



## Allied Health Workforce Projections, 2016-2030: Chiropractors and Podiatrists

This factsheet presents national-level supply and demand projections for chiropractors and podiatrists from 2016 through 2030 using HRSA's Health Workforce Simulation Model (HWSM).<sup>1</sup>

**Chiropractors** are licensed health professionals who diagnose and treat neuromusculoskeletal problems using spinal manipulations and other non-surgical techniques to improve functionality and alleviate pain.<sup>2,3</sup> To become a chiropractor, an individual must complete three to four years of undergraduate education and a four-year Doctor of Chiropractic degree program. Some chiropractors also earn master's degrees in related areas, such as nutrition or sports rehabilitation. After graduation, chiropractors must pass national board exams before being granted a license to practice.

**Podiatrists** provide medical and surgical care for the foot, ankle, and lower leg. They also diagnose and treat foot problems associated with chronic diseases such as diabetes, cardiovascular disease, or arthritis. Podiatrists may prescribe medications or physical therapy, or they may perform surgery.<sup>4,5</sup> Some podiatrists specialize in podiatric surgery, orthopedics, sports medicine, pediatrics, geriatrics, or diabetic foot care. To become a podiatrist, an individual must complete a four-year postgraduate Doctor of Podiatric Medicine degree and three years of hospital-based residency training in medicine and surgery. Upon completion of residency, podiatrists may opt to become board certified by a specialty board, and some pursue additional fellowship training. All states require a license to practice podiatry.

### **METHODS**

While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic HWSM framework remains the same across all occupations. For supply modeling, the HWSM's major components include common labor-market factors like unemployment and new entrants to the workforce (e.g., newly trained chiropractors or podiatrists), demographic and geographic characteristics of the existing workforce, and workforce participation decisions (e.g., patterns in retirement and hours worked). The model assumes that current supply patterns for chiropractors and podiatrists remain the same throughout the

### **About the National Center for Health Workforce Analysis**

The National Center for Health Workforce Analysis informs public and private sector decision-makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers. Visit the website: <https://bhw.hrsa.gov/national-center-health-workforce-analysis>

<sup>1</sup> This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health behavior, and health risk factors that affect their health care utilization patterns. For more information on data and methods, please see: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf>

<sup>2</sup> American Chiropractic Association. What is Chiropractic? [online]. 2018. Accessed at: <https://www.acatoday.org/Patients/Why-Choose-Chiropractic/What-is-Chiropractic/>.

<sup>3</sup> Composite descriptions of health occupations examined in this report are sourced from: Bureau of Labor Statistics. Occupational Outlook Handbook, Chiropractors [online]. 2018. Accessed at: <https://www.bls.gov/ooh/healthcare/chiropractors.htm>.

<sup>4</sup> The American Association of Colleges of Podiatric Medicine. Becoming a Podiatric Physician? [online]. 2018. Accessed at: <https://www.aacpm.org/becoming-a-podiatric-physician/>.

<sup>5</sup> Composite descriptions of health occupations examined in this report are sourced from: Bureau of Labor Statistics. Occupational Outlook Handbook, Podiatrists [online]. 2018. Accessed at: <https://www.bls.gov/ooh/healthcare/podiatrists.htm>.

forecast period and projects forward in one-year increments. Each annual supply estimate becomes the starting point for the subsequent year, with the process repeated through 2030.

For demand modeling, the HWSM assumes that demand equals supply in 2016,<sup>6</sup> and applies health care utilization patterns across future population demographics. The model provides demand projections under two scenarios: a “status quo” scenario (Scenario One) and an “evolving care delivery” scenario (Scenario Two).

Under **Scenario One**, the model assumes that 2016 health care use and delivery patterns for chiropractic and podiatric services remain the same over the forecast period, and accounts for changes in population demographics and the commensurate shifts in chiropractic and podiatric usage. This status quo scenario does not reflect potential changes in care utilization patterns in future years resulting from advancements in medicine and technology or shifts in health care delivery and payment models (e.g., team-based care, telemedicine).

**Scenario Two** builds upon Scenario One by incorporating the potential impact of evolving health care system trends and goals on chiropractic and podiatric services. This includes assumptions related to improvement in population health (e.g. improved control of diabetes, modest reduction in excess body weight) and implementation of team-based care and continuum of care. Detailed information on the modeling of the evolving care delivery scenario can be found in an accompanying technical documentation report.<sup>7</sup> Both supply and demand are reported as full-time equivalents (FTEs). FTE estimates may differ from actual counts of persons who are employed or providing care.

These estimates do not capture changes in health care delivery patterns or disparities between supply and demand at localized geographic levels. Quantifying changes to demand due to innovations in health care delivery models, payment reform, team-based care, health-seeking behaviors, and other health system-level factors presents many challenges. HRSA will continue incorporating such factors into its future workforce projections as the evidence-base evolves and reliable data sources become available.

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<sup>6</sup> The assumption that supply equals demand at baseline is a standard approach in workforce projection modelling. Please refer to: Ono T, Lafortune G, Schoenstein M. “**Health workforce planning in OECD countries: a review of 26 projection models from 18 countries.**” *OECD Health Working Papers, No. 62*. France: OECD Publishing; 2013: 8-11.

<sup>7</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA’s Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf>.

## FINDINGS: CHIROPRACTORS

Nationally, approximately 57,470 chiropractors were active in the U.S. workforce in 2016. In 2030, the supply of chiropractors is expected to increase approximately 26 percent to 72,330 FTEs (*Exhibit 1*).

Under **Scenario One**, the demand for chiropractors is expected to increase 7 percent to 61,540 FTEs in 2030. Under **Scenario Two**, demand is projected to grow 3 percent to 58,910 FTEs in 2030. These estimates suggest the U.S. will have a sufficient supply of chiropractors to meet projected growth in demand for services in 2030 under both the status quo and the evolving care delivery scenarios.

**Exhibit 1. Projected Supply and Demand for Chiropractors in the United States, 2016-2030**

	Chiropractors	
	Scenario One (Status quo)	Scenario Two (Evolving care delivery)
<b>Supply</b>		
Estimated supply, 2016	57,470	57,470
Projected supply, 2030	72,330	72,330
New entrants, 2016-2030	33,850	33,850
Attrition <sup>a</sup> , 2016-2030	-18,990	-18,990
Total growth (%), 2016-2030	14,860 (26%)	14,860 (26%)
<b>Demand</b>		
Estimated demand, 2016	57,470	57,470
Projected demand <sup>b</sup> , 2030	61,540	58,910
Changing demographics, 2016-2030	4,070	4,070
Achieving population health goals	NA	4,360
Increased managed care <sup>c</sup>	NA	-6,990
Avoidable hospitalization and ED use	NA	0
Total growth (%), 2016-2030	4,070 (7%)	1,440 (3%)
<b>Projected Supply (minus) Demand, 2030</b>	<b>10,790</b>	<b>13,420</b>

Notes: All numbers reflect full time equivalents (FTEs). Numbers may not sum to totals due to rounding. NA denotes “not applicable”. ED denotes “emergency department”.

<sup>a</sup> Includes retirement and mortality.

<sup>b</sup> Demand growth for status quo scenario reflects changing demographics only.

<sup>c</sup> Patients in managed care plans tend to use fewer services from chiropractors.

## FINDINGS: PODIATRISTS

Nationally, approximately 18,160 podiatrists were active in the U.S. workforce in 2016. In 2030, the supply of podiatrists is expected to increase approximately 5 percent to 19,010 FTEs (*Exhibit 2*).

Under **Scenario One**, demand is expected to increase 28 percent to 23,290 FTEs for podiatrists in 2030. Under **Scenario Two**, demand is projected to grow 29 percent to 23,430 FTEs for podiatrists in 2030. These estimates suggest there may be shortages of podiatrists in 2030 under both the status quo and the evolving care delivery scenarios.

**Exhibit 2. Projected Supply and Demand for Podiatrists in the United States, 2016-2030**

	Podiatrists	
	Scenario One (Status quo)	Scenario Two (Evolving care delivery)
<b>Supply</b>		
Estimated supply, 2016	18,160	18,160
Projected supply, 2030	19,010	19,010
New entrants, 2016-2030	7,620	7,620
Attrition <sup>a</sup> , 2016-2030	-6,770	-6,770
Projected supply, 2030	19,010	19,010
Total growth (%), 2016-2030	850 (5%)	850 (5%)
<b>Demand</b>		
Estimated demand, 2016	18,160	18,160
Projected demand <sup>b</sup> , 2030	23,290	23,430
Changing demographics, 2016-2030	5,130	5,130
Achieving population health goals	NA	450
Increased managed care <sup>c</sup>	NA	-210
Avoidable hospitalization and ED use	NA	-100
Total growth (%), 2016-2030	5,130 (28%)	5,270 (29%)
<b>Projected Supply (minus) Demand, 2030</b>	<b>-4,280</b>	<b>-4,420</b>

Notes: All numbers reflect full time equivalents (FTEs). Numbers may not sum to totals due to rounding. NA denotes “not applicable”. ED denotes “emergency department”.

<sup>a</sup> Includes retirement and mortality.

<sup>b</sup> Demand growth for status quo scenario reflects changing demographics only.

<sup>c</sup> Patients in managed care plans tend to use fewer services from podiatrists.