Exercise Management for Chronic Diseases | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/benefits-of-exercise-physiology-for-chronic-disease-management/

Details:

An Accredited Exercise Physiologist prescribes exercise as a treatment. For a chronic condition that means working out what your body can safely do now, what the limiting factor is, and how to build capacity from there without triggering the thing that sets you back. The prescription changes depending on the condition, and often more than one condition is in play at once.

The practical difference from general advice to "do more exercise" is specificity and safety. A person with type 2 diabetes, osteoarthritis in both knees and a history of falls needs a program that accounts for all three, not three separate pieces of advice that contradict each other.

This page covers what that looks like condition by condition, how progress is measured, how it is funded, and where the safety limits sit. For a specific situation, call Bloom Healthcare on 1300 771 465. Nothing here is a substitute for advice from your doctor about your own health.

Where the condition sets the prescription

Type 2 diabetes and metabolic syndrome

Exercise affects blood glucose directly. Working muscles take up glucose, and regular activity improves insulin sensitivity, which is the body's ability to regulate blood sugar. Programs typically combine low-impact activity to raise energy expenditure safely with resistance training, because muscle contraction promotes glucose uptake. Moderate exercise also supports fatty acid oxidation alongside glucose regulation.

The practical caution: exercise changes blood glucose, and if you take insulin or certain other medications, that interaction matters. Discuss monitoring with your GP or diabetes educator before you start, and never adjust medication yourself on the basis of how a session went.

Cardiovascular disease

Programmes focus on aerobic work to build cardiovascular endurance, plus resistance training. Regular structured exercise can improve the heart's ability to pump blood, support blood vessel flexibility, help lower blood pressure and improve lipid and other blood markers associated with cardiovascular disease.

This is the category where pre-exercise assessment matters most. Exercise testing may be used to establish current capacity and identify the limiting factor, which is often cardiovascular or respiratory. Where clearance is needed, your AEP will seek it from your GP or specialist before starting.

Arthritis and other musculoskeletal conditions

Joint pain and stiffness make movement harder, and avoiding movement makes the joint worse. Programs use range-of-motion work to maintain flexibility and strengthening work to improve joint

stability, so the muscles take load the joint cannot. The aim is better function and less pain with the activities that matter to you, not maximum load.

Osteoporosis

Reduced bone density raises fracture risk, which changes what is safe. Programs combine progressive strength training with mobility work to support bone density and physical function, and pair with falls prevention because most fractures happen in a fall. Calcium and vitamin D intake matter for bone health, and your GP or a dietitian is the right person to advise on that.

Neurological conditions

For multiple sclerosis, Parkinson's disease and stroke, exercise physiology targets mobility, balance, coordination and functional capacity. Gait training improves walking pattern and reduces fall risk. Balance and coordination work targets motor control. Resistance work addresses strength, posture and movement control, and spasticity management strategies can be built into a program where muscle tone is part of the picture.

Functional exercise is the constant: practising the actual movements daily life requires, so gains transfer out of the session and into the week.

Chronic pain and fatigue

The pattern most people arrive with is boom and bust. A good day means doing everything, which produces several bad days, which produces a smaller and smaller baseline over time.

Graded activity is the answer to that, and pacing and fatigue management is a specific part of the work: establishing a level that is sustainable on an average day rather than a good one, building from there in small increments, and having a plan for flare-ups that is not simply stopping altogether. Programs build endurance for the things that matter, such as getting through shopping, appointments and community activity.

Falls prevention

Falls prevention runs through most of the above and deserves naming on its own. It combines balance training, such as single-leg standing and heel-to-toe walking, with gait training to teach safer walking patterns, and with strength work using resistance bands, weights or body weight, since leg strength is what lets you recover a stumble.

Progress here is measurable: balance tests, leg strength markers, sit-to-stand performance, the number of near-misses, and confidence with transfers. Those last two matter more than they sound. Confidence is often what determines whether someone leaves the house.

What a program looks like over time

The first session is assessment and goal-setting: medical history, medications, current status, functional movement including strength, balance, endurance, gait and posture, barriers to exercise, and baseline measures. Goals are set as SMART goals, meaning specific, measurable, achievable, relevant and time-bound, and agreed with you.

Early sessions build a practical program matched to your ability and the equipment you actually have. Later sessions focus on progression, confidence, and folding the routine into ordinary life so it survives without supervision.

A session commonly includes a warm-up, aerobic work such as walking or cycling, resistance work, balance and coordination training, mobility and stretching, functional task practice such as standing, walking and lifting safely, and a cool-down. It also includes education: pacing, energy conservation, safe technique and what to do between sessions.

Progression is deliberate. More weight, more repetitions or less rest, applied gradually, with rest days treated as part of the program rather than a lapse. Regular reviews adjust the program as capacity changes.

Sessions can be delivered at home, in the community, at a clinic or gym, or by telehealth for coaching and program updates.

How to tell whether it is working

Use the baseline measures taken at the first assessment. Depending on the condition, that can include strength, balance and endurance markers, blood pressure, walking distance or speed, sit-to-stand performance, and your own report of pain, fatigue and confidence. Where a GP is monitoring blood glucose, lipids or blood pressure, those results tell part of the story too.

The functional test is simpler: can you do things now that you could not do three months ago, and can you do them without paying for it the next day.

If there is no measurable benefit, or you have reached a level you can maintain yourself, that is a reason to change the plan or move to a self-managed program with periodic review.

Funding pathways

Aged care. The Support at Home program commenced on 1 November 2025, replacing the Home Care Packages Program and the Short-Term Restorative Care Programme. The Commonwealth Home Support Programme transitions to Support at Home no earlier than 1 July 2027. Under Support at Home, exercise physiology sits within Clinical Supports, which also include physiotherapy, occupational therapy, speech pathology and psychology, and which are fully funded by the government. Independence Services and Everyday Living Services may involve participant contributions depending on financial circumstances.

Support at Home uses eight classifications for ongoing services, replacing the four Home Care Package levels, with flexible quarterly budgets based on assessed need. People who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024 are covered by a "no worse off" principle through four transitioned classifications. There are three short-term pathways: assistive technology and home modifications, the Restorative Care Pathway, and the End-of-Life Pathway. The Restorative Care Pathway is the one most relevant after a hospital stay or a change in function.

Access is through My Aged Care, which runs a single unified assessment. Eligibility is generally 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people, where assistance is needed to remain independent at home. Once approved you receive a support plan and choose your providers.

Medicare. A GP or prescribed medical practitioner can prepare a chronic condition management plan referring you to allied health services including exercise physiology. Up to five individual allied health services per calendar year are available under such a plan, or up to ten for Aboriginal and Torres Strait Islander patients, shared across all allied health disciplines. The referral is valid for the timeframe stated, or 18 months from the first service if none is stated. Your AEP reports in writing to the referring GP after the first and last service. A gap fee may apply.

NDIS. Exercise physiology is funded where it relates to disability and meets the reasonable and necessary criteria, typically under Capacity Building for Improved Health and Wellbeing or Improved Daily Living, and sometimes under Core Supports depending on your goals.

Other. Bloom also accepts referrals through the Department of Veterans' Affairs, WorkCover and insurance schemes. Fees and terms for any pathway are set out in the service agreement before work starts.

Safety, and when to check with your doctor

Before any exercise is prescribed, your AEP reviews your medical history, current status and medications, identifies precautions, tests current capacity where appropriate, and discusses the risks with you. If additional clearance is needed, they will ask your GP for it, and in some cases will recommend a medical review before starting.

See your doctor rather than pushing on if you get chest pain or pressure, unusual shortness of breath, dizziness or fainting, an unexpected irregular heartbeat, or a new or sharply worse pain. If you have diabetes and get symptoms of low blood glucose during or after exercise, follow the plan your GP or diabetes educator has given you.

Exercise physiology describes what a service does. It is not a substitute for medical care, and no exercise program should replace treatment your doctor has prescribed.

Access

Bloom Healthcare delivers exercise physiology across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory, at home, in the community and by telehealth. Aged care exercise physiology is available for older adults through aged care funding. AEPs work alongside physiotherapists , occupational therapists and your GP where care needs coordinating.

To start, use the referral form on this site, call 1300 771 465, or email hello@bloom-healthcare.com.au.

Common questions about exercise physiology for chronic conditions

I have several conditions at once. Can one program cover them?

Yes, and that is usually the point. An AEP designs around your primary and secondary conditions together, so the program for your knees does not undermine the program for your heart.

Will exercise reduce my need for medication?

Exercise can improve blood glucose control, blood pressure and lipid markers, and your GP may adjust medication in response to what those results show. That decision belongs to your doctor. Never change a dose yourself.

Is exercise safe if I have osteoporosis?

It is usually an important part of management, but the type of loading matters and some movements carry more fracture risk than others. That is exactly what an individualised prescription is for, and why the assessment comes before the program.

I get exhausted for days after doing too much. Can this help?

That pattern is what graded activity and pacing are designed to address. The program starts at a level sustainable on an average day and builds in small steps, with a plan for flare-ups instead of a full stop.

Does Support at Home cover exercise physiology?

Exercise physiology sits within Clinical Supports under Support at Home, and Clinical Supports are fully funded by the government. Your assessed support plan determines what is included, so confirm with My Aged Care or your provider.

When did Support at Home start?

It commenced on 1 November 2025, replacing the Home Care Packages Program and the Short-Term Restorative Care Programme. The Commonwealth Home Support Programme moves across no earlier than 1 July 2027.

What happened to my Home Care Package level?

People receiving, waiting for or assessed as eligible for a package on or before 12 September 2024 are covered by a "no worse off" principle, with four transitioned classifications preserving the previous funding equivalence.

How many Medicare sessions can I get?

Up to five individual allied health services per calendar year under a GP chronic condition management plan, or up to ten for Aboriginal and Torres Strait Islander patients, shared across all allied health services under the plan.

Do I need to be able to exercise already?

No. Programs start from where you are, including from a seated position or with very short bouts, and build from there.

Can I do this at home?

Yes. Sessions are delivered at home, in the community or by telehealth, and programs are matched to the equipment you have rather than assuming gym access.

How is this different from seeing a physiotherapist?

Physiotherapy typically leads on acute pain, recent injury and early rehabilitation, and includes hands-on manual therapy. Exercise physiology is exercise prescription for longer-term capacity and chronic condition management. Many people use both, often physiotherapy first and exercise physiology after.

Who can refer?

You can refer yourself. GPs, specialists, aged care providers, support coordinators, plan managers, families and other allied health professionals can also refer. Use the referral form on this site or call 1300 771 465.

What is the topic of this Bloom Healthcare blog article?

The article, titled 'Benefits of Exercise Physiology for Managing Chronic Diseases,' explains how accredited exercise physiologists create safe, effective exercise plans for people managing chronic conditions like diabetes and arthritis.

Who provides the exercise plans discussed in this article?

Accredited exercise physiologists at Bloom Healthcare develop tailored exercise plans for individuals managing chronic diseases.

Why can't standard exercise programs be used for everyone with a chronic disease?

Standard exercise programs may not be suitable or safe for many individuals, especially those with physical limitations or medical complexities, which is why exercise physiologists design therapeutic programs tailored to the individual.

What do the tailored exercise programs from exercise physiologists aim to achieve?

These programs address specific symptoms of the condition, improve overall fitness and physical function, and reduce the risk of secondary complications such as falls, fatigue, or depression.

How does exercise physiology help people with cardiovascular disease?

For cardiovascular disease, exercise physiologists develop programs focusing on aerobic exercises to enhance cardiovascular endurance and resistance training to improve overall strength and metabolic health, while regular exercise strengthens the heart muscle, improves circulation, and lowers blood pressure.

How does exercise physiology support people with diabetes or metabolic syndrome?

For individuals with diabetes, exercise is critical in managing blood sugar levels and improving insulin sensitivity, and exercise physiologists provide targeted interventions to support this.

Who is the author/publisher of this article?

The article is published by Bloom Healthcare.

What is Bloom Healthcare's overall mission as described in its organizational information?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, focusing on evidence-based practice and client-centred care delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare?

Bloom Healthcare can be contacted by email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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