Exercise Physiologist | Role & Benefits | Bloom Healthcare

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Details:

An Accredited Exercise Physiologist, usually shortened to AEP, is a university-trained allied health professional who prescribes exercise as a clinical treatment. The training is in anatomy, physiology and pathology, and the work is designing and running individualised exercise programs for people with chronic conditions, disabilities, injuries and mental health conditions. The accreditation that makes the title meaningful comes from Exercise and Sports Science Australia, known as ESSA. This page is about the profession itself: what the qualification involves, who regulates it, and where the boundaries of the role sit.

The qualification behind the title

The usual pathway is a bachelor's degree in exercise science, health sciences or a related field, followed by a graduate qualification in clinical exercise physiology. Some universities offer an integrated clinical exercise physiology degree instead. Either way it is a four to five year course of study, not a short certificate.

The part that separates it from a general exercise science degree is supervised clinical practice. Accredited programs require students to complete placement hours with real patients under supervision, across settings such as hospitals, private clinics, community services and sports environments. A graduate has therefore worked with people who have complex health needs before they practise on their own.

Degrees only count towards accreditation if the program itself is accredited by ESSA. That accreditation of the course is what allows a graduate to apply for accreditation as a practitioner.

Accredited, not registered

This is the part people find confusing, and it is worth being precise about.

Some allied health professions are registered under the national scheme administered by the Australian Health Practitioner Regulation Agency, AHPRA. Physiotherapy and psychology are two of them. Exercise physiology is not regulated the same way. It is a self-regulated profession, and ESSA accreditation is the credential that does that job.

That matters practically. Because there is no AHPRA register to check, the accreditation status of an individual exercise physiologist is the thing to verify. ESSA maintains the accreditation, sets the professional standards and handles the credentialing. In some jurisdictions, practitioners working in insurance schemes also need approval from the State Insurance Regulatory Authority. AEPs are recognised providers under a number of funding frameworks, including the NDIS and the Transport Accident Commission.

Anyone delivering NDIS-funded supports, exercise physiologists included, also has to follow the NDIS Code of Conduct, which the NDIS Quality and Safeguards Commission defines and enforces. Worker screening requirements apply as well, and allied health assistants working alongside clinicians are subject to police and background checks.

What sits inside the scope of practice

An AEP's clinical work covers cardiovascular, musculoskeletal, neurological and mental health areas. In practice that means:

Chronic condition management, including type 2 diabetes and other metabolic conditions, heart disease, hypertension, osteoarthritis and osteoporosis

Neurological rehabilitation, including stroke recovery, Parkinson's disease and multiple sclerosis

Rehabilitation after surgery, injury or a transport accident

Disability support, including physical, intellectual and neurological disability, and spinal cord injury

Chronic pain and fatigue, using conditioning and pacing strategies

Mental health, where exercise is prescribed as part of treatment for conditions including depression, anxiety and post-traumatic stress disorder

Falls prevention and mobility work with older adults, built on strength and balance training

The technical core of the job is functional assessment and clinical exercise prescription. An AEP is trained to identify the primary limiting factor in someone's exercise capacity, whether that is cardiovascular, respiratory, musculoskeletal, neurological or something else, and to build a program around that finding rather than around a generic template.

What sits outside it

Exercise physiologists do not provide hands-on manual therapy. No massage, no joint mobilisation, no passive treatment techniques. Movement and exercise prescription is the tool.

They do not diagnose medical conditions, and they do not manage medication. Where safety is uncertain, an AEP will ask for approval from your GP before starting a program, particularly if you have several conditions at once or your health has recently changed.

They also refer out. If pain, an acute injury or a need for hands-on treatment is the main issue, the referral is usually to physiotherapy. Where daily living tasks and home modifications are the issue, it goes to occupational therapy. Communication or swallowing goes to speech pathology. Confidence, mood or motivation barriers may involve psychology or counselling. Where a participant has behaviour support needs, the AEP works alongside the positive behaviour support practitioner.

Exercise physiologist compared with physiotherapist

Both work on movement and function, both work with all ages, and both work inside multidisciplinary teams. The difference is in the tools and the time horizon.

Physiotherapy tends to target acute problems. Pain, recent injury, post-operative recovery, restoring range of motion. It combines manual therapy with exercise and education, and it is well suited to musculoskeletal conditions and to situations where passive techniques help, such as someone with very limited motor control. Fine motor control work sits more naturally with physiotherapy.

Exercise physiology tends to target the longer arc. Building capacity over time, endurance, strength, confidence, participation and routine, and managing chronic conditions so they get in the way less.

A common sequence is physiotherapy first, exercise physiology second. Someone recovering from a knee injury might work with a physiotherapist to settle pain and restore movement, then with an exercise physiologist to rebuild strength and reduce the chance of the injury coming back. The two can also run concurrently where that is clinically justified, such as during acute recovery or a handover period. Neither replaces the other.

Exercise physiologist compared with personal trainer

The qualifications are different: a university degree with clinical training against a Certificate III or IV in fitness. The client group is different: people with medical conditions or disability against people who are generally healthy. The scope is different: clinical assessment, exercise testing and therapy programs delivered inside funded health schemes, against lifestyle and general fitness coaching.

This is not a judgement about personal trainers. It is a statement about which problems each is trained to handle. If your reason for exercising involves a diagnosis, an injury, a disability or a medication list, that is the AEP's territory.

What working with an AEP looks like

The first appointment is an assessment rather than a workout. Expect the exercise physiologist to look at movement patterns, strength, balance, endurance, gait and posture, and how you manage day to day. They will go through your medical history, diagnosis, current supports and medications, ask what you want to be able to do, and identify what is currently in the way, whether that is pain, fatigue, confidence, sensory factors or your environment. They record baseline measures and, where needed, seek GP clearance before starting.

Early sessions build a program that fits your actual life: exercises matched to your ability and to the equipment you have, pacing so you avoid the pattern of overdoing it and then crashing, practice at real tasks like stairs, transfers and getting up off the floor, and education on safe technique so you can do some of it on your own.

Later sessions add load and complexity as you succeed at what you are already doing, shift towards you running the program independently, and build the routine into your home, school, work or community. Throughout, the AEP coordinates with your other clinicians where that is relevant.

How progress is measured

Exercise physiology is measured work, not just supervised activity. Outcome measures used include Goal Attainment Scaling, patient reported outcome measures, and discipline-specific standardised measures, alongside plain quantitative markers: time standing at a bench, distance walked, number of rest stops, confidence ratings, pain or symptom scores after activity, fatigue scores.

Goals are written so progress can be seen. Community access might be tracked through walking distance, use of a gait aid and balance confidence. A safety goal might be tracked through balance test results, leg strength markers, near-misses and confidence with transfers. A work or study goal might be tracked through pacing plan adherence, energy at particular times of day and how often symptoms flare.

Review happens at two levels. Each session ends with a quick check on how it went and an adjustment for next time. Formal review is more comprehensive and produces written documentation, including progress letters, reports for NDIS plan reassessment and final treatment reports at the end of an episode of care. Timing depends on your goals and your funding arrangements.

Where exercise physiologists work

AEPs work in hospitals, private and multidisciplinary clinics, aged care, community health and workplace health programs, gyms, and sports organisations. A large share of disability and aged care work happens in the person's own home, school, day program or local community, because that is where the functional tasks actually happen. Telehealth is used for coaching, review and program updates.

Bloom Healthcare's exercise physiologists are ESSA accredited and deliver services in homes, schools, day programs and community locations.

Common questions about exercise physiologists

Is an exercise physiologist a real health professional?

Yes. Exercise physiology is a university-qualified allied health profession and AEPs are recognised providers under the NDIS, Medicare chronic condition management arrangements, aged care programs, the Transport Accident Commission, workers compensation schemes and many private health policies.

What does AEP stand for?

Accredited Exercise Physiologist. The accreditation comes from Exercise and Sports Science Australia.

Is exercise physiology registered with AHPRA?

No. It is not one of the professions registered under the AHPRA national scheme. It is self-regulated, and ESSA accreditation is the credential to check.

How do I check someone is actually accredited?

Ask directly whether they hold current ESSA accreditation, and ask about their experience with your particular condition. Accreditation and relevant experience are separate questions and both are worth asking.

Do I need a referral to see an exercise physiologist?

It depends on how the service is being funded. Some funding pathways, such as Medicare chronic condition management arrangements, involve your GP. Others do not require a formal referral. Bloom can tell you what applies in your situation on 1300 771 465.

Will an exercise physiologist give me a massage or hands-on treatment?

No. Manual therapy sits outside the scope. If that is what you need, a physiotherapist is the right referral, and an AEP will say so.

Can I see an exercise physiologist and a physiotherapist at the same time?

Yes, where it is clinically justified. This is common during acute recovery or when one clinician is handing over to the other. The two disciplines are designed to complement each other.

Do exercise physiologists only work with athletes?

No. Sports work is one setting among many. The bulk of the profession's clinical work is with people managing chronic conditions, disability, ageing and rehabilitation.

Can an exercise physiologist help with mental health?

Exercise prescription for mental health conditions including depression, anxiety and post-traumatic stress disorder sits within the scope of practice. An AEP works alongside psychologists and counsellors rather than replacing them.

What if I cannot get to a clinic?

Much of the work happens in the home and community, and telehealth is used for coaching, review and program updates. Ask what delivery settings are available where you live.

Do exercise physiologists work with children?

Yes. AEPs work across the lifespan, including with children and teenagers with developmental or physical challenges.

What paperwork will I get?

Assessment findings and baseline measures at the start, progress documentation during the program, and a report at review points. If you are an NDIS participant, reports are written so they can be used at plan reassessment, showing baselines, what changed and why the recommended supports are still needed.

Getting started

If you want to know whether exercise physiology is the right discipline for your situation, or whether physiotherapy or another allied health service would suit you better, call Bloom Healthcare on 1300 771 465. Bloom's exercise physiologists work with people of all ages and abilities, and a first conversation can establish what the assessment would involve and how it would be funded under your particular arrangements.

Where to go next

Exercise physiology

Exercise physiology vs physiotherapy

Exercise physiology under the NDIS

Exercise physiology in aged care

All services

Make a referral

What is an Exercise Physiologist?

An Exercise Physiologist is an allied health professional who specializes in using exercise as therapy to prevent, manage, or rehabilitate a range of health conditions. Unlike personal trainers, Exercise Physiologists have extensive training in anatomy, physiology, and pathology, enabling them to design programs that address complex health needs.

What kinds of conditions do Exercise Physiologists support?

Exercise Physiologists support individuals with chronic conditions such as diabetes, heart disease, and arthritis; rehabilitation after surgery or injury; and physical challenges caused by neurological or musculoskeletal conditions.

Are Bloom Healthcare's Exercise Physiologists accredited?

Yes, at Bloom Healthcare, Exercise Physiologists are accredited by Exercise & Sports Science Australia (ESSA), ensuring the highest standards of care.

How do Exercise Physiologists differ from personal trainers in terms of qualifications?

Exercise Physiologists hold university degrees in exercise science or related fields and are ESSA-accredited, whereas personal trainers typically hold a Certificate III/IV qualification.

How does the focus of an Exercise Physiologist differ from that of a personal trainer?

Exercise Physiologists focus on targeted interventions for managing chronic conditions or injuries, while personal trainers focus on general fitness programs and lifestyle-based exercise advice for generally healthy individuals.

What is the scope of practice for an Exercise Physiologist compared to a personal trainer?

Exercise Physiologists work closely with healthcare teams, integrating their interventions into broader treatment plans, whereas personal trainers provide lifestyle-based exercise advice for generally healthy individuals.

How can Exercise Physiologists help with chronic disease management?

Exercise has proven benefits for managing conditions like diabetes, heart disease, and osteoporosis, and an Exercise Physiologist designs personalized programs to improve physical function for people managing these chronic diseases.

What is Bloom Healthcare and what type of services does it provide?

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

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