Benefits of Disability Exercise Programs | Bloom Healthcare

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Details:

An Accredited Exercise Physiologist (AEP) is a university-qualified allied health professional who prescribes exercise as a clinical treatment for people with disability, chronic conditions and injury. For NDIS participants, exercise physiology is funded from the Capacity Building budget, usually under Improved Health and Wellbeing or Improved Daily Living, and it has to link to a disability-related goal in your plan. It is not a gym membership, it is not general fitness, and it is not a motivational exercise. It is a structured program built from an assessment, delivered in your home, your community, a clinic or by telehealth, and measured so the results can be shown at your plan reassessment.

Everything below is about how the service works in practice: who qualifies, which budget pays, what happens session by session, what is written down, and where the limits are.

Who exercise physiology is for

Exercise physiology suits people who want to move more safely and more independently, and it is commonly used by people who:

live with a physical, intellectual or neurological disability

are recovering after a stroke, an acquired brain injury or surgery

have cerebral palsy and are working on motor control, balance and coordination

live with multiple sclerosis or Parkinson's

manage a chronic condition such as type 2 diabetes, arthritis, osteoporosis, heart disease or hypertension

experience pain, weakness or fatigue that limits everyday tasks

want to reduce falls risk or need less help with daily activities

have a mental health condition that makes physical activity hard to start or sustain

There is a second reason it matters. People with disability carry a higher risk of secondary health conditions, partly because reduced mobility, reduced activity and medication effects stack up over time. Cardiovascular disease, type 2 diabetes, obesity, falls, fatigue and depression are the common ones. A prescribed exercise program is one of the few supports that works directly on that risk rather than around it.

There is no age cut-off and no diagnosis list that automatically qualifies or disqualifies you. What matters to the NDIA is whether the support is reasonable and necessary and whether it connects to a goal in your plan.

Which budget pays, and what that means for your plan

Exercise physiology sits in the Capacity Building support budget, not Core. In most plans it is claimed under:

Improved Health and Wellbeing (CB Health and Wellbeing) — supports that address health and physical wellbeing where it is affected by disability

Improved Daily Living (CB Daily Activity) — therapy that builds skills and independence for everyday tasks

Exercise physiology is named in the NDIS Pricing Arrangements and Price Limits, so it is a recognised therapy support. You generally do not need a separate line item written into your plan for it, provided your Capacity Building therapy funding is flexible and is not tied to stated supports for another service. If your plan has stated supports, check with your planner or support coordinator before booking.

The funding follows the goal, not the activity. A planner reading your plan is asking one question: does this exercise program help this person do everyday life more safely or more independently? A goal like walk to the local shops without stopping or get up from the floor without help is straightforward to justify. General fitness with no disability-related purpose is not.

What NDIS funding does not cover

Gym membership or entry fees. Sessions can be run at a gym, but the cost of belonging to the gym is not a therapy support. Any venue cost is a separate matter, set out in your service agreement before anything starts.

General fitness or weight-loss training with no link to a disability-related goal.

General fitness equipment bought for personal use. Assistive technology and adaptive equipment prescribed as part of a therapy plan are treated differently and go through the assistive technology process.

If you are already funded for physiotherapy, your plan may not stretch to both therapies running at the same time unless there is a clinical reason for it. That is worth raising with your planner rather than assuming.

Funding pathways outside the NDIS

Exercise physiology is not an NDIS-only service. Depending on your circumstances it may be funded through:

Medicare , where your GP refers you under a chronic disease management plan. This gives a rebate for a limited number of sessions with an accredited practitioner each year. Your GP works out eligibility and the item numbers.

Support at Home , the aged care program that commenced on 1 November 2025 and replaced Home Care Packages and Short-Term Restorative Care. Allied health, including exercise physiology, is funded within it. Access starts with an assessment through My Aged Care on 1800 200 422 .

Department of Veterans' Affairs funding for eligible veterans.

Private health insurance , where extras cover may give a rebate depending on your policy.

WorkCover or workers' compensation, for workplace injury rehabilitation.

Which one applies to you depends on your age, your circumstances and your existing supports. If you are not sure which door to knock on, call Bloom on 1300 771 465 and describe the situation.

How a referral works

Referrals are open. You can refer yourself. So can a family member, a support coordinator, a plan manager, a GP, a paediatrician, a rehabilitation specialist, a school learning support team with consent, or another allied health clinician.

To get moving quickly, include:

your NDIS number and how the plan is managed (self-managed, plan-managed or NDIA-managed)

your NDIS goals, ideally copied word for word from the plan

the functional challenges — what is actually hard at home, at school, at work or out in the community

relevant medical history, precautions and recent reports if you have them

where you would prefer sessions to happen: home, school, clinic or telehealth

anything that needs planning for, such as falls risk, seizures, behaviour support needs or communication needs

What happens in the sessions

Session one is assessment and goal mapping. The exercise physiologist asks about your diagnosis, current supports, medications and medical history, then works through your NDIS goals and what matters to you day to day. They assess functional movement — strength, balance, endurance, gait, posture — and take baseline measures so progress can be tracked later. They also look for the barriers that are not muscular: pain, fatigue, confidence, sensory factors, the layout of your home. Where there is a medical reason to, they will ask for GP clearance before starting.

Early sessions build a program that fits your real life. Exercises are matched to your ability and to the equipment you actually have. Pacing and fatigue management strategies get introduced. You practise real tasks rather than abstract movements: stairs, transfers, getting up off the floor. You are taught safe technique so you can do some of it between sessions.

Later sessions progress and hand over. Load and complexity increase gradually. The point is to build independence, so you can do more without the therapist there, and to fold the routine into home, school, work or community life.

Sessions are quiet, focused and individual. They are not a group fitness class. Depending on your goals they may include resistance and strength work, balance and coordination training, mobility and stretching, functional task practice, and education about energy conservation.

Session length, frequency and how many sessions you need are set after the assessment and quoted before work begins. Anyone who tells you the number before assessing you is guessing.

Where sessions happen

Bloom delivers exercise physiology in the setting that makes the goal achievable:

In your home , which is the most common option, and the most useful when the goal involves your own stairs, bathroom or kitchen

In the community , including day programs, supported employment settings and community health venues

By telehealth , which matters for regional and remote participants and for people whose mobility makes travel costly

In a clinic , case by case

Bloom has clinicians across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT.

Evidence and documentation

This is the part that gets overlooked until reassessment, and then it decides everything.

Your exercise physiologist records baseline measures at the first session and tracks them over time. Good outcome measures are simple and concrete: distance walked, time standing at the bench, results on a balance test, a confidence rating, energy levels at particular times of day, number of falls. A report for plan reassessment uses those measures to show progress against your NDIS goals and to set out what is still needed and why.

Bloom can also coordinate reporting with occupational therapy, physiotherapy, psychology or speech pathology so the documentation going to the NDIA is consistent rather than contradictory.

The practical advice is to set goals that are real-world and trackable from the start. A goal you can measure is a goal you can defend.

How exercise physiology differs from the services people confuse it with

Physiotherapy. Physiotherapy leans towards injury recovery and rehabilitation and can include hands-on manual and passive techniques. It is often the better fit where passive therapy is what is needed, for example for someone with very limited motor control, or where fine motor movement is the priority. Exercise physiology leans towards long-term capacity building through a structured, progressive movement program, without hands-on manual therapy. The two are complementary, and plenty of people use one after the other rather than both at once.

A personal trainer. An Accredited Exercise Physiologist holds a four to five year university degree accredited by Exercise & Sports Science Australia, with training in anatomy, physiology and pathology, and works as part of a clinical team alongside GPs, occupational therapists and support coordinators. Personal trainers hold vocational fitness qualifications and work outside the healthcare system, on general fitness rather than clinical management of a condition or disability. That difference is why one is a funded therapy support and the other is not.

Common questions about exercise physiology for people with disability

Do I need a GP referral to see an exercise physiologist?

Not for NDIS-funded sessions. You or anyone supporting you can make the referral directly. A GP referral is required if you want to claim a Medicare rebate under a chronic disease management plan, and your exercise physiologist may ask for GP clearance before starting if there is a medical reason.

Does exercise physiology come out of my Core budget?

No. It is a Capacity Building support, usually under Improved Health and Wellbeing or Improved Daily Living. If you are unsure which part of your plan it should come from, ask your plan manager or support coordinator to check before the first session.

Can I use exercise physiology if I do not have an NDIS plan?

Yes. Medicare chronic disease management referrals, Support at Home for older Australians, DVA, private health extras and WorkCover are all pathways. Eligibility differs for each one.

Will the NDIS pay for my gym membership?

No. The therapy session is the funded support. Gym entry and membership costs are not therapy supports. If a session is run at a gym, any venue cost is dealt with separately and is set out in your service agreement before you start.

Can sessions happen at home?

Yes, and for many participants home is the better setting because the goals involve the home environment. Community settings and telehealth are also available.

Is telehealth suitable for exercise physiology?

It works well for a lot of people, particularly for program review, progression and coaching, and it is often the practical option in regional and remote areas or where travel is difficult. Whether it suits your goals is a clinical judgement your exercise physiologist makes with you.

How many sessions will I need?

That is set after the assessment, because it depends on your goals, your starting point and your funding. You will be given the plan and the cost before any work begins.

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

Sometimes, but plans do not always fund both movement-based therapies running concurrently, and the NDIA usually looks for a clinical reason. Raise it with your planner or support coordinator before committing to both.

My relative is over 65 and not on the NDIS. What do they do?

Start with My Aged Care on 1800 200 422 for an assessment. Allied health, including exercise physiology, is funded within the Support at Home program that commenced on 1 November 2025.

What if I cannot exercise independently or have very limited movement?

Programs are built around what you can do, not what you cannot. Where passive therapy is more appropriate than active exercise, an exercise physiologist will say so and may suggest physiotherapy instead or first. That judgement comes out of the assessment.

What does it cost?

Fees depend on your funding pathway, the setting and the service you need. They are quoted in writing in your service agreement before work starts. Call 1300 771 465 for a quote for your situation.

Getting started

Call Bloom on 1300 771 465 , use the contact form , or read the exercise physiology service page for the service overview. Have your NDIS number, your plan goals and a short description of what is hard day to day, and the first conversation will be a lot faster.

What topic does this Bloom Healthcare article cover?

The article covers how tailored exercise physiology programs for people with disabilities support strength, balance, independence, and improve health and confidence.

Who publishes the article on exercise physiology for people with disabilities?

The article is published by Bloom Healthcare.

What is exercise physiology for disability?

Exercise physiology for disability is a specialized healthcare discipline that applies evidence-based exercise prescription and movement-based interventions to improve physical health, restore function, and enhance overall wellbeing, using customised, safe, and measurable programs tailored to each person's medical history, goals, and abilities.

Who designs exercise physiology programs for people with disabilities?

Accredited Exercise Physiologists, who are university-trained professionals that understand how the body responds and adapts to physical activity, design these interventions to address the specific challenges faced by people with disabilities.

In what settings can exercise physiology interventions for people with disabilities take place?

Exercise physiology interventions for people with disabilities can take place across various settings including homes, clinics, and communities.

How does exercise physiology improve mobility for people with disabilities?

Exercise physiology improves mobility by enhancing balance, coordination, and strength, which enables individuals to move more easily and independently, reduces the risk of falls through targeted balance and strength training, and increases overall mobility and independence in daily activities.

How does exercise physiology support functional independence?

Exercise physiology substantially improves functional independence by enhancing strength, mobility, and overall fitness, enabling individuals with disabilities to perform daily activities more easily.

What keywords or themes are associated with this article?

The article's associated keywords include cardiovascular function, exercise, exercise for mental health, fine motor function, functional assessments, gross motor function, mental health, mobility, physiology, rehab, rehabilitation, and stroke.

What is Bloom Healthcare's overall mission?

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 centricity delivered by highly qualified health practitioners across Australia.

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