Understanding Exercise Physiology | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/exercise-physiology-what-it-is-and-why-it-matters-for-your-health/

Details:

An Accredited Exercise Physiologist is an allied health professional who prescribes exercise as clinical treatment for people with a health condition, an injury or a disability. It is not personal training under a different name. An AEP holds a university degree accredited by Exercise and Sports Science Australia, and assesses your health history, medications and current function before you lift anything. In Australia, exercise physiology is funded through Medicare chronic disease management plans, aged care, the NDIS, DVA, workers compensation, transport accident schemes, private health extras, or paid for privately.

This page covers the general health side: what clinical exercise does for common conditions, who should see an AEP rather than start on their own, and how each funding pathway works. If you are an NDIS participant and want the scheme mechanics, plan categories and reporting requirements, the exercise physiology service page covers that in detail.

The problem exercise physiology solves

Most people are told to exercise more. Very few are told what exercise, at what intensity, in what order, around which symptoms, and what to do when things flare.

That gap is where people with health conditions get stuck. General advice assumes a body that responds predictably. If you have heart failure, blood sugar that swings, painful joints, fatigue that punishes you two days after a good day, or a disability that changes how you move, the standard advice either does not fit or is not safe to follow unsupervised.

An AEP starts from the condition rather than from the exercise. The question is not what workout suits you, it is what your body can tolerate right now, what is limiting it, and how to increase that safely over weeks and months.

What the training difference actually means

An Accredited Exercise Physiologist completes a four to five year university qualification in exercise science and clinical exercise physiology, accredited by Exercise and Sports Science Australia, including supervised clinical placements in hospitals and clinics. A personal trainer holds a Certificate III or IV in fitness through vocational training.

Both are legitimate. They are for different people. The practical differences that matter:

Screening. An AEP takes a health history covering diagnoses, medications and relevant medical background, assesses movement, strength, balance and endurance, and checks for anything that makes exercise unsafe. They may ask for GP approval before starting. Gym programs often involve little or no health assessment.

Medications. AEPs are trained in how medications change your response to exercise, including how you tolerate intensity and how you recover.

Limiting factors. An AEP works out what is actually capping your capacity, whether that is cardiovascular, respiratory, musculoskeletal, pain or fatigue, and targets that.

The healthcare team. AEPs work alongside GPs, specialists, physiotherapists, occupational therapists and psychologists, so the exercise plan fits the rest of your treatment.

Funding. Because exercise physiology sits inside the healthcare system, it attracts Medicare, NDIS, aged care, DVA, workers compensation and private health funding. General fitness services do not.

AEPs are the professionals recognised in Australia to deliver exercise therapy for people with medical conditions as part of the healthcare system.

Conditions clinical exercise helps manage

Type 2 diabetes

Exercise improves insulin sensitivity, which makes it easier for the body to regulate blood glucose. Resistance training increases muscle glucose uptake. Programs generally combine aerobic work with strength training, and are built around your current fitness, your medications and any complications such as neuropathy or retinopathy. Exercise is a genuine part of managing type 2 diabetes, alongside the rest of your medical care.

Cardiovascular disease and high blood pressure

Regular structured exercise strengthens the heart muscle, improves how efficiently the heart pumps, and improves circulation. It can reduce blood pressure, improve the flexibility of blood vessels and improve blood lipid markers. This is one of the areas where supervision matters most, because intensity has to be set carefully and monitored, particularly early on or after a cardiac event.

Arthritis and musculoskeletal pain

The instinct with painful joints is to move them less. That usually makes function worse over time. Exercise physiology uses range of motion work to maintain joint flexibility and strengthening work to support and stabilise joints, which reduces pain and improves mobility. The skill is in loading the joint enough to build strength without provoking a flare, and adjusting when things change.

Osteoporosis and bone health

Physical activity improves bone density and physical function. Strength training and mobility work help manage osteoporosis and reduce the complications that follow a fracture. Programs also target balance, because the fracture usually comes from a fall. Nutrition, including adequate calcium and vitamin D, works alongside the exercise rather than instead of it.

Obesity and metabolic health

Programmes here focus on what is sustainable rather than what burns the most in an hour. That usually means low impact activity you can repeat, resistance training to preserve muscle, and a routine that fits your week. Progress is measured in function and health markers, not only on scales.

Neurological conditions and recovery

After a stroke, or living with Parkinson's disease or another neurological condition, exercise physiology works on coordination, balance, strength and endurance so daily activities stay possible. It runs alongside physiotherapy rather than replacing it.

Recovery after surgery or injury

Once the acute phase is over and hands-on treatment is no longer the priority, the job shifts to rebuilding capacity. That is structured, progressive work over months, and it is what exercise physiology is built for.

Chronic pain and fatigue

The pattern to break here is boom and bust: a good day, too much activity, then days of payback. Exercise physiology uses graded activity and pacing to build a baseline you can hold, with a plan for flare-ups so a bad week does not undo a good month.

Mental health

Regular physical activity reduces depressive symptoms and improves mood. Structured exercise supports people with anxiety, depression and post-traumatic stress disorder by improving mood, sleep and self-esteem, and by giving the week a routine. It also reduces social isolation when sessions happen in community settings. An AEP finds the level of activity that helps without becoming another source of pressure, and coordinates with your psychologist or GP so the exercise supports the rest of your treatment rather than competing with it.

None of this replaces medical treatment. Exercise physiology is one part of managing a condition, and your AEP works with your treating doctors.

Who should see an AEP rather than just start exercising

Consider a referral if you:

have a chronic condition such as diabetes, arthritis, cardiovascular disease or heart failure

are recovering from surgery or injury and need a structured plan for the next few months

have pain, weakness or fatigue that limits your daily activities

live with a physical, intellectual or neurological disability

want to reduce falls, or regain independence and mobility

have a mental health condition that affects your activity levels

take medications that change how you respond to exertion

have tried to start exercising several times and stopped because it hurt, exhausted you or did not fit your life

Starting alone with a complex medical history carries real risks: exercise at the wrong intensity for your current capacity, technique that increases injury risk, no safe progression, and missed warning signs.

How exercise physiology is funded in Australia

Medicare chronic disease management

If you have a chronic condition, your GP can prepare a chronic disease management plan and refer you for Medicare-rebatable allied health sessions, which can include exercise physiology with an accredited practitioner. Your GP decides whether you are eligible and how the referral is written, and the rebate does not always cover the whole fee.

Start by asking your GP whether a chronic disease management plan is appropriate for you.

Aged care: Support at Home

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 . Exercise physiology sits in the clinical supports service category, along with physiotherapy, occupational therapy and speech pathology.

The important part for older Australians: clinical supports are fully funded by the Australian Government , so eligible participants do not usually pay out of pocket for them. Start with My Aged Care on 1800 200 422 for an assessment.

The Commonwealth Home Support Programme continues to operate as a separate program, and people receiving CHSP support may also access exercise physiology. CHSP is scheduled to move into Support at Home no earlier than 1 July 2027.

NDIS

Exercise physiology is funded from the Capacity Building budget of an NDIS plan, where it is linked to disability-related goals. Full detail on categories, the reasonable and necessary test, what is and is not funded, and reporting is on the exercise physiology service page .

DVA, workers compensation and transport accident schemes

Veterans may access exercise physiology through DVA arrangements. Workers compensation schemes may fund it as part of injury recovery and return to work, and transport accident schemes may fund it for accident-related injuries. Each has its own referral rules, approval steps and paperwork, so check the requirements before booking.

Private health insurance

Many extras policies include rebates for exercise physiology delivered by an accredited practitioner. The rebate amount, any waiting period and annual limits depend on your policy, so check with your insurer using the item description they ask for.

Paying privately

You can see an AEP without any referral or funding. Ask for the fee before you book.

Costs and what you can claim depend on your funding source and your own circumstances. Bloom sets out expected costs before work starts. Call 1300 771 465 to talk through which pathway fits your situation.

What the first appointment looks like

The first appointment is an assessment, not a workout. Expect:

a health history covering diagnoses, medications, previous injuries and relevant medical background

a conversation about what you want to be able to do, in practical terms

a functional assessment of strength, balance, endurance, gait and posture

identification of the barriers, whether pain, fatigue, confidence, sensory factors or your physical environment

a safety check, including a request for GP approval where that is needed before you start

baseline measures, so progress can be shown later rather than claimed

an agreed starting plan and a clear idea of what progress will look like

Baseline measures matter more than they look. Time, distance, number of rest breaks, confidence ratings, pain and fatigue scores, balance tests and strength markers are what later show whether the program is working.

Psychological and social factors are part of a full assessment too, because they change what a program can realistically achieve.

How much exercise is enough?

There is a national set of physical activity guidelines for Australian adults and older adults published by the Department of Health and Aged Care, and your AEP will work from the current version. We do not publish specific weekly targets here, because the right amount for a person with a health condition is usually different from the general population figure, and it changes as capacity improves.

The practical answer: the right dose is the one you can do consistently and safely, increased gradually. Your AEP sets it after assessment and adjusts it as you go.

The home program does most of the work

Sessions with an AEP are where the plan is set, corrected and progressed. The home program is where the change happens. It comes with clear instructions, pacing strategies and technique guidance, and it should be realistic for your week, your energy and the equipment you actually have.

Session frequency is not fixed. It is usually higher early on, then reduces as you build confidence and self-management. Sessions can run at home, in the community such as a local park or walking route, in a clinic or gym, or by telehealth for coaching and program review. Bloom's primary delivery model is in the community, with clinics available case by case.

Exercise physiology or physiotherapy?

Both improve function and both use active movement. The difference is method and time horizon. Physiotherapy leans towards injury recovery and can include hands-on manual techniques and passive treatment. Exercise physiology builds long-term capacity through a structured, progressive movement plan and generally does not involve hands-on therapy.

Many people benefit from both, with each discipline assigned to different goals and the clinicians coordinating so they are not duplicating each other.

How to start

Talk to your GP if you want to check whether a chronic disease management plan applies to you. If you are over 65 and want aged care funded support, contact My Aged Care on 1800 200 422. Otherwise you can contact an exercise physiologist directly.

Bloom Healthcare provides exercise physiology at home, in the community and by telehealth across Australia. Call 1300 771 465 or use the contact page to talk about where you are up to.

Common questions about exercise physiology

Do I need a referral to see an exercise physiologist?

Not always. You can book privately without a referral. You do need a GP referral for a Medicare chronic disease management plan, and referral or approval requirements apply for DVA, workers compensation and transport accident funding.

Does Medicare cover exercise physiology?

It can, through a chronic disease management plan prepared by your GP, which allows you to claim rebates for eligible allied health sessions. Whether you qualify and how many sessions you can claim is decided by your GP under the current Medicare rules, and the rebate may not cover the full fee.

Is exercise physiology covered by private health insurance?

Many extras policies include it when the practitioner is accredited. Rebates, waiting periods and annual limits vary by policy, so check with your insurer before booking.

I am over 65. Can I get this through aged care?

Yes. Exercise physiology is a clinical support under Support at Home, which started on 1 November 2025, and clinical supports are fully funded by the Australian Government for eligible participants. Contact My Aged Care on 1800 200 422 to begin an assessment.

What is the difference between an exercise physiologist and a personal trainer?

Qualification, scope and who they are for. An AEP holds a university degree accredited by Exercise and Sports Science Australia, screens your health and medications first, and works inside the healthcare system with medical conditions and disability. A personal trainer holds a Certificate III or IV in fitness and works with generally healthy people on fitness goals.

Do I need to be fit before I start?

No. Programs start from your current capacity, whatever that is. If you cannot stand for long, or get breathless quickly, or have not exercised in years, that is the starting point the program is written around.

Do I have to go to a gym?

No. Sessions happen at home, in community settings, in a clinic or gym, or by telehealth. Programs are built around the equipment and spaces you can actually get to.

Will it hurt?

A program should not push you into pain that lingers. Some muscle soreness after new work is normal. Pain that is sharp, that lasts, or that sets off a flare should be reported to your AEP so the program can be adjusted. Pacing and flare-up plans are part of the program for people with chronic pain.

How long before I notice a difference?

It depends on the condition, the starting point and how consistently the home program gets done. This is why baseline measures are taken at the first appointment, so change can be measured rather than guessed at.

Can exercise physiology help my mental health?

Regular physical activity reduces depressive symptoms and improves mood, sleep and self-esteem, and structured programs support people managing anxiety, depression and PTSD. It works best coordinated with the rest of your mental health care rather than in place of it.

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

Yes, and it often works well. Keep the roles distinct, with physiotherapy handling hands-on treatment, pain and movement quality, and exercise physiology handling structured conditioning and long-term capacity. Make sure the two clinicians are talking to each other.

What if I have several conditions at once?

That is common, and it is exactly why the assessment comes first. The program is built around the combination you have, including medications and the days when one condition limits another, rather than around any single diagnosis.

What should I bring to the first appointment?

A list of your medications, any recent letters or reports from your GP or specialist, details of your funding if you have any, and comfortable clothes and shoes. Bring a clear idea of one or two things you would like to be able to do again.

What is Exercise Physiology?

Exercise Physiology is an evidence-based healthcare discipline that studies how the body responds to physical activity and uses carefully prescribed exercise to support health and well-being. Unlike general fitness programs, it integrates medical knowledge with therapeutic exercise to ensure every movement is safe, effective, and aligned with a person's specific health goals.

Who are Accredited Exercise Physiologists (AEPs)?

Accredited Exercise Physiologists (AEPs) are university-trained professionals who work with individuals facing various health challenges. They conduct thorough assessments to design programs that address each client's specific circumstances, whether managing a chronic illness, improving mobility, or enhancing overall vitality.

Why is Exercise Physiology important for health?

Exercise is one of the most powerful tools for improving health, but standard fitness approaches may not be suitable for individuals with complex needs. Exercise Physiology bridges the gap between fitness and healthcare by offering interventions backed by science and tailored to the individual.

How does Exercise Physiology help manage chronic conditions?

Exercise Physiology can significantly reduce the impact of chronic diseases like diabetes, cardiovascular disease, and arthritis by improving physical function and reducing complications.

How does Exercise Physiology support recovery and rehabilitation?

Exercise Physiology assists in recovery from surgery or injury, helping clients regain strength and function while building confidence in leading an active life.

Can Exercise Physiology support mental health?

Yes. Regular exercise is an evidence-based intervention for reducing stress, boosting mood, and improving overall resilience, and it alleviates symptoms of anxiety and depression through both physiological and psychological mechanisms.

Who publishes this article on Exercise Physiology, and what organisation is behind it?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice, client centricity, and delivering care through highly qualified health practitioners across Australia.

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