Physiotherapy for Autism | Boost Balance | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/physiotherapy-for-autism-supporting-movement-confidence-and-everyday-function/

Details:

Physiotherapy does not treat autism. Autism is not a physical condition and there is nothing about it for a physiotherapist to fix. What a physiotherapist works on are the movement and physical differences that often sit alongside autism: low muscle tone, balance and coordination, gait, endurance, pain and fatigue. The goal is always a real world one, such as getting up and down the stairs at home safely, lasting a full shift at work, or joining in at the playground. If those things are not a problem for you, physiotherapy is probably not the service you need.

That distinction matters for funding as well as accuracy. The NDIS does not fund therapy for a diagnosis. It funds supports that address the functional impact of disability, so the question a planner is answering is not "is this person autistic" but "what can this person not currently do, and will this support change that".

What physiotherapy addresses, specifically

The physical picture varies enormously between autistic people. Common areas where a physiotherapist can help include:

Low muscle tone, which can show up as floppy movement, poor endurance or difficulty holding a position

Balance and coordination differences affecting walking, running, jumping, catching or riding a bike

Delayed gross motor milestones in childhood

Toe walking and other gait patterns, particularly where they are causing discomfort or restricting where someone can go

Motor planning difficulty, meaning trouble sequencing and controlling a series of movements

Posture and fatigue at school or at work, including trouble sitting for long periods

Chronic pain, and pacing strategies for people whose energy runs out before the day does

Falls risk, and safe use of mobility aids where they are needed

Body awareness through movement and resistance, and balance based activity that supports coordination

Some of this overlaps with sensory regulation. Movement can help someone recognise when they are under or over stimulated, and short structured movement activity is sometimes what makes it possible for a child to settle and refocus at school. Physiotherapists commonly work with occupational therapists on movement breaks and regulation strategies rather than doing that piece alone.

What physiotherapy is not for

Being clear about the limits is more useful than a long list of promises.

Physiotherapy is not a treatment for autistic traits. It is not a way to make someone appear less autistic, and it is not there to stop stimming or to train someone into movement that looks more typical. Affirming

practice treats neurodivergence as natural human variation, not as something to correct, and that principle applies to how a person moves as much as how they communicate. Where a movement pattern is genuinely causing pain, injury risk or loss of access to places the person wants to go, it is worth working on. Where it is simply different, it is not a therapy target.

Physiotherapy is also not sensory integration therapy, not communication therapy, and not behaviour support. It is not a substitute for occupational therapy on daily living tasks. And it is not general fitness coaching, which matters for funding, because exercise with no clear disability related functional goal is difficult to justify as reasonable and necessary.

How it is funded

Under the NDIS, physiotherapy for autistic participants generally sits in the Capacity Building budget, most often under Improved Daily Living . Depending on your goals it may also be supported through Improved Health and Wellbeing , and some community based delivery draws on Core Supports . Which of these applies depends on how your plan is written, so check your plan document or ask your support coordinator or plan manager rather than assuming.

To be funded, the support has to meet the reasonable and necessary test. In practice the NDIA is asking whether the physiotherapy is related to your disability, whether it helps you pursue the goals in your plan, whether it represents value for money, whether it is likely to be effective, and whether informal supports could reasonably do the same job. The strongest case is always the concrete one. "Improve fitness" is weak. "Walk the 400 metres to the bus stop without needing to stop and rest, so I can get to my job" is the kind of goal that makes the link obvious.

If your plan is NDIA managed or plan managed, services follow the NDIS Pricing Arrangements and Price Limits, including the rules on how travel and non face to face work can be claimed. Self managed participants have more flexibility but the supports still have to be reasonable and necessary. What any given service costs and how many hours it takes is quoted before work begins, so ask for that in writing at intake.

Children, and what changes in 2026 and 2028

Autistic children under 9 are supported through the NDIS early childhood approach, which uses a key worker model: one main contact coordinates a therapy team around the child and family, and supports are delivered in everyday settings such as home, childcare and the community rather than only in a clinic. For children under 6, a formal diagnosis is not required to get early support, which means you can start when concerns first appear rather than waiting.

Two dates are worth knowing. Thriving Kids begins its state based rollout on 1 October 2026 and reaches full national scale on 1 January 2028 . From January 2028, children aged 8 and under with developmental delay or autism and low to moderate support needs are expected to be supported mainly through Thriving Kids rather than the NDIS, with targeted allied health including physiotherapy among the supports it offers. Children with permanent and significant disability or high support needs continue under the usual NDIS arrangements. Children aged 8 and under already in the NDIS before 1 January 2028 will be reassessed against the eligibility criteria that applied before that date. None of this has taken effect yet, so if your child is in the NDIS now, nothing has changed for them today.

What an assessment involves

A first physiotherapy appointment is mostly conversation and observation. Expect the physiotherapist to ask what is hard day to day and what you actually want to be able to do, review your NDIS goals and any relevant history, look at strength, balance, gait, transfers and range of movement, and identify

specific risks such as falls, fatigue patterns, pain or sensory sensitivities that will affect how sessions run. You may be asked to show a task rather than describe it. By the end you should have an agreed plan: how often you will meet, what the focus is, and what gets practised in between.

Assessments for neurodivergent clients are run low pressure, flexible and at the pace of the person. If unfamiliar rooms or transitions are difficult, sessions can happen at home or in another familiar setting, with visual schedules, social stories and gradual introduction. Communication is adjusted to whatever the person uses, including AAC and non speaking communication.

Frequency, and how long it goes on

A common pattern is a time limited block of 6 to 12 sessions paired with a home program and a review point at the end, rather than open ended weekly therapy. People with more complex needs or lower functional capacity may need weekly sessions for longer. The home program is not filler. Most of the change happens between appointments, and a program nobody can realistically do at home is a program that will not work.

Sessions can be delivered at home, in the community, in a clinic, or by telehealth. For children, sessions are usually play based or interest led, using games and equipment to build engagement, because a child who is enjoying the session is a child who is actually moving.

Reports and evidence for plan review

A physiotherapist produces documentation that ties therapy back to your NDIS goals: progress summaries, the program delivered and the reasoning behind it, and recommendations for what should happen next. Functional capacity reporting is also available where it is needed.

The reports that hold up at plan review use measures rather than impressions. Walking distance or time. Balance measures. Transfer safety and how much help is needed. Activity tolerance and how it has changed. Confidence ratings. Numbers like these let a reviewer see a real functional change instead of taking a clinician's word for it, and they make the case for continuing, changing or winding back support much easier to argue.

How physiotherapy differs from occupational therapy and exercise physiology

These three get confused constantly, and people sometimes pay for the wrong one.

Physiotherapy works on how the body moves. Strength, balance, coordination, gait, range of movement, pain, and the physical capacity underneath everyday activity.

Occupational therapy works on the task and the environment. Daily living skills such as dressing, showering, cooking and managing transitions, sensory profiles and regulation strategies, and adjustments to the home, classroom or workplace. Sensory processing support is primarily occupational therapy territory.

Exercise physiology works on long term conditioning and chronic condition management through structured, progressive exercise programs, including for co-occurring conditions such as diabetes, cardiovascular disease or neurological conditions.

A rough test: if the problem is that a movement is hard or painful, physiotherapy. If the problem is that an everyday task is hard or the environment is not working, occupational therapy. If the problem is stamina, general conditioning or managing a chronic health condition over months, exercise physiology. Where more than one applies, Bloom's team works across disciplines so you are not repeating your history to each of them separately.

Getting started

A GP referral is not usually required for NDIS funded physiotherapy, although it can be useful in some situations. Referrals can come from the participant, a parent or carer, a support coordinator, a GP, a paediatrician or other specialist, a school where movement is affecting participation, a hospital planning a discharge, a supported independent living provider or a community team.

Bloom delivers physiotherapy in homes, in the community, in clinics and by telehealth. If you are not sure whether physiotherapy is the right service, say so when you make contact. Call 1300 771 465 , or read more about Bloom's physiotherapy services .

Common questions about physiotherapy and autism

Does physiotherapy treat autism?

No. Autism is not something physiotherapy treats or aims to change. Physiotherapy addresses movement, balance, strength, pain and endurance, which are areas where many, though not all, autistic people want support.

My child toe walks. Does that need physiotherapy?

It depends on whether it is causing a problem. If it is contributing to pain, tightness, injury risk or trouble with activities the child wants to do, a physiotherapy assessment is worthwhile. If it is not causing any of those things, it is a movement difference rather than something requiring intervention. An assessment can tell you which situation you are in.

Which NDIS budget pays for physiotherapy?

Most often Capacity Building, under Improved Daily Living, and sometimes Improved Health and Wellbeing or Core Supports depending on how the plan is written. Check your own plan or ask your plan manager or support coordinator, since plans differ.

Will the NDIS fund physiotherapy just because my child is autistic?

No. Funding follows functional impact, not diagnosis. The case has to show that a movement related limitation is affecting daily life and that physiotherapy is likely to change it.

How many sessions will we need?

A block of 6 to 12 sessions with a home program and a review at the end is common. More complex needs may mean weekly sessions over a longer period. Your physiotherapist should set out the expected number at the start rather than leaving it open ended.

Can sessions happen at home instead of a clinic?

Yes. Home, community settings, clinic and telehealth are all options, and for people who find unfamiliar environments or transitions difficult, home or another familiar setting is often the better choice.

What if my child will not cooperate in a session?

That is usually a signal to change the session, not the child. Sessions for children are built around play and their interests, with flexible structure, visual schedules, social stories and gradual introduction to new settings. A session that does not work is information for the physiotherapist.

Is physiotherapy going to try to stop stimming?

No. Affirming practice does not treat autistic expression as a problem to remove. Physiotherapy works on movement that is causing pain, risk or restriction, not on movement that is simply different.

Should we see a physiotherapist or an occupational therapist?

If the concern is how the body moves, start with physiotherapy. If it is a daily task, sensory regulation or the environment, start with occupational therapy. Many people end up with both, working on different parts of the same goal.

Can adults get physiotherapy, or is it only for children?

Adults absolutely can, and it matters most for autistic adults who were never offered therapy as children. Common adult reasons include chronic pain, fatigue and pacing, posture, falls risk, gait, and building the physical capacity for work or community participation.

Does a physiotherapy report help at plan review?

Yes, if it contains measures. Walking distance, balance scores, transfer independence and activity tolerance recorded over time are far more persuasive than a general statement that therapy is going well.

What about children under 9?

They are supported through the NDIS early childhood approach, with a key worker coordinating the team and supports delivered in everyday settings. Children under 6 do not need a formal diagnosis to begin. From 1 October 2026 Thriving Kids starts rolling out, with wider changes for children aged 8 and under from 1 January 2028.

Do I need a GP referral?

Not usually, for NDIS funded physiotherapy. You, a family member, a support coordinator, a school, a specialist or another provider can all get the process started by calling 1300 771 465.

What is the focus of Bloom Healthcare's article on physiotherapy for autism?

The article, titled 'Supporting Development through Physiotherapy for Autism and Movement Care,' discusses how physiotherapy addresses low muscle tone, toe-walking, and balance issues in autistic individuals to help build the physical strength and coordination needed for everyday activities.

What physical or sensory challenges can physiotherapy help address in autistic individuals?

Physiotherapy can help address low muscle tone (hypotonia), poor coordination or balance, delayed gross motor milestones (like crawling or riding a bike), toe-walking or unusual movement patterns,

sensitivity to touch/movement/proprioception, difficulty with posture or fatigue, and limited participation in group sports, playground activities, or PE.

What is the key principle behind physiotherapy for autism according to Bloom Healthcare?

The key principle is that physiotherapy is about supporting strength, confidence, and functional movement in ways that work for each individual—not about changing how a person moves to 'fit in.'

What does a physiotherapy session for autism look like at Bloom Healthcare?

Sessions are personalized to each individual's needs, sensory preferences, and goals, and include movement assessments tailored for neurodivergent clients (low-pressure, flexible, and respectful), play-based or interest-led sessions for children using games and props to build engagement, and motor planning support for children who struggle to sequence and control body movements.

Does Bloom Healthcare's approach to autism physiotherapy focus on the diagnosis or the person?

The approach centers on the person, not the diagnosis.

Who is the author/publisher of the article on physiotherapy for autism?

The article is published by Bloom Healthcare.

What is Bloom Healthcare and what services does it provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Its healthcare model focuses 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 via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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