Exercise Physiology vs Physiotherapy | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/exercise-physiology-vs-physiotherapy-understanding-the-difference/

Details:

As a rule of thumb, start with physiotherapy when pain, a recent injury, surgery or unsafe movement is the main problem. Start with exercise physiology when the problem is capacity: you can do the movement, but not enough of it, not for long enough, or not safely enough to keep doing it. Plenty of people use both, usually in sequence rather than at once. Under the NDIS, both can sit in the same plan and be funded at the same time, because they answer different questions about your body.

The sections above explain what each profession is. This part is about the choice itself: which one to ring first, how they hand over to each other, what each is funded under, and what each puts in writing when your plan is reassessed.

The short version: three questions

1. Is something hurting, or does something feel unsafe right now?

If yes, physiotherapy first. Physiotherapists assess and treat pain, injury, movement quality, transfers and mobility safety. They can use hands-on techniques such as joint mobilisation and passive movement alongside exercise and education. Exercise physiology generally does not involve hands-on treatment, so it is not the right tool for a painful acute problem.

1. Can you already do the movement, but not enough of it?

If you can walk but not as far as the shops, stand but not long enough to cook a meal, or finish a task only after three rest breaks, that is a capacity problem. Exercise physiology is built for it. An Accredited Exercise Physiologist designs a structured, progressive program that builds endurance, strength, balance and confidence over weeks and months.

1. Is the condition acute or long term?

Acute problems, flare-ups and post-operative recovery point to physiotherapy. Long-term management of chronic conditions such as diabetes, cardiovascular disease, arthritis, or a neurological condition points to exercise physiology, where the goal is slowing progression and holding onto function rather than fixing an episode.

If your answers are split, ring Bloom on 1300 771 465 and describe the problem in plain terms. The intake team can tell you which discipline is the sensible first appointment, and a good provider will say so if neither is.

What each profession is trained to do

Accredited Exercise Physiologists (AEPs) complete a bachelor's degree in exercise science or a related field followed by a graduate qualification in clinical exercise physiology, through programs accredited by Exercise and Sports Science Australia (ESSA) , including supervised clinical placement. They are trained in exercise prescription for cardiovascular, musculoskeletal, neurological and mental health conditions. AEPs are the recognised profession in Australia for delivering exercise therapy to people with medical conditions as part of the healthcare system.

Physiotherapists are university trained and must hold current registration with AHPRA , the national regulator, which sets and enforces the standards they practise under. Their training covers assessment and diagnosis of physical impairment, manual therapy, therapeutic exercise, and rehabilitation after injury, illness or surgery.

The practical difference: a physiotherapist can put hands on you and treat a joint or a muscle directly. An exercise physiologist works through what you do actively, with guidance and progression.

Five common situations and where to start

You had a knee or hip replacement six weeks ago. Physiotherapy first, to restore range of motion, manage pain and get you moving safely. Exercise physiology afterwards, once the acute phase settles, to rebuild strength and reduce the chance of the next injury.

You have type 2 diabetes and want to be more active safely. Exercise physiology. This is chronic condition management through exercise, which is the core of the discipline. Your AEP may ask for GP approval before starting to confirm you are safe to exercise.

Your back has been sore for three weeks and you cannot sit at work. Physiotherapy. Get the pain and the movement assessed first. Exercise physiology can follow to build the tolerance that stops it recurring.

Your child has a developmental delay and you want to build gross motor skills and stamina. Exercise physiology suits gross motor capacity building, and sessions can run at home, at school or at a local pool. Physiotherapy is generally the better fit where fine motor movement, positioning or equipment is the issue.

You have had two near-falls at home in the last month. Physiotherapy first, for a balance, gait and transfer assessment, because safety is the immediate question. Exercise physiology then takes on the longer strength and balance program that keeps the gains.

How the two sequence after injury or surgery

The common pattern runs in three phases.

Phase one, settle it. Physiotherapy. Reduce pain, restore range of motion, make transfers and walking safe, protect the healing tissue. This is often a defined block rather than open-ended. Many people do best with a time-limited block, for example six to twelve sessions, plus a home program and a set review point.

Phase two, hand over. Once the acute symptoms are managed and you can perform the movements without a pain problem, the useful question changes from "does this hurt?" to "how much of this can you do?" That is the handover point to exercise physiology.

Phase three, build and hold. Exercise physiology takes the movement you have recovered and turns it into capacity: more distance, more repetitions, longer standing tolerance, fewer rest breaks, and a routine you can keep going without a clinician in the room.

The handover is not a fixed date. It depends on the surgery, the condition and how you respond. Where both services come from the same provider, the two clinicians can coordinate directly rather than you having to repeat your history.

When both at once makes sense

Running both concurrently is reasonable when each is doing a genuinely different job. Typical examples:

Physiotherapy is managing a painful shoulder while exercise physiology runs a lower body and cardiovascular program that the shoulder does not limit.

A progressive neurological condition where physiotherapy handles mobility, equipment and transfer safety while exercise physiology maintains general conditioning.

Recovery where pain still flares intermittently and needs hands-on management, but you cannot afford to lose more conditioning while you wait.

Under the NDIS both services can be funded in the same plan, and a multidisciplinary approach is often recommended. What makes it work is that each discipline stays in its lane and the two clinicians talk to each other, rather than delivering two versions of the same exercise program.

Be careful about assuming this across schemes. The NDIS, Medicare, aged care programs and injury insurance schemes are separate systems with separate rules, and a rule from one does not carry across to another. If your therapy is funded by an insurer or a compensation scheme, confirm the concurrent treatment rules with that scheme before you book.

How each one is funded

Under the NDIS , both are capacity building supports rather than core supports.

Physiotherapy sits primarily under Capacity Building Improved Daily Living , covering assessment, training and therapy that increases skills, independence and community participation. Related items can appear elsewhere in a plan, for example assistive technology where a mobility aid or device is prescribed.

Exercise physiology is funded from the Capacity Building budget under categories including Improved Health and Wellbeing and Improved Daily Living .

You do not usually need a separate named line item for exercise physiology unless your Capacity Building budget is made up of stated supports. Claims follow the NDIS Pricing Arrangements and Price Limits, including the rules on travel and non face-to-face work, and are made through the NDIS portal or your plan manager depending on whether you are self-managed, plan-managed or NDIA-managed. What your own plan will actually cover depends on the plan, so check it with your planner, support coordinator or plan manager.

Outside the NDIS , both professions are also accessed through Medicare chronic condition management arrangements set up by your GP, and through aged care funding streams. Rebate amounts, item numbers and eligibility for those pathways are set by the relevant government program, not by Bloom, so confirm what applies to you before booking. Bloom's fees and terms for any privately funded work are set out in your service agreement.

One funding point trips people up. NDIS exercise physiology has to be tied to a disability-related goal. If the program helps you do everyday life more safely or independently, it is straightforward to justify. General fitness with no clear disability-related goal is much harder to justify, and that is the line the NDIA looks at.

What each produces in writing

Both disciplines write reports that matter at plan reassessment, and both should tell you at the start how your goals will be measured.

Physiotherapy reporting typically tracks walking distance or time, balance measures such as sit-to-stand performance, transfer safety and independence, confidence ratings for specific tasks, how long an activity can be sustained before pain or fatigue takes over, falls and near-falls, and reduced reliance on carers for particular physical tasks.

Exercise physiology reporting tracks progression against the goal it was funded for: time standing at the bench and number of rest breaks for daily living goals; distance walked, gait aid use and number of stops for community access goals; pacing and recovery time for work or study goals; balance test results, leg strength markers and near-misses for health and safety goals.

A simple habit helps both. Pick the two daily tasks that matter most to you and score them weekly out of ten on three things: how hard was it, how safe did it feel, and how long did it take. If those scores move, the therapy is translating into real life, and that is exactly the evidence a reassessment needs.

Good reports are written in plain language, name the NDIS goal they relate to, show what changed, and make a clear recommendation about what should happen next.

When neither is the right starting point

A good provider will tell you when exercise physiology is not where to begin. You may need physiotherapy, occupational therapy or a medical review first. That applies particularly if you have little or no motor control, if the priority is fine motor work rather than gross movement, or if there is an undiagnosed medical problem behind the symptoms. Equally, if the barrier is the layout of your home, your equipment or how you manage a daily task, occupational therapy may be the more useful referral than either of these two.

How to start with Bloom

You do not need a GP referral for NDIS-funded physiotherapy or exercise physiology with Bloom. Physiotherapists are first-contact practitioners, and you can self-refer if you have an active NDIS plan with capacity building funding available. Your support coordinator or plan manager can also make the referral, and for exercise physiology your AEP may seek GP approval before starting if that is needed for safety.

Phone: 1300 771 465

Email: hello@bloom-healthcare.com.au

Online: the referral form on the Bloom Healthcare website

Bloom delivers across New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania and the Australian Capital Territory. The primary model is mobile: clinicians come to you at home, at school, in day programs and in the community. Clinic appointments can be arranged case by case on request, and telehealth is available, which helps if you are regional or travel is difficult. Ask the intake team about current availability in your area.

Service pages: exercise physiology and occupational therapy .

Common questions about choosing between physiotherapy and exercise physiology

Can I see both a physiotherapist and an exercise physiologist under the NDIS?

Yes. Both are recognised allied health supports and can be funded in the same plan at the same time, and a multidisciplinary approach is often recommended. What matters is that each is working on a different goal and that your Capacity Building budget covers both. Check the amounts with your plan manager or support coordinator.

Which one should I see first after surgery?

Physiotherapy, in almost all cases. The early phase is about pain, range of motion and safe movement, which is physiotherapy's work. Exercise physiology comes in once the acute phase settles and the task becomes rebuilding strength and endurance.

Is an exercise physiologist just a personal trainer?

No. AEPs complete a four to five year university pathway accredited by ESSA and are trained in anatomy, physiology and pathology, working as part of the clinical healthcare team. Personal trainers hold vocational fitness qualifications. AEPs assess before they prescribe, design condition-specific programs, and are funded through health and disability schemes; gym programs are privately funded and are not suitable for many chronic and complex conditions.

Do I need a GP referral?

Not for NDIS-funded physiotherapy or exercise physiology with Bloom. You can self-refer with an active plan and available capacity building funding. Medicare and some other pathways do require a GP referral or care plan, so ask when you book. Your exercise physiologist may still request GP approval before starting for safety reasons.

How many sessions will I need?

It depends on your goals, your complexity and your plan. Some people do well with a time-limited block, for example six to twelve sessions, plus a home program and a review point. Others with higher complexity and reduced functional capacity are better served by ongoing weekly sessions. Your clinician should set a review point rather than leaving it open-ended.

Does exercise physiology include massage or hands-on treatment?

Generally no. Exercise physiology is active: you do the movement with guidance, progression and supervision. Hands-on techniques such as massage, joint mobilisation and passive movement sit with physiotherapy.

What if I am in too much pain to exercise?

Start with physiotherapy. If pain or a lack of motor control is the barrier, an exercise program is not the right first step, and a good exercise physiologist will refer you on rather than start anyway.

Can these services be delivered at home?

Yes. In-home and community delivery is Bloom's primary model, including homes, schools and day programs. Exercise physiology sessions may also run at a local pool or gym where that suits the program. Telehealth is available, and clinic appointments can be arranged on request.

Will the NDIS fund a gym membership or general fitness?

The test is whether the program is tied to a disability-related goal. Exercise that helps you do everyday life more safely or independently is easier to justify. General fitness with no clear disability-related goal is harder to justify. Your AEP should write the program so the link to your goal is explicit.

How do I show it is working at my plan reassessment?

Through functional measures rather than how you feel on the day: walking distance, standing tolerance, rest breaks, balance test results, transfer independence, falls and near-falls, and confidence ratings on specific tasks. Your clinician writes this into a progress report in plain language, linked to your stated NDIS goals, with a recommendation for what should happen next.

Can older people access these services outside the NDIS?

Yes. Both professions deliver services to older Australians through government-funded aged care programs, and through Medicare chronic condition management arrangements set up by a GP. Eligibility and contributions are set by those programs. Ring 1300 771 465 to check what applies to your situation.

What if I am not sure which service I need?

Ring 1300 771 465 or email hello@bloom-healthcare.com.au and describe the problem in everyday language, for example "I cannot get up from the couch on my own" or "my shoulder hurts when I reach up". Intake will point you to the right first assessment, and the assessing clinician will tell you if a different discipline is a better fit.

What is the main topic of this Bloom Healthcare blog article?

The article, titled 'Physiotherapy vs. Exercise Physiology: Which Support Do You Need?', explains the key differences between exercise physiology and physiotherapy, helping readers understand when to see a physiotherapist for pain versus an exercise physiologist for long-term health management.

What is Exercise Physiology according to Bloom Healthcare?

Exercise Physiology is a specialized healthcare field focused on the therapeutic use of exercise to improve health and manage chronic conditions. It also encompasses the prevention, diagnosis, and treatment of various medical conditions and injuries through exercise-based interventions, involving comprehensive assessment, design, and implementation of personalized exercise programs to restore optimal physical function, health, and wellness.

Who are Accredited Exercise Physiologists (AEPs) and what qualifies them?

Accredited Exercise Physiologists (AEPs) are university-qualified professionals with extensive training in anatomy, physiology, and pathology, which enables them to design personalized exercise programs for individuals with complex health needs.

What types of conditions do Exercise Physiology specialists help manage?

Exercise Physiology specialists work with people managing chronic diseases such as diabetes, cardiovascular disease, and arthritis; neurological conditions including Parkinson's disease and multiple sclerosis; disabilities or injuries that limit mobility and function; and recovery after surgery or injury to help regain strength and function.

How do Accredited Exercise Physiologists differ from fitness trainers?

Unlike fitness trainers, Accredited Exercise Physiologists possess extensive medical and physiological knowledge, which ensures their exercise programs are safe, effective, and clinically sound.

How does Bloom Healthcare use Exercise Physiology to help clients?

At Bloom Healthcare, Exercise Physiologists use tailored interventions to empower clients to build strength, improve endurance, and enhance overall well-being.

What is Bloom Healthcare and what services does it provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centric care delivered by highly qualified health practitioners across Australia, offering NDIS services with passion.

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