Physiotherapy for Vertigo | Regain Balance | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/physiotherapy-for-vertigo-regain-balance-and-confidenceno-title/

Details:

Physiotherapy for vertigo and other balance problems can be funded through several different systems in Australia, and which one applies to you depends on why you have the symptom rather than on the symptom itself. The main pathways are the NDIS , Medicare through a GP care plan, the Support at Home aged care program, and compensation schemes or private payment. Bloom delivers physiotherapy mainly in people's homes and communities, with telehealth available where it suits. To arrange an assessment, call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referral form .

This page deals with the practical side: funding, access, what a physiotherapist can and cannot do about dizziness, and what documentation comes out of the process.

Before anything else: see a GP

Vertigo is a symptom, not a diagnosis, and the causes range from a treatable inner ear problem to conditions that need urgent medical care. If you do not already know why you are dizzy, see your GP first so serious causes can be ruled out. Referral to a physiotherapist trained in vestibular rehabilitation is usually the step after that.

This page cannot tell you which symptoms are urgent and which are not, and no website should try. If dizziness comes on suddenly and severely, or arrives with any new symptom you have not had before, treat it as a medical question rather than a therapy question. Contact your GP, ring healthdirect on 1800 022 222, or call 000 in an emergency.

The same applies to the manoeuvres and exercises described elsewhere for balance problems. They are performed and prescribed by a trained clinician after an assessment, because the right technique depends on which ear and which canal is involved and on what else is going on. Attempting them from a written description is not a good idea, particularly if you are at risk of falling.

How vestibular physiotherapy is funded

NDIS

The NDIS funds physiotherapy for people under 65 with a permanent and significant disability, where the therapy addresses the functional impact of that disability and meets the reasonable and necessary criteria.

Physiotherapy is most often funded from Capacity Building – Improved Daily Living , which covers assessment, training and therapy that build skills, independence and community participation. It can also be funded from Core Supports – Assistance with Daily Life when it is delivered in the home. Capacity Building – Improved Health and Wellbeing is a separate category covering exercise programs, exercise physiology and nutrition, so it is sometimes the right home for follow-on conditioning work rather than for the vestibular assessment itself.

Goals the NDIS recognises for physiotherapy include moving safely, managing pain and fatigue, reducing falls risk, building strength and confidence, improving mobility and transfers, and taking part in daily activities, work, study and community life. Balance and dizziness that limit those things fit that description; the funding question is whether they arise from a permanent disability.

Medicare

Medicare funds treatment . Physiotherapy can be accessed with Medicare rebates when a GP refers you as part of a chronic disease management plan. Gap fees may apply depending on the provider.

The line between the two

The NDIA applies a rule of thumb based on purpose. If physiotherapy is for recovery from something like surgery or an acute injury, it is a mainstream health responsibility and sits with Medicare or private health cover. If physiotherapy is needed because of the ongoing functional impact of a permanent disability, it may be funded by the NDIS. The NDIS does not fund the treatment or stabilisation of symptoms, which stays with the health system.

For dizziness this distinction matters more than usual, because the same complaint can sit on either side of the line. An acute inner ear problem in an otherwise well person is a health matter. Persistent balance difficulty as part of a permanent disability is more likely to be an NDIS matter. If you are unsure, ask your support coordinator or plan manager, or ring Bloom on 1300 771 465 and describe the situation.

Support at Home

For older Australians, the Support at Home program replaced Home Care Packages and the Short-Term Restorative Care Programme from 1 November 2025 . It uses 8 ongoing funding classifications, plus 4 transitioned classifications for people who moved across from the old package levels.

Physiotherapy sits in the Clinical Supports category, which covers allied health and nursing that help maintain health, function, safety and wellbeing at home. Clinical Supports are fully funded by the Australian Government — there is no participant contribution for them, unlike the Independence Services and Everyday Living Services categories.

Access starts with an aged care assessment through My Aged Care . An assessor evaluates your needs, and if you are approved you receive a support plan setting out the services and funding you have. You then choose the providers who deliver them. Bloom is a registered provider delivering allied health under this program.

Other pathways

Physiotherapy is also funded through the Transport Accident Commission for accident-related injuries, WorkCover and workers' compensation for work-related injuries, private health insurance, and private payment.

Fees, gap amounts, cancellation terms and travel arrangements are set out in the service agreement you are given before therapy starts. Ask for them in writing, and call 1300 771 465 if anything is unclear.

What a physiotherapist actually does about dizziness

A physiotherapist trained in vestibular rehabilitation works out how your balance system is functioning and what is provoking symptoms, then treats what is treatable and trains what can be retrained. That is the whole of the job. A physiotherapist does not diagnose the underlying medical condition, order imaging, or prescribe medication.

What the assessment covers is described earlier on this page. What is worth adding is what the assessment produces: a picture of your function, not just your symptom. Two people can report identical dizziness and need completely different plans, because one is otherwise strong and the other is deconditioned, frightened of moving, and has already fallen twice.

That functional picture is why physiotherapy for dizziness overlaps so heavily with falls prevention.

Dizziness, balance and falls

Falls are one of the leading causes of injury among older Australians, and dizziness is a well-recognised contributor. A physiotherapy falls assessment goes wider than the vestibular system and looks at:

balance, gait and walking pattern

muscle strength, flexibility and mobility

medical history, medication use and cognitive function

vision and other sensory contributions

the home environment

Standardised balance tests and sit-to-stand measures are used both to gauge risk and to track change over time, so that "you are doing better" can be shown rather than asserted.

The home part matters as much as the physical part. A home safety assessment identifies loose rugs, poor lighting in hallways, bathrooms and stairs, slippery surfaces, missing or inadequate handrails, cluttered walkways and awkwardly placed furniture. Common recommendations include removing loose rugs, adding grab rails in bathrooms, bedrooms and stairways, slip-resistant flooring or rubber mats in wet areas, better lighting, and rearranging furniture to keep pathways clear.

Where equipment or home modifications are recommended, an occupational therapist is usually involved as well, since assistive technology prescription and home modification assessment are principally OT work.

After a fall, physiotherapy also has a rehabilitation role — rebuilding strength, restoring mobility and gait, and addressing the fear of falling again, which is often the part that keeps people housebound long after the physical injury has healed.

A measurable goal that physiotherapists use here is a reduction in falls or near-falls over a defined period. It is a better target than "improved balance" because you can actually count it.

Where Bloom delivers this, and how to start

Bloom's primary delivery model is mobile and in-home . Physiotherapists travel to people's homes and community settings rather than requiring attendance at a clinic. Clinic-based appointments are available case by case on request.

Telehealth is available for video consultations, exercise coaching and progress check-ins, and is particularly useful for people in regional, rural and remote areas or facing travel barriers. It is not a substitute for the in-person parts of a vestibular assessment, so expect a mix rather than telehealth alone.

Bloom operates across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory , with mobile clinicians in major regions and surrounding

areas. Availability varies by suburb, so confirm yours when you call.

To make a referral you can complete the online referral form, call 1300 771 465 , or email hello@bloom-healthcare.com.au . If you have an active NDIS plan with capacity building support, you do not need a formal referral from a medical professional to engage Bloom directly — though the advice above about seeing your GP first for unexplained dizziness still stands, because that is a clinical safety point rather than an administrative one.

How this differs from the services people confuse it with

Physiotherapy assesses and treats the movement and balance problem itself, including the vestibular assessment, any clinician-performed manoeuvre, prescribed retraining, gait and strength work, and falls risk.

Exercise physiology takes over where the need is longer-term conditioning — building strength and general fitness back up after a period of reduced activity. Under the NDIS this often sits in Improved Health and Wellbeing rather than Improved Daily Living. It is a common next step rather than an alternative.

Occupational therapy deals with the environment and the daily task. If the answer involves grab rails, a shower stool, home modifications, changed routines or equipment, that is OT work. OT also assesses the home for fall hazards and prescribes assistive technology.

Psychology or counselling becomes relevant when the effect on confidence is the main barrier. Dizziness that has led to avoiding movement, avoiding leaving the house, or persistent anxiety about triggering symptoms is a real and common problem, and it is treated in its own right rather than being waited out.

Your GP, and where relevant an ENT specialist or audiologist, own the diagnosis and any medical treatment. Physiotherapy works alongside that, not instead of it.

In practice several of these run together. A single person might have physiotherapy for the balance work, an OT home assessment for the bathroom, and exercise physiology later for conditioning. If you are not sure which you need, describe the problem when you call rather than trying to pick the discipline yourself.

Reports and evidence

Bloom physiotherapists produce:

Functional capacity assessment reports , giving objective and subjective evidence of support needs across self-care, self-management, mobility, learning, communication and social functioning

NDIS progress reports , documenting progress toward therapy goals, functional change, and recommendations for ongoing support or plan adjustments

Personalised therapy plans setting out the treatment approach and goals

Equipment and assistive technology recommendations with the supporting evidence

Coordination reports where other disciplines are involved, such as occupational therapy or exercise physiology

These are what a plan reassessment runs on. If you have a reassessment coming up and balance or falls are part of why you need support, tell your physiotherapist early enough for the reporting to be current.

Common questions about physiotherapy for vertigo and balance

Do I need a GP referral to see a physiotherapist for dizziness?

Not for administrative purposes if you are an NDIS participant with capacity building funding, and not always otherwise. But if the cause of your dizziness has not been established, see your GP first so serious causes can be excluded. A Medicare-rebated pathway does require a GP referral under a chronic disease management plan.

Which part of my NDIS plan pays for it?

Usually Capacity Building – Improved Daily Living. Core Supports – Assistance with Daily Life may apply for physiotherapy delivered in the home, and Improved Health and Wellbeing covers exercise-based supports. Your plan manager or support coordinator can confirm what your specific plan allows.

I am over 65. What applies to me?

Support at Home, accessed through an aged care assessment via My Aged Care. Physiotherapy is a Clinical Support, and Clinical Supports are fully government funded with no participant contribution.

How many sessions will I need?

That depends entirely on the cause and on how much the symptoms are affecting your function. Your physiotherapist should give you an expected pattern of sessions after the assessment and revise it as things change. Nobody can give you a number before assessing you, and you should be wary of anyone who does.

Will physiotherapy cure my vertigo?

No page can tell you that, and outcomes vary with the underlying cause. What a physiotherapist can tell you, after assessing you, is what is treatable in your case, what is likely to be managed rather than resolved, and what the plan is for each. Ask them directly.

Can I do the manoeuvres myself at home?

Repositioning manoeuvres are performed by a trained clinician after an assessment establishes what is going on and which side is affected. Home exercises are prescribed individually and are not the same thing. Do not attempt techniques you have read about, particularly if you are already unsteady.

Can sessions happen at home?

Yes. In-home and community delivery is Bloom's main model, which suits balance problems well because the assessment can take in the actual stairs, bathroom and floor surfaces you deal with every day.

Does telehealth work for this?

It works for parts of it: history taking, exercise coaching, progress reviews and check-ins. Some assessment steps need a clinician in the room. Expect a combination, and say up front if travel is a barrier for you.

What if I have already had a fall?

Say so at referral. It changes the priority of the assessment and brings falls rehabilitation and home safety into scope alongside the balance work.

Do I need an occupational therapist as well?

Possibly. If equipment, home modifications or changes to daily routines are part of the answer, an OT does that assessment. Bloom works across disciplines, so ask the intake team to consider both when you call.

What does it cost?

Costs depend on your funding pathway. Support at Home clinical supports carry no participant contribution. Medicare pathways may leave a gap fee. NDIS-funded therapy is claimed from your plan. Private fees are set out in the service agreement provided before therapy starts. Ring 1300 771 465 for a quote for your situation.

How do I get started?

Complete the referral form , call 1300 771 465 , or email hello@bloom-healthcare.com.au . You can also read more about Bloom's physiotherapy service .

What does this article say physiotherapy can help with?

The article explains that physiotherapy, specifically vestibular rehabilitation, helps people regain balance and confidence by managing and even resolving vertigo and vestibular balance disorders.

What is vertigo according to the article?

Vertigo is not a diagnosis itself but a symptom characterized by a spinning or swaying sensation that occurs even when a person is perfectly still. It is more intense and position-specific than general dizziness.

What symptoms can accompany vertigo?

Vertigo can be accompanied by nausea, vomiting, loss of balance, headaches, blurred vision, and sensitivity to motion or sudden head movements. It can also lead to frustration, anxiety, and depression that affect a person's ability to engage in everyday activities.

What is the most common cause of vertigo mentioned in the article?

The most common cause is Benign Paroxysmal Positional Vertigo (BPPV), which occurs when tiny crystals in the inner ear become dislodged and move into the wrong part of the inner ear canal, interfering with the vestibular system responsible for balance and spatial orientation.

What other conditions can cause vertigo besides BPPV?

Other causes of vertigo include vestibular neuritis or labyrinthitis (inflammation due to infection), Meniere's disease, head trauma or concussion, migraine-related vertigo, neurological conditions like

stroke, and chronic conditions such as chronic obstructive pulmonary disease and chronic back pain.

What should someone do if they are unsure of the cause of their vertigo symptoms?

The article advises that if you're unsure of the cause of your symptoms, it's best to consult your GP first to rule out severe medical conditions.

Does the article mention NDIS support in relation to vertigo treatment?

Yes, tailored treatment and NDIS support help manage vestibular balance disorder safely and effectively.

Who publishes this article and what is their contact information?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider. They can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

How does Bloom Healthcare describe its healthcare model?

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

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