Physiotherapy Treatments for Seniors | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/physiotherapy-in-aged-care-restoring-strength-and-mobility/

Details:

For most older Australians, funded physiotherapy at home comes through the Support at Home program, and it sits in the Clinical Supports category, which is fully funded by the government with no participant contribution. Access starts with an aged care assessment arranged through My Aged Care on 1800 200 422 . You are generally eligible for aged care from 65, and from 50 if you are Aboriginal or Torres Strait Islander, or at risk of or experiencing homelessness.

This page covers the funding and access side that most articles about physiotherapy for older people leave out: how the program is structured, what an assessment involves, what each service category costs, what the short-term restorative pathway is for, and how aged care differs from the NDIS.

Aged care is not the NDIS

Worth saying up front, because the two get mixed up constantly and the rules do not transfer between them.

The NDIS is a disability scheme with plan budgets, support categories and a reasonable and necessary test. Aged care is a separate system with its own assessment, its own service categories and its own contribution rules. An NDIS support category name means nothing in aged care, and an aged care classification means nothing in an NDIS plan.

If you are already an NDIS participant when you turn 65, you generally stay in the NDIS rather than moving across. If you are not, and you need help because of ageing, aged care is your pathway. If you are unsure which applies to you, call My Aged Care on 1800 200 422 or the NDIA on 1800 800 110 and ask directly.

How Support at Home is structured

Support at Home is the government-funded in-home aged care program. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme, and it works differently from the packages system it replaced.

Classifications instead of package levels

There are 8 funding classifications for ongoing services , replacing the four fixed Home Care Package levels. The point of the change is to match funding to assessed need rather than slotting people into a tier and leaving them there.

People who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024 are covered by a "no worse off" principle, through 4 transitioned Home Care Package classifications . They should pay the same or less in contributions than they would have under the old arrangements.

Quarterly budgets

Funding is allocated as a quarterly budget based on assessed need, and adjusted quarterly. Under the old system people were often locked into a package level and could wait a long time to move up if their needs increased. The quarterly structure is designed to let support increase or decrease as circumstances change.

Three short-term pathways

Alongside ongoing services there are three short-term pathways:

Assistive Technology and Home Modifications

Restorative Care

End-of-Life Care

The three service categories and what they cost

This is the part worth knowing before you talk to a provider, because the categories carry different contribution rules.

Clinical Supports: fully government funded

Physiotherapy sits here. So do nursing, occupational therapy, exercise physiology, speech pathology, and psychology and counselling. Clinical Supports are fully funded by the government and do not require a participant contribution.

That covers allied health assessment and intervention for mobility, falls prevention, daily living skills, home safety, strength, swallowing, communication, nutrition and chronic condition management.

Independence Services: contributions may apply

Personal care such as help with showering, dressing and grooming; transport to appointments and social outings; respite; and assistance with daily routines. Contributions depend on your financial circumstances.

Everyday Living Services: contributions may apply

Domestic assistance, cleaning and gardening, shopping and meal preparation, home maintenance. Again, contributions depend on your financial circumstances.

The lifetime cap

A lifetime cap of $130,000 applies to non-clinical care costs , covering both in-home care and residential care. Clinical Supports, including physiotherapy, are not part of what you contribute to.

What you will not find on this page is a session rate. Any fee arrangement for services outside what your Support at Home budget covers belongs in the service agreement you sign with your provider. Ask for it in writing before services start, or call Bloom on 1300 771 465.

Commonwealth Home Support Programme

CHSP is a separate program and continues to operate for now. It is scheduled to transition into Support at Home no earlier than 1 July 2027 . If you currently receive services through CHSP, you do not need to do anything because of this page. Ask My Aged Care what applies to you.

Getting an assessment: step by step

1. Check the age rules. Generally 65 and over. From 50 for Aboriginal and Torres Strait Islander people, and for people at risk of or experiencing homelessness. You also need to need help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition.
2. Register with My Aged Care. Online at myagedcare.gov.au, or by phone on 1800 200 422 (Monday to Friday 8am to 8pm, Saturday 10am to 2pm). My Aged Care is the single entry point for the whole system.
3. Have the assessment. A single assessment process now applies. Depending on your area, an Aged Care Assessment Team (ACAT) or a Regional Assessment Service (RAS) will meet with you and go through your health and medical conditions, physical capability, emotional and mental wellbeing, social needs and support networks, and your living arrangements.

The single assessment means you do not need a fresh assessment every time you move between levels of care.

1. Get your support plan. If approved, you receive a support plan setting out the services recommended, your identified needs, your preferences about how and when services happen, and the funding you are eligible for.

Useful at this stage: say plainly what you want physiotherapy for. "I want to be able to get up off the floor if I fall" or "I want to walk to the shops again" are better inputs than "physio".

1. Choose a registered provider. You choose who delivers your services. Check the provider is registered with the Aged Care Quality and Safety Commission and complies with the Aged Care Quality Standards, has experience with people in a similar situation, offers the specific services you need, is transparent about pricing, and has a complaints process.
2. Have your documents ready. Proof of identity such as a Medicare card, passport or driver licence; medical records including diagnoses and medications; financial information such as tax returns or pension statements, because these affect contributions; and legal documents such as power of attorney or guardianship papers if they apply.

What changed with the new Aged Care Act

The Aged Care Act that commenced on 1 November 2025 puts a rights-based framework at the centre of the system. In practice: you have the right to make decisions about your care and have those decisions respected, My Aged Care is the single entry point, providers face clearer accountability and public information rules, and there are stronger protections including whistleblower protections.

The Restorative Care Pathway

This is the part of Support at Home most relevant to physiotherapy and the least understood.

The Restorative Care Pathway is a short-term, time-limited option for an older person who has had a temporary change in health or function. It is aimed at recovery: rebuilding strength, regaining confidence and restoring the ability to do daily activities after a period of reduced function.

It is one of the three short-term pathways, and it works differently from ongoing services. Ongoing services are funded through the classifications and continue while the need continues. The restorative pathway provides structured support with specific recovery goals inside a defined timeframe, after which support needs are reassessed.

The reason it exists is that a lot of decline in older people is not permanent. Someone who has been in hospital, had a fall, or been unwell and inactive for a few weeks often has a genuine window in which function can be regained. Ongoing personal care fills the gap; restorative care tries to close it.

If that describes your situation, or a parent's, ask about the restorative pathway by name at the assessment. It is not always offered unprompted.

What physiotherapy actually does in aged care

The first appointment

The first appointment is an assessment, not a treatment session. Your physiotherapist will:

Listen to what matters to you and what you want to be able to do

Take baseline measures of your current function, using relevant screening assessments, so that progress can be measured against something specific

Work with you to design a plan around your goals, explained in plain language

Ask for GP approval where that is needed as part of coordinating your care

That baseline matters. It is what the reviews get compared against, and it is what tells you honestly whether the program is working.

Falls prevention

This is the highest-value work in aged care physiotherapy, and it has three parts:

Balance training. Targeted exercises to improve stability and coordination.

Strength work. Building strength in the muscles that hold you up, particularly the legs.

Home safety assessment. A walk through your actual home to find the hazards: the loose rug, the poor lighting on the stairs, the missing grab rail, the chair that is too low to stand up from.

All three together. Strength work alone does not fix a hazardous hallway, and removing rugs does not restore the strength to catch yourself.

Treatment approaches

Depending on what is going on, physiotherapy in aged care can include manual therapy such as massage and joint mobilisation to improve movement and reduce stiffness, tailored exercise prescription for strength, balance and flexibility, pain management techniques, hydrotherapy and gait training where appropriate, and rehabilitation programs after surgery or injury.

Chronic conditions

Physiotherapy is used to manage arthritis and osteoporosis, Parkinson's disease, post-stroke recovery, and cardiovascular and pulmonary conditions, with the aim of reducing symptoms, improving function and supporting quality of life.

Where sessions happen

In your home, or in an aged care facility. This is deliberate rather than a convenience. A program built around your actual chair, your actual step and your actual bathroom transfers to daily life in a way that a clinic program does not, and it lets family and carers be part of the session so they understand what is being worked on. Telehealth is available where appropriate, and is often useful for reviews and check-ins between visits.

Other allied health that works alongside physiotherapy

Under Clinical Supports, the other disciplines that commonly pair with physiotherapy are occupational therapy for daily living tasks, home safety and equipment; exercise physiology for ongoing strength and chronic condition management; speech pathology for communication and swallowing; and psychology or counselling for emotional wellbeing. Dietitian input covers nutrition.

A common and effective combination for an older person after a fall is physiotherapy for strength and balance, occupational therapy for the home setup and equipment, and exercise physiology to carry the gains forward once the acute rehabilitation phase is done.

Bloom Healthcare aged care services

Bloom Healthcare is a registered provider delivering physiotherapy and other allied health under Support at Home, in homes, in aged care facilities and in the community across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory.

Phone: 1300 771 465

Email: hello@bloom-healthcare.com.au

Referrals: bloom-healthcare.com.au/referrals/ — include age, main concerns, existing clinical reports, the top three goals and the preferred location for sessions. Referrers are contacted within 24 hours.

Find a clinician near you: bloom-healthcare.com.au/locations/

Hours: Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment

Interpreters: available through TIS National, ask when you book

Feedback and complaints: bloom-healthcare.com.au/feedback

Before Bloom can deliver funded services, you need an aged care assessment. Start with My Aged Care on 1800 200 422.

Common questions about physiotherapy in aged care

Do I have to pay for physiotherapy under Support at Home?

Physiotherapy sits in Clinical Supports, which is fully funded by the government with no participant contribution. Contributions can apply to Independence Services and Everyday Living Services depending on your financial circumstances, and a lifetime cap of $130,000 applies to non-clinical care costs.

How do I start?

Register with My Aged Care at myagedcare.gov.au or on 1800 200 422, then have an aged care assessment with an ACAT or RAS assessor. Once you have a support plan you choose a registered provider.

What age do I need to be?

Generally 65. From 50 for Aboriginal and Torres Strait Islander people, and for people at risk of or experiencing homelessness. You also need to need assistance with daily tasks, mobility, health or wellbeing.

What happened to my Home Care Package?

Support at Home replaced the Home Care Packages Program. If you were receiving, waiting for, or assessed as eligible for a package on or before 12 September 2024, the "no worse off" principle applies and you sit in one of the four transitioned classifications. Ask My Aged Care what your specific arrangement is.

Can I get physiotherapy at home?

Yes, and it is the usual model. Sessions happen at home or in an aged care facility. Working in the real environment is more useful than a clinic for balance, transfers and falls prevention.

What is the restorative pathway and should I ask for it?

It is a short-term pathway for an older person whose function has dropped temporarily, aimed at getting it back rather than compensating for the loss. If you or your parent has recently been in hospital, had a fall, or been unwell and inactive, it is worth raising by name at the assessment.

How many sessions will I get?

That comes from your assessed need and the quarterly budget attached to your classification, not from a set number. Ask your physiotherapist to explain the proposed frequency against your goals and to review it as things change.

Can I change providers?

Yes. You choose who delivers your services, and you can change. Check that any provider is registered with the Aged Care Quality and Safety Commission and complies with the Aged Care Quality Standards.

Can physiotherapy help if I have dementia or a cognitive impairment?

Physiotherapy is used to support mobility, strength, balance and falls prevention for people living with cognitive impairment, working alongside occupational therapy and speech pathology. The approach is adapted to the person, including how instructions are given and how the environment is set up. Talk to the clinician about the specific situation rather than assuming it rules physiotherapy out.

Is physiotherapy available in residential aged care?

Yes, Bloom delivers into aged care facilities as well as private homes. The funding arrangements for residential care differ from in-home Support at Home, so check with the facility and with My Aged Care on 1800 200 422 how services are arranged and funded in that setting.

I am on the Commonwealth Home Support Programme. Does any of this apply to me?

CHSP continues as a separate program and is scheduled to move into Support at Home no earlier than 1 July 2027. Ask My Aged Care what your current arrangement covers and what will change.

What if I am under 65 and have a disability?

Then the NDIS is likely the relevant scheme rather than aged care, and the rules are entirely different. Call the NDIA on 1800 800 110. Do not assume anything on this page about Support at Home applies to an NDIS plan.

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

The article, titled 'Regaining Strength and Mobility with Physiotherapy in Aged Care,' explains the role of physiotherapy in aged care, covering fall prevention, post-surgery recovery, and chronic pain management for seniors.

Why is physiotherapy important for healthy ageing?

Maintaining strength, mobility, and independence is essential for healthy ageing. Physical challenges such as joint pain, reduced balance, and limited flexibility commonly affect older adults, and physiotherapy is an invaluable tool for restoring and maintaining physical function, especially given the increased risk of mobility issues, chronic pain, and falls with age.

What key outcomes do physiotherapists help seniors achieve, according to Bloom Healthcare?

Physiotherapists help seniors maintain independence by strengthening muscles and improving balance for daily activities like walking and dressing, manage pain through therapeutic techniques, and enhance confidence by restoring mobility so seniors can stay active and engaged in their communities.

What is physiotherapy, as defined in the article?

Physiotherapy, also known as physical therapy, is a healthcare profession dedicated to diagnosing, treating, and preventing disorders related to the musculoskeletal, cardiovascular, respiratory, and neurological systems, using a variety of physical techniques.

How does Bloom Healthcare approach physiotherapy for older adults?

At Bloom Healthcare, experienced physiotherapists work with older adults to develop personalised strategies that restore mobility, reduce pain, and enhance overall well-being.

What company published this article, and how can it be contacted?

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

What is Bloom Healthcare's description of itself as a company?

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, with a model focused on evidence-based practice, client centricity, and delivery by highly qualified health practitioners across Australia.

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