NDIS Exercise & Fitness for Disabilities | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-exercise-can-empower-individuals-with-disabilities-to-live-a-longer-healthier-life/

Details:

Regular, well-designed exercise builds strength, balance, endurance and confidence, and it helps manage the chronic conditions that often sit alongside disability. The person who designs that programme for a disability or a medical condition is an accredited exercise physiologist: a university-trained allied health professional, not a gym instructor. Under the NDIS, exercise physiology is funded from Capacity Building where it is tied to your disability-related goals. It is also funded through Support at Home for older Australians, through Medicare with a GP referral, through the Transport Accident Commission in Victoria, and privately. Bloom delivers it in your home, in the community and by telehealth. Call 1300 771 465 to start.

Who actually delivers this

An accredited exercise physiologist, usually shortened to AEP, holds a bachelor's degree in exercise or health science followed by a graduate qualification in clinical exercise physiology, accredited by Exercise and Sports Science Australia. That is typically four to five years of study, including supervised clinical placements with real patients across hospitals, clinics and community settings. Accreditation is held through ESSA.

The training matters because of what it lets them see. An AEP is trained to work out the primary limiting factor in someone's exercise capacity, whether that is cardiovascular, respiratory, musculoskeletal, neurological, pain, fatigue or confidence, and to prescribe around it safely.

How this differs from physiotherapy

The two overlap and often run together, but the emphasis is different. Physiotherapy leans towards recovery from injury and includes hands-on manual and passive techniques. Exercise physiology is exercise prescription: structured, progressive movement plans aimed at long-term health and building capacity, without manual therapy.

In practice, physiotherapy is often the better starting point for acute pain, a recent injury or where hands-on work is needed. Exercise physiology takes over or runs alongside for the longer arc of building strength and endurance. Where both are involved, they should be coordinated rather than run in parallel.

How this differs from a personal trainer

This distinction matters for safety and for funding. A personal trainer typically holds a Certificate III or IV in fitness, works with generally healthy people on fitness, weight and strength, and often does little or no formal assessment. An accredited exercise physiologist holds a clinical university qualification, is trained in anatomy, physiology and pathology, works with people who have medical conditions and disability, completes a full health assessment before prescribing anything, and can deliver NDIS and Medicare-funded services.

If you have a neurological condition, a cardiac condition, epilepsy, chronic pain, significant fatigue or complex medication, that clinical layer is not a nice-to-have.

Who exercise physiology suits

Common reasons people are referred include:

Physical disability affecting mobility, strength or balance

Neurological conditions including stroke, multiple sclerosis, Parkinson's disease, cerebral palsy and spinal cord injury

Intellectual disability, where the focus is on functional movement and building capacity

Mental health conditions including anxiety, depression and PTSD, where activity supports routine, sleep and mood

Chronic conditions such as diabetes, arthritis, cardiovascular disease and chronic pain

Ongoing fatigue and pain, where graded activity and pacing are the core of the work

Psychosocial disability, where exercise supports routine, motivation and confidence

The goals tend to be functional rather than aesthetic: getting off the floor after a fall, standing at the bench long enough to make a meal, managing a full school or shift day, walking further before needing to stop, or getting on and off public transport safely.

What actually happens

The first session: assessment and goal mapping

Your exercise physiologist will ask about your diagnosis, current supports, medications and relevant medical history, and about what matters to you day to day. They will assess functional movement: strength, balance, endurance, gait, posture, transfers and range of motion. They will identify what is getting in the way, which might be pain, fatigue, confidence, sensory needs or the environment itself. Then you agree a starting plan and what progress will look like, with baseline measures recorded.

If your medical picture needs it, they will ask your GP to sign off before exercise starts.

The early sessions

The work is built around what you can actually do and what equipment you actually have. That means exercises matched to your ability and access, pacing and fatigue strategies, and practising real tasks: stairs, transfers, getting up from the floor, standing to prepare a meal. You are also being taught technique and self-management, because the programme has to work on the days there is no session.

Sessions commonly include low-impact strength and resistance work, balance and coordination training with a focus on motor control, mobility and stretching, functional task practice, and education on pacing and energy conservation.

Sessions run at home, in the community or by telehealth, usually 45 minutes to an hour, weekly, fortnightly or monthly depending on your goals, your capacity and what your funding allows.

Progression and handover

Over time the direction of travel is towards you needing less direct support. Load and complexity increase gradually, with form and technique kept correct so the risk of injury stays low. Rest days are

part of the programme, not a gap in it, because adaptation happens during recovery. The routine gets built into home, school, work or community settings, and where other clinicians are involved, the programme is coordinated with them.

Making it safe

Safety is designed in at the start rather than added later.

Risk assessment before prescribing covers falls and balance, seizure risk, behavioural considerations and communication needs, so that instruction and feedback can be delivered safely. GP approval is sought where the medical picture warrants it, and for complex needs a medical review may be recommended before exercise begins at all.

For falls, the response is lower limb strength work, balance and coordination training, functional practice of standing, walking and lifting, and looking at hazards in the home environment. For cardiac conditions, programmes are built around cardiac capacity and tolerance and progressed accordingly. For fatigue and chronic pain, graded activity and pacing are used specifically to avoid the boom and bust cycle where a good day is followed by days of payback.

Sessions are supervised by a qualified clinician who adjusts intensity and duration in response to what they are seeing on the day.

When exercise physiology is not the right first step

Being honest about this is part of good practice. Other things may need to come first, or run alongside, if:

You are acutely unwell, in hospital, or recently out of surgery

Medical clearance is clinically indicated and has not been obtained

Acute pain or restricted mobility means hands-on physiotherapy is the better starting point

Communication or swallowing difficulties need speech pathology input first

Nutrition is a significant barrier to having the energy to participate, which is a dietitian question

Anxiety, trauma or depression is the main barrier to engaging at all, which may need psychology support alongside

This page is general information. It is not an exercise prescription and it is not a substitute for assessment. Do not start a new programme on the basis of a web page if you have a medical condition; get assessed first.

How progress is measured

Exercise physiology uses outcome measures rather than impressions, and the same measures are repeated over time so change can be seen. These include goal attainment scaling, patient-reported measures, and simple practical metrics: time, distance, confidence ratings, symptom scores.

What gets measured depends on the goal. For daily living, it might be time standing at the bench, number of rest breaks, pain rating after activity, fatigue score, or how much of a routine you complete independently. For community access: distance walked, use of a gait aid, stair tolerance, balance confidence, number of stops needed. For work or study: pacing plan adherence, energy at key times, recovery time after a shift, frequency of symptom flares. For health and safety: balance test results, leg strength markers, near-misses or falls, confidence with transfers.

Progress is reviewed at the end of each session, formally every three to six months, and again with the same measures before your plan ends, with a report summarising outcomes and recommendations for

the next plan period. That report is what supports continued funding at plan reassessment.

How it is funded

NDIS

Exercise physiology sits in the Capacity Building budget, most often under Improved Health and Wellbeing or Improved Daily Living. It is named in the NDIS Pricing Arrangements and Price Limits, so it is an approved support.

You do not generally need a specific line item for exercise physiology unless your Capacity Building budget is made up of stated supports for something else. What matters is the reasonable and necessary test. A programme that helps you do everyday life more safely or independently is straightforward to justify. General fitness with no clear link to your disability-related goals is not.

What the NDIS does not fund

Be careful here, because this is where expectations often go wrong. The NDIS funds the clinical service, not the surrounding fitness costs. Gym membership and facility access fees are generally treated as expenses outside the funded therapy support. Standard gym equipment and general fitness gear bought for personal use are usually personal costs.

The exception is adaptive or assistive equipment. Where equipment is prescribed as assistive technology, with assessment evidence showing it addresses a disability-related barrier, it may be fundable through a different budget. It has to be prescribed and justified, not simply bought.

If you are not sure what your own plan covers, check with your planner or plan manager, or call 1300 771 465 before committing to anything.

Aged care

Support at Home is the Australian Government's in-home aged care programme. It replaced Home Care Packages and Short-Term Restorative Care from 1 November 2025, and it funds allied health including exercise physiology alongside personal care, nursing, home modifications and assistive technology. Access begins with an assessment through My Aged Care.

Medicare

Accredited exercise physiologists can be seen with a Medicare rebate under a GP chronic disease management plan. A GP referral is required, and gap fees usually apply because the rebate rarely covers the whole fee. Ask about the gap before you book.

Transport Accident Commission

In Victoria, TAC funds exercise physiology for transport accident injuries where the condition has been diagnosed and the treatment is clinically justified. TAC funding can cover consultations to develop and review a treatment plan and supervise a programme, small group consultations run by an accredited exercise physiologist, extended consultations for complex injuries such as significant acquired brain injury or spinal cord injury, provider travel where the person is medically unfit to travel or where treating in their own environment is clinically justified, and basic prescribed equipment such as hand weights, therabands and exercise balls.

Private health insurance and private payment

Both are available. Cover under private health insurance depends on your policy, so check with your fund.

Getting started

Bloom's exercise physiologists deliver in-home and community-based sessions, with telehealth available for regional and remote areas or where travel is a barrier. Coverage extends across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT.

Read more about Exercise Physiology services , or contact Bloom Healthcare to book. You can also call 1300 771 465 or email hello@bloom-healthcare.com.au. Referrals are welcome from participants, families, support coordinators, GPs and other providers, and Bloom aims to respond to referrers within 24 hours. General information about the scheme is available at the NDIS website .

Common questions about exercise and disability

Do I need a diagnosis or a referral to see an exercise physiologist?

For NDIS-funded sessions you need funding in your plan and a goal the exercise relates to, not a separate diagnosis. For a Medicare rebate you need a GP referral under a chronic disease management plan. For TAC you need an accepted claim. Privately, you can book directly.

Will the NDIS pay for my gym membership?

Generally no. Gym membership and facility fees are usually treated as personal costs rather than funded therapy supports. The clinical service from the exercise physiologist is what the plan funds. Check your own plan with your planner or plan manager.

Can I exercise safely if I have seizures, a heart condition or chronic pain?

These are exactly the situations an accredited exercise physiologist is trained for. Risk is assessed before anything is prescribed, GP clearance is sought where it is needed, and the programme is built around your precautions. What is not safe is starting an unsupervised programme without that assessment.

How often will I have sessions?

Weekly, fortnightly or monthly, depending on your goals, your capacity, where you are up to and what your funding allows. Frequency is reviewed as you progress rather than set once.

Do sessions have to be at a gym?

No. Sessions are commonly delivered at home, in the community or by telehealth. Programmes are built around the equipment you actually have access to.

How long before I notice a difference?

It depends on your starting point and your goal, and it is not a straight line. Look for functional change: an extra flight of stairs, fewer rest breaks, more confidence with transfers, more of the day done without payback afterwards. Those are the things that are measured.

What is the difference between this and physiotherapy? Do I need both?

Physiotherapy includes hands-on treatment and leans towards injury recovery. Exercise physiology is prescribed exercise for longer-term capacity. Many people benefit from both, and they work best when coordinated. If you are in acute pain, start with physiotherapy.

Can I do this instead of a personal trainer?

If you have a disability or a medical condition, yes, and it is the safer choice. A personal trainer's qualification is a fitness certificate, not a clinical one, and does not cover pathology, exercise testing or prescribing around medical risk.

Can exercise physiology help with fatigue rather than fitness?

Yes. Pacing, graded activity and energy conservation are core parts of the work, and are used specifically to stop the cycle of overdoing it on good days and crashing afterwards.

What if I have never exercised before, or I am afraid of falling?

That is a common starting point and it gets built into the plan. Programmes start at your level, confidence is treated as a measurable outcome in its own right, and balance and lower limb strength work directly targets fall risk.

Can an older person on aged care funding access this?

Yes. Support at Home funds allied health, including exercise physiology, for older people at home. Access begins with a My Aged Care assessment.

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

The article discusses how tailored exercise can empower individuals with disabilities to live longer, healthier lives, focusing on physical, mental, and emotional benefits of structured exercise programs, including NDIS exercise support.

How does exercise improve mobility and strength for people with disabilities?

Engaging in physical activities tailored to individual abilities can enhance muscle strength, improve flexibility, and boost overall mobility, allowing individuals with disabilities to perform daily activities more easily and navigate their environments with greater confidence and independence.

What types of exercises are recommended for cardiovascular health in people with disabilities?

Cardiovascular exercises such as swimming, cycling, wheelchair-based sports, and hand cycling are recommended, as they strengthen the heart, improve circulation, and lower the risk of heart-related diseases.

Why is cardiovascular exercise especially important for individuals with disabilities?

Regular cardiovascular activity is especially important for individuals with disabilities because they may face higher risks of chronic disease due to reduced physical activity levels.

How can exercise help with weight management for individuals with disabilities?

Exercise helps regulate body weight and build lean muscle mass, which is crucial for individuals with disabilities who may have limited mobility, reducing the likelihood of developing obesity as a secondary condition and improving overall health outcomes.

Who is the author/publisher of this article?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider.

What is Bloom Healthcare's mission according to the page?

Bloom Healthcare is a boutique disability and aged care allied health provider that wants to change the status quo, believing that all people have the right to access quality healthcare, with a healthcare model focused on evidence-based practice and client centricity delivered by highly qualified health practitioners across Australia.

How can I contact Bloom Healthcare?

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

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