Aged Care Exercise Physiology in Australia | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-exercise-physiology/

Details:

Exercise physiology in aged care is clinical exercise prescribed by an Accredited Exercise Physiologist to keep older people on their feet, out of hospital and doing the things they want to keep doing. Under Support at Home , allied health including exercise physiology sits in the Clinical Supports category, which the Australian Government funds in full at no cost to the participant. Access starts with an aged care assessment through My Aged Care on 1800 200 422 .

To talk about your situation, call Bloom on 1300 771 465 , make a referral , or contact us . There is also a plain English guide you can download .

Why falls are the centre of this service

According to the Australian Institute of Health and Welfare, over one third of people aged 65 and over fall each year , often resulting in a fracture or a hospital admission. That single fact shapes most of what exercise physiology does in aged care.

Falls almost never have one cause. The usual contributors are:

balance and coordination decline , making it harder to hold your equilibrium when moving or standing

reduced muscle strength , particularly in the legs, so you cannot catch yourself after a stumble

mobility problems , including stiffness and limited flexibility that make tripping more likely

environmental hazards such as loose rugs, poor lighting, clutter and nothing to hold onto

imbalance and frequent stumbles , which are early warning signs and are worth acting on before a fall happens

Exercise physiology addresses the first three directly. The fourth is occupational therapy territory, which is why the two disciplines are usually paired. If you have started holding the furniture as you cross a room, that is the point to make a call, not after the first fall.

What an aged care exercise physiology program actually does

Balance training

Targeted work to improve stability and reaction time, including activities such as standing on one leg and heel-to-toe walking. The aim is to strengthen the systems that hold you upright, improve your sense of where your body is in space, sharpen reaction times, and rebuild confidence in movement. Confidence matters as much as the physical capacity, because people who are afraid of falling move less and get weaker, which raises the risk again.

Strength training

Resistance work using bands, weights or your own bodyweight, plus accessible options such as leg lifts, seated marches and wall push-ups. The focus is on lower limb strength for stairs, transfers and standing tasks, and core stability for sitting balance.

Flexibility and mobility

Work on joint stiffness, range of motion and movement quality, so that everyday movement is smoother and less effortful.

Functional task practice

Practising the real activities: getting out of a chair, getting off the floor, standing long enough to prepare a meal, moving safely between bed and chair.

Endurance and participation

Building the stamina to do the daily things and to keep getting out of the house, which is the difference between managing at home and shrinking into one room of it.

Education, pacing and technique

How to perform the exercises safely on your own, how to pace yourself, and how to manage fatigue so the program is sustainable rather than something you abandon in a fortnight.

Chronic conditions

Exercise physiology is a clinical service, which is why it is used with conditions a general exercise class would not touch.

Arthritis. Range-of-motion and strengthening work to build joint strength and stability while reducing pain and limiting impact through the affected joints.

Osteoporosis. Personalised programs using physical activity to support bone density, physical function and mobility. Nutrition matters here too, particularly adequate calcium and vitamin D.

Type 2 diabetes. Clinical exercise prescription including low-impact activity and strength training to improve insulin sensitivity, alongside carbohydrate management handled by your GP or dietitian.

Heart disease. Personalised programs to improve physical function. Over time, regular exercise can produce structural change in the heart, help lower blood pressure, improve the flexibility of blood vessels, and improve lipid and other blood markers.

Neurological conditions. Structured programs for stroke, acquired brain injury, multiple sclerosis, Parkinson's disease and peripheral neuropathy, aimed at maximising functional capacity, with gait training to reduce falls risk and functional exercises for daily activities.

Mental health and energy. Regular exercise reduces symptoms of anxiety and depression, lifts self-esteem, and gives a sense of control over your own health. It releases endorphins, provides a sense of accomplishment, reduces feelings of social isolation, and supports cognitive function and memory. It also improves energy levels and helps normalise sleep patterns.

None of this is a treatment recommendation for you personally. What is right for your conditions and your medications is decided at assessment, with your GP involved where needed.

What happens at the first appointment

The initial consultation with an Accredited Exercise Physiologist covers:

Physical function assessment , looking at strength, balance, endurance, gait and posture.

Baseline measures , so progress can be compared against a real starting point rather than a memory of how things were.

Your goals , in your words. Getting back to the shops, managing the back step, picking up a grandchild.

Medical history review , including diagnoses, current supports and medications.

Functional movement observation , watching how you actually do everyday tasks such as standing, walking, transfers and getting up from the floor.

Barriers , including pain, fatigue, confidence, sensory needs and what your home makes difficult.

Safety screening. Risks are identified and discussed with you, and GP approval may be requested before the program starts if there is any question about whether exercise is safe for you right now.

You finish the first session with a personalised plan, not a generic sheet of exercises.

How the program runs after that

Early sessions build the practical program, teach safe technique, and establish a routine you can keep. Later sessions progress the load and complexity, gradually increasing the challenge, and shift toward you doing more of it independently.

Progress is tracked and the program is adjusted as your capacity changes. Your exercise physiologist may also liaise with your occupational therapist, physiotherapist or care coordinator so the supports pull in the same direction. Reviews for people receiving government-funded aged care are aligned with your care plan review and funding reassessment timelines.

Things that get measured include balance tests, leg strength markers, confidence with transfers, near-misses, and the number of falls or near-falls over a set period. Frequency depends on your goals and your health, and it is set with you at the assessment rather than fixed in advance.

How this is funded

Support at Home. Exercise physiology is a Clinical Support under Support at Home, and Clinical Supports are fully funded by the Australian Government at no cost to the participant. Contributions under Support at Home apply to Independence Services and Everyday Living Services, not to clinical care. Support at Home replaced the Home Care Packages Program on 1 November 2025.

Commonwealth Home Support Programme. CHSP continues as a separate entry-level program and will transition into Support at Home no earlier than 1 July 2027. Whether exercise physiology is available to you through CHSP depends on your local arrangements, so ask My Aged Care.

Medicare. Exercise physiology can also be accessed through Medicare chronic disease management pathways, which commonly provide a limited number of allied health sessions in a calendar year, with a higher allowance for Aboriginal and Torres Strait Islander patients. Your GP confirms what you are eligible for and writes the referral. Do not assume a number from a website; ask your GP.

Other pathways. Exercise physiology is also funded through the NDIS and WorkCover, though the NDIS is a separate scheme primarily for people under 65 and is not an aged care funding source.

Where any charge could fall outside your funded services, it is set out in your service agreement before services start. Ask about it on 1300 771 465 rather than guessing.

How to access it

If you have not been assessed , call My Aged Care on 1800 200 422 or go to myagedcare.gov.au. You need an aged care assessment before Support at Home funding is arranged. My Aged Care refers you to an assessment service such as an ACAT, ACAS in Victoria, or a Regional Assessment Service.

If you already have approval , call Bloom on 1300 771 465 , make a referral or contact us . Have your approval details and a short description of what is going wrong day to day.

If you are going through Medicare , see your GP about a chronic disease management pathway and a referral.

Where sessions happen

Bloom's primary delivery is in the community, meaning your home, and also day programs and other everyday settings. Clinics can be offered on a case-by-case basis, so ask when you call. In-home delivery matters here because your own chair, your own steps and your own bathroom are where the falls risk actually is.

Therapists are based across:

New South Wales: Campbelltown, Hornsby, Liverpool, Newcastle, Northern Beaches, Parramatta, Penrith, Sydney, Tweed Heads and Wollongong. NSW services

Queensland: Brisbane, Bundaberg, Caboolture, Cairns, Gold Coast, Ipswich, Logan, North Lakes, Redland Bay, Springfield, Sunshine Coast and Townsville. South East Queensland services

South Australia: Adelaide, Blackwood, Henley Beach, Highbury, Magill, Mawson Lakes, Morphett Vale, Salisbury, Seaford, Seaton and Stirling. SA services

Tasmania: Devonport and Launceston. Tasmania services

Victoria: Cheltenham, Craigieburn, Dandenong, Frankston, Geelong, Glen Waverley, Melbourne, Melton and Werribee. Victoria services

Western Australia: Baldivis, Canning Vale, Ellenbrook, Joondalup, Mandurah, Midland, Osborne Park, Perth and Rockingham. WA services

Australian Capital Territory: Canberra

How exercise physiology differs from the alternatives

Compared with a gym program or personal trainer

Accredited Exercise Physiologists are university-qualified allied health professionals with four to five year degrees accredited by Exercise and Sports Science Australia, with clinical training in anatomy, physiology and pathology. Personal trainers typically hold a Certificate III or IV in fitness and work with generally healthy people on lifestyle-based exercise.

The practical differences are assessment and safety. Exercise physiology begins with a full health assessment and produces a condition-specific program. Gym programs usually involve minimal or no assessment, which makes them a poor fit for complex or higher-risk conditions. Exercise physiology is also funded through the health system, including aged care funding, Medicare, the NDIS and WorkCover, where a gym membership is not.

Compared with physiotherapy

Exercise physiology is about long-term capacity, delivered through structured, progressive exercise, generally without hands-on manual therapy. Physiotherapy more often addresses acute problems such as injury recovery and post-operative rehabilitation, and combines manual therapy, passive techniques

and exercise.

For many older people the answer is both, in sequence. After a knee injury, a physiotherapist may reduce pain and restore range of motion with hands-on treatment, then an exercise physiologist builds the strength and balance that stop it happening again. See aged care physiotherapy for the other half of that picture.

Compared with occupational therapy

Exercise physiology changes what your body can do. Occupational therapy changes the environment and the task, through home safety assessment, modifications such as grab rails and better lighting, and equipment. Falls prevention works best when both happen, because a stronger person in a hazardous house is still at risk.

Common questions about aged care exercise physiology

Who is eligible?

Older people receiving support through aged care funding, principally Support at Home since 1 November 2025, and previously through a Home Care Package. Aged care eligibility generally begins at 65, and at 50 for Aboriginal and Torres Strait Islander people and for people at risk of or experiencing homelessness. Your assessment determines what you are approved for.

Do I have to pay for it?

Clinical Supports under Support at Home, which include allied health such as exercise physiology, are fully funded by the Australian Government at no cost to the participant. Contributions apply to Independence and Everyday Living Services instead. For your own circumstances, confirm with My Aged Care on 1800 200 422.

Is this NDIS funded?

No. Aged care exercise physiology is funded through aged care programs. The NDIS is a separate scheme, primarily for people under 65 with a permanent and significant disability, and its support categories do not apply to aged care services.

Do I need a GP referral?

For aged care funded services, access is through an aged care assessment arranged by My Aged Care rather than a GP referral. Your exercise physiologist may still request GP approval before starting if there is a safety question about exercising. For the Medicare pathway, a GP referral is required.

Am I too old or too frail for this?

Programs are built around your assessed capacity, and options include seated and low-load exercises such as seated marches, leg lifts and wall push-ups. Whether exercise is safe for you specifically is decided at assessment, with GP approval sought where needed. That is a clinical judgement, not something to settle from a web page.

Will it stop me falling?

No honest provider will promise that. What the service does is target the modifiable contributors to falls: balance, leg strength, mobility and confidence, with progress tracked through balance tests, strength markers, near-misses and falls over time. Pairing it with a home safety assessment addresses the environmental side.

Can I do this at home?

Yes. In-home delivery is Bloom's primary model, and the home program is built around the equipment and space you actually have. Clinics can be arranged case by case.

How often will I be seen?

That depends on your goals, your conditions and your capacity, and it is agreed at the initial assessment. Programs typically move from more support early on toward more independence as you progress.

What is the difference between this and physiotherapy?

Exercise physiology builds capacity over the long term through progressive exercise and generally does not use hands-on manual therapy. Physiotherapy more often handles pain, acute injury and post-surgical recovery and includes manual techniques. Many older people benefit from both.

Can it help with my heart condition or diabetes?

Exercise physiology is used in the management of chronic conditions including heart disease, type 2 diabetes, arthritis and osteoporosis, through clinical exercise prescription tailored to the person. What is appropriate for you depends on your assessment and your GP's input.

Does it help with mood?

Regular exercise reduces symptoms of anxiety and depression, supports self-esteem, reduces feelings of isolation, and supports cognitive function, memory and sleep. Where mood is the main issue, aged care psychology and counselling may be the more direct support, and the two work well together.

Is there something I can read in plain English?

Yes. Download the plain English exercise physiology guide .

Get started

Call 1300 771 465 , make a referral , or contact us . If you have not been assessed for aged care yet, start with My Aged Care on 1800 200 422 . You can also find a location near you .

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