic Health Physical Therapist Respondents

Response	Frequency	Count
Women, cisgender	100.0%	219
Men, cisgender	82.2%	180
Women, transgender	60.3%	132
Men, transgender	56.6%	124

Source: 2025 APTA Pelvic Health Profile Survey.

APTA Pelvic Health created Evidence Highlights for the following commonly seen pelvic health conditions:

- [Acute Obstetric Rehabilitation](#)
- [Male Pelvic Health](#)
- [Perimenopause and Menopause](#)
- [Neurologic Conditions](#)
- [Pediatric Pelvic Health](#)
- [Pelvic Oncology](#)
- [Pregnancy and Postpartum](#)
- [Pregnancy and Postpartum Athlete](#)
- [Transgender Pelvic Health](#)

Clinical Practice: What Patients Can Expect

Key Components of Examination

A pelvic health physical therapy episode of care begins with a comprehensive interview and intake, during which the PT reviews the patient's symptoms, medical history, lifestyle factors, bladder and bowel habits, pain patterns, and functional goals. This discussion helps guide the examination and ensures care is individualized and patient-centered. Education about pelvic anatomy and function is often introduced early to support understanding and shared decision-making.

The physical examination typically includes external assessment of posture, breathing patterns, movement, strength, flexibility, and coordination. With informed consent, the evaluation may also include an internal pelvic floor muscle examination, performed vaginally or rectally, to assess muscle tone, strength, coordination, tenderness, or symptom reproduction. Internal examination is optional, explained in advance, and performed only when clinically appropriate and agreed upon by the patient. Functional assessment may include observation of activities such as coughing, lifting, walking, or other tasks relevant to the patient's goals and symptoms.

Common Interventions

Pelvic health physical therapy uses a combination of evidence-informed interventions tailored to the individual. Manual therapy may be used externally or internally to address soft tissue restrictions, muscle overactivity, or pain. Therapeutic exercise and neuromuscular retraining focus on improving pelvic floor muscle strength, relaxation, coordination, and integration with the abdomen, hips, and breathing system.

Biofeedback may be incorporated to help patients gain awareness of pelvic floor muscle activity and improve control through visual or auditory feedback. This technique supports both strengthening and relaxation, depending on the condition being treated. Education and behavior modification are central to care and may include guidance on bladder and bowel habits, posture, pressure management, activity modification, and development of a home exercise program to support carryover between visits.

Treatment Duration and Models of Care

The duration of pelvic health physical therapy varies based on diagnosis, symptom severity, functional goals, and patient engagement with recommended strategies. Care is typically delivered in defined episodes rather than as ongoing treatment, with early phases emphasizing assessment, education, and motor control, followed by progressive

strengthening, coordination, and return to functional activities. Discharge is guided by goal attainment, symptom stability, and the patient's ability to self-manage, although some individuals may return for additional episodes during life transitions such as pregnancy, postpartum recovery, surgery, or symptom recurrence.

Technology Supporting Management of Pelvic Health Conditions

Technology is an integral component of pelvic health physical therapy, contributing to both clinical evaluation and treatment. Assessment tools such as electromyography, manometry, dynamometry, and real-time ultrasound imaging offer objective insight into pelvic floor muscle performance, including strength, coordination, and tone, and support decision-making across a broad range of pelvic health conditions. Many of these technologies also function as therapeutic tools by providing biofeedback, enabling patients to engage with real-time physiological information to enhance muscle retraining and symptom control. APTA Pelvic Health offers a comprehensive synthesis of current evidence, clinical uses, and emerging technologies through its [Evidence Highlights](#) resources.

Digital and Consumer Technologies

Digital and consumer pelvic health technologies vary widely in intended use, level of clinical oversight, and supporting evidence. While these tools may improve engagement and access for some individuals, many sources emphasize the importance of professional evaluation and guidance, particularly when symptoms involve pain, prolapse, or complex pelvic floor dysfunction. Current technologies most often serve as adjuncts to pelvic health physical therapy, rather than standalone treatments.

To support clinicians and patients in navigating this rapidly expanding landscape, APTA offers access to the [APTA Digital Health App Library powered by ORCHA](#), a curated platform that reviews and rates digital health applications based on clinical assurance, data privacy, usability, and evidence. This resource enables physical therapists to identify high-quality digital tools that may be used safely and appropriately as adjuncts to physical therapy.

Digital technologies will never replace the importance of PTs or PTAs, but they can help clinicians extend their reach and provide vital data on patient progress and outcomes. The [APTA Digital Health App Library](#), supported by the Organization for the Review of Care and Health Apps, or ORCHA, is a valuable resource for the effective use of digital technologies. ORCHA also features pelvic health-specific apps to support clinicians in addressing pelvic health needs.

Opportunities and Risks

Consistent with APTA's strategic priority to "Evolve Our Practice," the responsible integration of technology into pelvic health physical therapy presents important opportunities to support innovation, enhance clinical decision-making, and potentially expand access to care when applied within evidence-based practice models. Technologies such as biofeedback devices are commonly incorporated into clinician-guided pelvic floor muscle training and support the role of PTs in assessment, instruction, progression, and interpretation of physiologic information. At the same time, the growing availability of consumer-facing pelvic health devices introduces risk if technology is misunderstood or used as a substitute for skilled, hands-on, individualized care. These considerations highlight the importance of PTs guiding the safe and appropriate use of technology in pelvic health, ensuring that adoption complements, rather than replaces, professional judgment and patient-centered care.

Provider Perspectives on Emerging Technology

Survey respondents generally expressed optimism about the role of technology in the future of pelvic health physical therapy, particularly where innovations may improve access to care or reduce administrative burden. Telehealth was frequently noted as a mechanism to extend services to individuals who face geographic, financial, or logistical barriers, while artificial intelligence was most commonly referenced in relation to documentation efficiency and administrative relief.

At the same time, respondents consistently emphasized that technology must complement, not replace, hands-on, individualized physical therapy care. Concerns were raised about overreliance on digital tools, potential reductions in manual therapy or in-person assessment, and the variable quality of patient-facing technologies, including apps and online information. The cost of equipment and inconsistent evidence supporting certain technologies were also identified as barriers to adoption. Collectively, these perspectives underscore the importance of evidence-based implementation, clinician guidance, and professional oversight as technology continues to evolve within pelvic health practice.

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Barriers to Care

Barriers to accessing pelvic health physical therapy are commonly described as extrinsic (system-level) or intrinsic (patient-level), with the majority of documented obstacles falling into the extrinsic category. As summarized in the [APTA Pelvic Health Evidence Highlight: Barriers to Care](#), patients frequently report challenges related to cost, insurance limitations, long wait times, geographic distance, childcare needs, and difficulty obtaining timely referrals, even when pelvic health physical therapy is clinically indicated. These barriers may be compounded when symptoms are dismissed or overlooked by other healthcare providers, or when awareness of pelvic health physical therapy is limited among referring clinicians.

Intrinsic barriers can further delay care. These include limited understanding of pelvic health symptoms, stigma or embarrassment, fear, and the tendency to deprioritize symptoms. Patients may underestimate how their symptoms affect quality of life or lack confidence that conservative treatment options, such as physical therapy, will be effective. Increasing public and provider awareness of pelvic health conditions and the role of physical therapy may help mitigate these factors and support earlier engagement in care.

Certain populations experience additional challenges accessing pelvic health physical therapy. Adolescents, in particular, face unique barriers related to reliance on family members for transportation, extended referral pathways, and limited provider familiarity with pelvic health concerns in this age group. These access challenges are reflected in workforce data, as 64% of survey respondents report not seeing patients ages 13 to 17, suggesting limited provider availability and exposure. Coupled with the relatively small body of research specific to adolescent pelvic health physical therapy, these factors contribute to delays in care and underscore the need for increased awareness, training opportunities, and further study to better understand and address the needs of this population.

Practice-Level Constraints Affecting Quality of Care

In addition to patient- and system-level access barriers, survey respondents identified several practice-level organizational and structural factors that limit their ability to consistently deliver high-quality pelvic health physical therapy care. Reimbursement challenges, including declining payment rates, insurance restrictions, and prior authorization requirements, were the most frequently cited concerns and were commonly linked to downstream effects such as productivity pressures and limited appointment availability.

Respondents described high productivity expectations and documentation burden as compounding these challenges, often resulting in shorter visits, reduced privacy, or pressure to prioritize volume over individualized care. Workforce-related constraints, including limited availability or underutilization of PTAs and challenges in recruiting and retaining clinicians due to compensation and training costs, further strain care delivery. Together, these factors contribute to increased stress within the workforce and may delay care, disrupt continuity, or limit the time available to build therapeutic alliances essential to pelvic health outcomes.

Care Delivery Models

Pelvic health physical therapy is delivered through a range of care models that reflect patient needs, workforce capacity, and evolving practice environments. Survey findings indicate that care delivery remains predominantly in person, while telehealth and remote consultation models are increasingly used to address access limitations, geographic disparities, and workforce shortages. Together, these approaches highlight both the strengths of established care models and opportunities to expand access while maintaining high-quality, patient-centered care.

In-Person Care

In-person care remains the primary mode of delivery for pelvic health physical therapy. Survey respondents report that most pelvic health physical therapy is delivered on an intermittent or episodic basis, rather than as ongoing preventive care. Clinical visits are typically divided between examinations and treatment sessions, with examinations representing a median of 20% of visits and treatments 80%. Examinations are most commonly scheduled for 60 minutes; about 18% of respondents typically allocate 45 minutes, and 12% report allocating 30 minutes. Treatment sessions show greater variation in length. While the majority of respondents report allocating between 45 and 60 minutes for the typical treatment visit, nearly 39% report allocating 45 minutes or less. Overall, nearly a quarter report that treatment sessions are typically allocated 30 minutes.

Telehealth

Telehealth is used by a relatively small proportion of pelvic health PTs, with approximately 40% of survey respondents reporting use of telehealth in some capacity.

Frequency of Pelvic Health PTs Offering Telehealth Treatment

Response	Frequency	Count
Yes, but only pelvic health conditions	13.0%	29
Yes, for both pelvic health and other conditions	25.6%	57
Yes, but not for pelvic health conditions	1.8%	4
No	59.6%	133

Source: APTA Pelvic Health Profile Survey.

Privacy concerns, patient preference for in-person care, and challenges related to learning new skills remotely are commonly cited as barriers to the use of telehealth for pelvic health-related physical therapy care. Patients are reported to prefer in-person visits, particularly for initial evaluations, which may limit telehealth’s role as a full substitute for traditional care.

Nevertheless, telehealth offers an important opportunity to improve access, especially in regions with limited pelvic health expertise. Telehealth may play a complementary role in hybrid care models, supporting education, follow-up visits, and symptom management while preserving the hands-on elements of in-person care.

Remote Consultation and Mentorship

Beyond direct patient care, remote consultation and professional collaboration are emerging care delivery models within pelvic health physical therapy. Just over 20% of surveyed pelvic health PTs report providing remote consultations to other healthcare providers, indicating the growing use of consultative and mentorship-based approaches to extend pelvic health expertise beyond traditional practice settings.

Multi-state licensure further supports this model, with nearly one-quarter of respondents holding licenses in more than one state. These

Just over 20% of surveyed pelvic health PTs report providing remote consultations to other healthcare providers, indicating the growing use of consultative and mentorship-based approaches to extend pelvic health expertise beyond traditional practice settings.

arrangements enable pelvic health PTs to support colleagues, guide care planning, and enhance access to specialized expertise across geographic boundaries. Such consultative models may not be fully captured in provider distribution maps, suggesting that access to pelvic health expertise may be greater than geographic data alone indicates.

Regulation and Payment

Insurance Coverage and Variability

Payment coverage for pelvic health physical therapy varies widely across payers and jurisdictions and requires careful attention to payer-specific requirements. A detailed synthesis of coverage patterns, commonly reimbursed interventions, and documentation considerations is provided in the [APTA Pelvic Health Evidence Highlight: Payment](#), which outlines how medical necessity, diagnosis coding, and conservative care requirements influence reimbursement across Medicare, Medicaid, and commercial plans.

Beyond coverage policies, survey data highlights variability in payment models used by pelvic health PTs. While most respondents participate in Medicare, Medicaid, and commercial insurance plans, one-quarter report offering cash-based care, either exclusively (15.4%) or through partially cash-based models (10.4%) that may operate alongside third-party payers. These practice models reflect both payer limitations and efforts to maintain access to specialized services.

Payer administrative requirements also present operational challenges. Among respondents who do not participate in cash-based practice, delays in care due to payer-required administrative procedures were common. Nearly one quarter reported that appointments are delayed beyond what is medically necessary on a weekly or more frequent basis, while 40.5% indicated such delays occur once or twice per month. An additional 36.4% reported infrequent delays.

Almost one-quarter of pelvic health physical therapists report that appointments are scheduled later than medically necessary due to payer administrative procedures at least once or twice weekly.

Business Case for Pelvic Health Physical Therapy

Many payer policies and cost discussions related to pelvic health physical therapy focus on urinary incontinence, particularly stress urinary incontinence. The [APTA Economic Value of Physical Therapy in the United States](#) report summarizes the clinical and economic value of physical therapy for stress urinary incontinence, including comparisons with procedural interventions. This resource highlights physical therapy as a conservative, evidence-based approach that commonly incorporates pelvic floor muscle exercises, biofeedback, and related interventions.



Choosing physical therapy over injections to treat urinary incontinence results in an average net benefit of

\$10,129

including all the hidden costs of a patient's time, pain, and missed life events; and the dollars paid for the services.

Policy Issues

APTA maintains information on its [advocacy efforts](#) specific to pelvic health physical therapy.

Pelvic Health–Specific Advocacy Efforts

It is well established that pelvic health physical therapy is a vital part of recovery in the postpartum period. Yet many mothers lack access to or awareness of these essential services, and even some healthcare providers may not fully recognize their importance. To close these gaps, APTA and APTA Pelvic Health have focused federal advocacy efforts on championing the following legislation:

[The Optimizing Postpartum Outcomes Act \(H.R. 4074 / S. 4480\)](#) is bipartisan legislation introduced in both chambers of the 118th and 119th Congress. It would raise awareness of the availability and importance of pelvic health services, particularly pelvic health physical therapy, for postpartum women using Medicaid and the Children's Health Insurance Program.

The bill directs the U.S. Department of Health and Human Services, or HHS, to strengthen Medicaid's focus on pelvic health during the postpartum period, defined as the period of lactation or six months after pregnancy, whichever is later. It also calls on the Centers for Medicare & Medicaid Services to issue guidance on financing options, screenings, referrals, access, and diagnostic codes related to pelvic health care delivered by PTs.

If enacted, the legislation would require HHS to educate both health professionals and postpartum women on the benefits of pelvic health physical therapy. This includes training and resources that support recovery, prevent complications, and promote long-term health outcomes.

The bipartisan support for this bill underscores the broad consensus in favor of improving postpartum care.

Visit [APTA Advocacy](#) to stay up to date on the latest advocacy efforts around pelvic health physical therapy.

Guidelines for Care

Summary of Clinical Practice Guidelines

Leading national and international associations in the field of pelvic health disorders, including the International Continence Society, the American Urological Association, the European Association of Urology, the American College of Obstetricians and Gynecologists, and the Royal College of Obstetricians and Gynecologists of Canada, have established [clinical practice guidelines](#), or CPGs, that consistently recommend pelvic health physical therapy as a first- or second-line intervention for urinary and pelvic pain conditions. These recommendations reflect broad interdisciplinary agreement that conservative, rehabilitation-based care plays a critical role in the management of pelvic health disorders.

[APTA's Clinical Practice Guidelines Library](#): Find a comprehensive collection of resources, including APTA CPGs and evidence-based recommendations from other health professions, to expand your knowledge and advance your level of care.

APTA Pelvic Health-Developed CPGs

APTA Pelvic Health has demonstrated national leadership in advancing evidence-based pelvic healthcare through the systematic development of CPGs. Under the oversight of APTA Pelvic Health's Clinical Practice Guideline Steering Committee, the academy has published four CPGs to date, with additional guidelines currently in development:

- [Rehabilitation Interventions for Urge Urinary Incontinence, Urgency, and/or Frequency in Adult Women](#)
- [Functional Lower Gastrointestinal Disorders: Constipation](#)
- [Pelvic Girdle Pain in the Postpartum Population](#)
- [Pelvic Girdle Pain in the Antepartum Population](#)

These guidelines provide condition-specific, evidence-based recommendations that support consistent, high-quality clinical decision-making across diverse pelvic health populations.

Implications for Practice

Evidence-Based Care and Clinical Impact

The growing body of pelvic health-specific CPGs reinforces the role of physical therapy as an integral component of comprehensive pelvic healthcare. The structured, methodologically rigorous approach used by APTA Pelvic Health in guideline development supports improved clinical consistency, optimized patient outcomes, and alignment with interdisciplinary standards of care.

Current guidelines in development, supported by grant funding from APTA, address priority areas including pelvic pain, assessment and treatment of perinatal diastasis rectus abdominis, and pelvic health rehabilitation for individuals with prostate cancer. In addition, literature-based revisions are underway for two previously published guidelines: pelvic girdle pain in the antepartum population and rehabilitative interventions for urge urinary incontinence, urgency, and frequency in adult women.

Opportunities for Future Guideline Development

To further advance evidence-based care, the Clinical Practice Guideline Steering Committee has identified several areas for future guideline development. These include exercise during pregnancy, management of oncology-related pelvic floor dysfunction, and updates to existing guidelines addressing functional constipation and pelvic girdle pain in the postpartum population. Continued expansion and updating of pelvic health CPGs will ensure that PTs remain equipped to deliver current, effective, and patient-centered care across the lifespan.

Pelvic Health Research and Future Growth

Current Research Landscape

Pelvic health research is published across a range of peer-reviewed journals, with a substantial body of work represented in [PTJ: Physical Therapy & Rehabilitation Journal](#), APTA's official journal, and the [Journal of Women's & Pelvic Health Physical Therapy](#), the academy's official journal. These outlets reflect areas of robust inquiry within pelvic health physical therapy while also highlighting gaps in the evidence base, particularly as practice expands to address emerging conditions, populations, and models of care.

Research Agenda

To better understand the current state of pelvic health research and member engagement, APTA Pelvic Health established a research committee and conducted a membership survey in 2025. Findings from this survey are informing the development of a formal APTA Pelvic Health Research Agenda. The agenda is intended to identify research and education priorities specific to pelvic health physical therapist practice while maintaining alignment with the broader [APTA Research Agenda](#).

Priority areas under consideration include pelvic health conditions, pelvic oncology, maternal health, care across the lifespan, cross-disciplinary topics, and technology (e.g., artificial intelligence, electromyography). The agenda also emphasizes disparities in care and research participation, as well as the needs of diverse populations (male, transgender) served by pelvic health PTs.

Funding and Grants

APTA Pelvic Health supports the advancement of pelvic health research through academy-specific funding opportunities. The [\\$10,000 APTA Pelvic Health Research Grant](#) is designed to support projects that contribute to the evidence base for pelvic health physical therapy. In addition, members are encouraged to pursue external funding opportunities through the Foundation for Physical Therapy Research, including [postdoctoral fellowship support](#).

Future Opportunities

Future opportunities to strengthen pelvic health research include investment in data infrastructure, expanded workforce-focused research, and systematic evaluation of emerging technologies (e.g., artificial intelligence, electromyography) relevant to pelvic health practice. These efforts are expected to support both the generation of new knowledge and the translation of research findings into clinical care.

Conclusion

Pelvic health physical therapy is experiencing growing demand, expanding scope, and increasing professional recognition, alongside persistent constraints related to workforce capacity, reimbursement, and access to care. Pelvic health PTs provide evidence-based care for high-prevalence conditions across the lifespan, yet the supply of trained clinicians remains limited, with geographic maldistribution, extended wait times, and delayed follow-up care continuing to affect timely access. Workforce data highlight both resilience and vulnerability, including high productivity demands, burnout, and many clinicians' plans to reduce work hours.

The findings reinforce the distinct value of pelvic health physical therapy as a first-line, conservative, and clinically guided approach to managing pelvic health conditions. PTs and PTAs apply specialized movement-based assessment, skilled hands-on interventions, patient education, and evidence-informed technologies within individualized models of care. Research, CPGs, and advancing education and certification pathways further support the profession's role in improving function, quality of life, and long-term health outcomes for diverse populations. As consumer pelvic health technologies proliferate, the report underscores the importance of professional expertise in guiding safe, effective, and evidence-based care.

Looking ahead, the report identifies a clear call to action for providers, healthcare systems, educators, payers, and policymakers. Strengthening education and training pathways, effectively integrating PTAs, supporting fair and sustainable payment models, and investing in research and data infrastructure are essential to meeting growing demand. Equally important are efforts to improve public and interprofessional awareness, strengthen referral pathways, and thoughtfully integrate technology to enhance access and efficiency without compromising individualized, hands-on care. By aligning these priorities with APTA's Strategic Framework for 2030, particularly "Evolving Our Practice," the profession is well positioned to expand access, elevate evidence-based care, and sustain the future impact of pelvic health physical therapy nationwide.

Acknowledgements

The American Physical Therapy Association and APTA Pelvic Health would like to acknowledge the contributions of the following individuals to this report.

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