NDIS Physiotherapy & Daily Support | Bloom Healthcare

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Details:

NDIS physiotherapy is funded from your Capacity Building budget, usually under Improved Daily Living , and it is approved when it addresses the functional impact of your disability and meets the NDIS reasonable and necessary criteria. Physiotherapy for recovery from an ordinary health event, such as surgery, is generally a mainstream health responsibility rather than an NDIS one. Physiotherapy needed because of the ongoing impact of a permanent disability may be funded by the NDIS if the criteria are met.

The sections above cover what physiotherapy does, what goals suit it, and what sessions look like. This part covers the funding machinery: whether you can access it at all, which budget pays, what gets declined and why, what your physiotherapist has to put in writing, and when to ask for it.

Before the budget question: are you an NDIS participant?

Physiotherapy is only an NDIS support if you are an NDIS participant. Access rests on a few gates.

Age. You must be under 65 when you apply. Australian residency requirements apply, along with the definitions in the NDIS Act 2013 .

Disability. The NDIS is for people with a permanent and significant disability that affects daily activities and functional capacity. That is a different test from having a diagnosis.

If you are 65 or over and not already a participant , aged care is the relevant pathway rather than the NDIS. Physiotherapy for older Australians is funded through aged care programs, including Home Care Packages and Support at Home, and focuses on mobility at home and in the community, pain management, falls prevention and maintaining strength. If you are an existing participant approaching 65, ask the NDIA what applies to you rather than assuming.

If the participant is a child under 9 , support usually comes through the NDIS early childhood approach. Children younger than 6 with developmental delay can be supported without a formal diagnosis; children aged 6 to 9 with an identified permanent disability may also be supported. Note that Thriving Kids begins rolling out from 1 October 2026 for children 8 and under with developmental delay and/or autism and low to moderate support needs, and reaches national scale from 1 January 2028. It is a separate system, not an NDIS plan. See Thriving Kids eligibility .

If you are not yet a participant, a physiotherapist's assessment can form part of the evidence for an access request. More on that below.

Which budget pays

Capacity Building, Improved Daily Living is the main home for physiotherapy. Capacity Building is the part of a plan that builds independence and skills for daily life, work and community participation. Improved Daily Living covers assessment, training and therapy aimed at exactly that.

Three other places physiotherapy-related items can appear, depending on your goals:

Core Supports, Assistance with Daily Life. Physiotherapy delivered in the home setting may sit here in some plans.

Consumables. Therapy-related items used as part of physiotherapy may be funded as consumables.

Assistive Technology, a capital support. Prescribed equipment such as wheelchairs, walkers, standing frames and splints is funded here, not from your therapy budget.

You do not usually need a separate named line item for physiotherapy unless your Capacity Building budget is made up of stated supports. Where the money sits in your particular plan is a question for your plan manager, support coordinator or the NDIA, because plans differ.

The reasonable and necessary test, applied to physiotherapy

Every funded support has to satisfy the same test. Applied to physiotherapy, the NDIA is asking:

Is it related to your disability? The physiotherapy must address needs arising from your permanent and significant disability, not from a general health problem unconnected to it.

Does it help you achieve your goals? It must move you towards your stated goals and improve your ability to take part in daily life, work, study or community activities.

Is it value for money? Funding has to be allocated efficiently.

Is it likely to be effective and beneficial? There must be evidence the intervention will actually produce a result.

What informal support already exists? The NDIA takes into account what family, carers, networks and the community already provide.

The practical translation is simple. If the physiotherapy helps you do everyday life more safely or more independently, it is straightforward to justify. If it reads as general fitness or general health care with no clear disability-related purpose, it is hard to justify.

What the NDIS will not fund

Supports that are the responsibility of another government system or of community services, including mainstream health care such as post-surgical rehabilitation

Supports unrelated to your disability, including general fitness or wellness activity without a clear disability-related goal

Day-to-day living costs not connected to your disability support needs

Anything likely to cause harm or pose a risk to you or others

A declined request is usually not a judgement that the therapy is worthless. It is usually a judgement that it belongs to a different system, or that the link to your disability and your goals was not made clearly enough in writing.

The NDIS and Medicare boundary

The NDIA's rule of thumb is purpose , not diagnosis and not who delivers the service.

Recovering from an operation is ordinarily a mainstream health responsibility, commonly through Medicare arrangements set up by your GP. Managing the continuing functional impact of a permanent disability is where the NDIS may fund physiotherapy, if the criteria are met.

The boundary gets blurry in real life, because a participant with a disability can also have surgery. The distinction the NDIA draws is what the physiotherapy is for at that moment. Post-operative recovery in the ordinary sense sits with health. Rebuilding disability-related function that the surgery has disrupted may sit with the NDIS. If you are unsure which side you are on, ask your physiotherapist to state the purpose explicitly in their notes and report, and check with the NDIA or your support coordinator before you commit funding.

Rebate amounts, item numbers and eligibility for Medicare pathways are set by the relevant government program, not by Bloom.

What a session claims against your budget

Physiotherapy is not only the time your physiotherapist spends in front of you. Under the NDIS Pricing Arrangements and Price Limits , which apply to plan-managed and NDIA-managed participants, there are rules governing how travel and non face-to-face activity can be claimed, alongside the session itself.

Non face-to-face work is real work: writing your home program, preparing an assessment, writing the progress report your plan reassessment relies on, and coordinating with your support coordinator, GP or other therapists. This is why a plan that looks like it funds twenty hours of therapy does not always mean twenty hours of appointments.

What matters practically is that you ask, up front, how your provider claims and roughly how your funded hours are expected to be split between sessions, reports and coordination. Bloom's own rates, travel arrangements, reporting charges and cancellation policy are set out in your service agreement before therapy starts. If you want the specifics for your situation, ring 1300 771 465 rather than relying on a figure you found online, since fees vary by service and arrangement.

How your funding management type changes the booking

Self-managed. You have the widest choice, including unregistered providers. You check that you have funds available, you pay the provider, and you claim reimbursement from the NDIA. Highest flexibility, most administration.

Plan-managed. A plan manager handles the financial administration. Invoices go to them rather than to you, and they confirm funding and process payment. You keep the choice of who you see, with much less paperwork.

NDIA-managed. The NDIA manages the funds and pays providers directly. Providers must be registered with the NDIS Commission, and pricing must comply with the NDIS Pricing Arrangements and Price Limits.

When you book, have the relevant detail ready: your NDIS number, your plan dates, which management type applies, and your plan manager's contact details if you have one. It saves a week of back and forth before the first appointment.

What your physiotherapist has to put in writing

Reports are not an administrative afterthought. They are the mechanism by which physiotherapy stays funded.

A functional capacity assessment or progress report from a physiotherapist should set out:

your goals and the day-to-day functional impact , meaning how the limitation actually affects your life, work, study and community participation

what was assessed and what the findings mean functionally , translating walking, balance, transfers, strength and movement into plain consequences rather than clinical terms alone

what has already been tried , and what worked or did not

measurable outcomes to track , so there is a baseline to compare against

recommended frequency and focus of support, explicitly linked to your goals

assistive technology or mobility aid recommendations with evidence of suitability and expected benefit, where relevant

For an access request, allied health reports need to address functional capacity across the domains the NDIA looks at: self-care, self-management, mobility, learning, communication and social functioning. A physiotherapist's contribution is usually the mobility and physical functioning evidence.

For a plan reassessment, the report should show progress against the goals the funding was given for, explain the approach, and recommend what should happen next. Reports written in plain language are more useful to everyone, including the NDIA.

When to ask for an assessment or report

Before an access request , to establish a baseline and demonstrate support needs against the eligibility criteria.

Before a plan reassessment , so the evidence is current rather than a year old. Ask early, because a report takes preparation time and that time comes out of your funding.

After a change in circumstances , such as a medical event, an injury, a decline in function, or a genuine improvement. Updated evidence supports a mid-plan change where one is warranted.

When requesting an increase , because a request for more hours needs evidence of the functional limitation that justifies them.

Your physiotherapist normally assesses at the first appointment and returns to those measures at intervals. That is what makes a later report possible.

Preparing for your plan reassessment

A reassessment goes better when the evidence was gathered along the way rather than assembled in a panic.

Start early. Tell your physiotherapist a few months out that a reassessment is coming, so the report can be prepared without rushing and without consuming a large chunk of the funding you have left.

Bring functional evidence, not impressions. Walking distance or time, balance measures such as sit-to-stand performance, transfer safety and how much assistance you need, how long you can sustain an activity before pain or fatigue takes over, confidence ratings on specific tasks, falls and near-falls, and any reduction in how much a carer has to do for you.

Keep the simple home tracker running. Choose the two daily tasks that matter most to you and score them weekly out of ten on three questions: how hard was it, how safe did it feel, and how long did it take. Months of those scores is more persuasive than a single recollection on the day.

Be honest about what did not change. A report that shows one goal achieved and another still limited is more credible, and more useful, than one that claims everything improved.

Know what you want next. Reassessment is about the coming plan, not only the last one. Say what you want to be able to do, and let the physiotherapist recommend the frequency and focus that supports it.

Assistive technology and the physiotherapist's role

Physiotherapists assess for and recommend mobility aids and assistive technology, including wheelchairs, walkers, standing frames and splints, based on your functional needs and goals. Just as importantly, they train you to use the equipment safely, which is the part that determines whether a device actually helps.

Equipment itself is funded through Assistive Technology as a capital support , separately from your therapy budget, and prescriptions are usually supported by written evidence of suitability and expected benefit. Physiotherapists often work alongside occupational therapists on this, since the two disciplines see different parts of the same problem.

Where physiotherapy sits alongside your other supports

Physiotherapy rarely works in isolation, and a multidisciplinary approach is often recommended precisely because different clinicians see different parts of a problem.

With occupational therapy , the split is usually that physiotherapy addresses the movement itself while occupational therapy addresses the task, the environment and the equipment around it. Both may contribute to a home modification or equipment recommendation.

With exercise physiology , physiotherapy tends to handle assessment, movement quality, pain and mobility safety, while exercise physiology builds conditioning and capacity through structured, progressive programs.

With your support coordinator , physiotherapy provides the functional evidence that supports planning decisions, and the coordinator makes sure the services in your plan are not duplicating each other.

With schools, supported independent living providers and community teams , physiotherapy input often shows up as practical guidance: safe transfer technique, positioning, mobility aid use, and how support workers should assist without taking over.

Coordination is not free. It is claimed as non face-to-face time under the pricing rules, so agree early on how much of it your plan can carry and who needs to be in the loop.

Your service agreement

Before therapy starts you should have a written service agreement. It sets out the services to be delivered and in what setting, session structure, the rates that apply, travel arrangements, payment and invoicing, the cancellation policy, privacy and information sharing, complaints and feedback, consent, the term of the agreement and how it is reviewed.

Read it before you sign, particularly the cancellation terms and anything about travel, because those are the two things that quietly consume budget. Bloom sets out its own terms in the agreement, and the intake team on 1300 771 465 can walk you through them before you commit.

Common questions about NDIS physiotherapy funding

Which support category funds physiotherapy?

Usually Capacity Building, under Improved Daily Living. Related items can appear under Core Supports where therapy is delivered in the home, under Consumables for therapy-related items, and under Assistive Technology as a capital support for prescribed equipment.

Do I need a specific line item in my plan?

Not usually, unless your Capacity Building budget is made up of stated supports. Check your own plan with your plan manager, support coordinator or the NDIA.

Will the NDIS pay for physiotherapy after my surgery?

Generally that is treated as mainstream health, not NDIS. The NDIA looks at purpose: ordinary post-operative recovery sits with health, while disability-related functional support may sit with the NDIS if the criteria are met. Ask your physiotherapist to record the purpose clearly and confirm with the NDIA before spending plan funds.

Why was my physiotherapy request declined?

The usual reasons are that the support was judged to belong to another system, that the link between the therapy and your disability-related goals was not clearly demonstrated, or that it read as general fitness or general health care. A functional capacity report that states the goal, the functional impact and the measurable outcome addresses most of that.

Can the NDIS fund physiotherapy for pain?

It can, where the purpose is disability-related functional capacity, for example pain management that lets you complete daily activities more consistently, and where it meets the reasonable and necessary criteria.

Does my physiotherapist charge for writing reports?

Report writing and other non face-to-face work are legitimate parts of the service and are claimed under the NDIS pricing rules for plan-managed and NDIA-managed participants. Ask your provider how they handle it and what your service agreement says, so a report at reassessment time does not come as a surprise.

Who sets the price?

The NDIA publishes the NDIS Pricing Arrangements and Price Limits, and those rules apply to NDIA-managed and plan-managed participants. Bloom's specific rates for your services are set out in your service agreement.

What is the difference between plan-managed and self-managed for booking physiotherapy?

If you are plan-managed, give your provider your plan manager's details and invoices go to them. If you are self-managed, you confirm your own funding, pay the provider and claim reimbursement from the NDIA, and you can use unregistered providers. NDIA-managed participants must use NDIS-registered providers.

How much funding will I get for physiotherapy?

That depends entirely on your plan, your goals and what the NDIA decided was reasonable and necessary. Nobody can tell you the amount from the outside. Your plan document, your plan manager or the NDIA can.

What if my physiotherapy funding runs out before my plan ends?

Speak to your support coordinator or plan manager early rather than at the end. A change in circumstances or new evidence of functional need can support a request to vary a plan, and an updated functional capacity report is the usual basis for it.

Do I need a GP referral to see an NDIS physiotherapist?

Not for NDIS-funded physiotherapy with Bloom. Physiotherapists are first-contact practitioners, so you can self-refer if you have an active plan with capacity building funding available, and your support coordinator or plan manager can also make the referral.

Can I change physiotherapists mid-plan?

Yes. Choice and control over when, where and how your funded supports are provided is central to the scheme. Check the notice and termination terms in your current service agreement, and ask the outgoing clinician for a handover summary so you do not lose your baseline measures.

Can I use physiotherapy and exercise physiology at the same time?

Yes. Both can be funded in the same plan, and a multidisciplinary approach is often recommended, as long as each is working on a different goal and your budget covers both. See physiotherapy versus exercise physiology .

I am over 65. Can I still get physiotherapy?

Yes, but generally through aged care rather than the NDIS. Aged care physiotherapy is funded through programs including Home Care Packages and Support at Home, and covers mobility, pain management, falls prevention and maintaining strength, delivered at home or in the community.

How do I start with Bloom?

Make a referral or ring 1300 771 465 . Referrals come from participants themselves, families and carers, support coordinators, GPs, specialists, hospitals, schools, SIL providers and community teams. Include your NDIS number, plan dates and funding management type, your functional goals, current challenges and risks, any mobility aids you use, relevant reports, your preferred setting and your consent details.

What is NDIS physiotherapy?

NDIS physiotherapy is physiotherapy support funded through the National Disability Insurance Scheme (NDIS), a government program that provides funding and support for individuals with a permanent and significant disability. These services are designed to help individuals achieve their goals and improve their physical abilities, functional capacity, and quality of life.

What is the primary focus of NDIS physiotherapy?

The primary focus of NDIS physiotherapy is to help people with disabilities move more safely, manage pain and fatigue, reduce falls risk, and build strength and confidence for everyday life. These services are tailored to individual needs and delivered by experienced physiotherapists registered with relevant professional bodies.

Who is eligible to access NDIS physiotherapy services?

To access NDIS physiotherapy services, participants must be eligible NDIS participants, typically under 65 years old, and living with a permanent and significant disability that affects daily activities and functional capacity.

How does NDIS-funded physiotherapy differ from Medicare-funded physiotherapy?

Medicare funding typically covers physiotherapy for recovery from acute situations, such as post-surgery recovery, whereas NDIS funding covers physiotherapy needed due to the ongoing impact of a permanent disability that meets the NDIS 'reasonable and necessary' criteria.

What is the NDIA's focus when funding physiotherapy supports?

The NDIA's focus is on supports that improve, maintain, or reduce decline in functional capacity and help participants take part in daily life, work, study, and community activities.

How much choice and control do NDIS participants have over their funded supports?

The NDIS is designed to give individuals greater choice and control over when, where, and how their funded supports are provided.

Is physiotherapy delivered by a single professional or a team under the NDIS?

A multidisciplinary team of health professionals may collaborate to support a participant's needs under the NDIS, ensuring comprehensive care.

What does Bloom Healthcare describe itself as?

Bloom Healthcare describes itself as a boutique disability and aged care allied health provider that believes 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 someone contact Bloom Healthcare?

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

Before the budget question: are you an NDIS participant?

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