Elderly Mobility | Early Symptoms & Action | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/understanding-mobility-issues-in-the-elderly-identifying-early-symptoms-and-taking-action/

Details:

If you or someone you care for is slowing down, feeling unsteady, or avoiding stairs and uneven ground, the useful next step is an assessment by a physiotherapist, exercise physiologist or occupational therapist, arranged through your GP or through My Aged Care. Much of what looks like unavoidable ageing is muscle weakness, joint pain, deconditioning after an illness or hospital stay, or lost confidence, and those respond to treatment. For Australians aged 65 and over, the aged care system rather than the NDIS is normally the funding pathway, and clinical supports including physiotherapy, occupational therapy and exercise physiology are fully funded by the Australian Government under Support at Home . Start with My Aged Care on 1800 200 422 .

Why this matters, in plain numbers

According to the Australian Institute of Health and Welfare, over one-third of people aged 65 and over fall each year. Falls are one of the leading causes of injury in older Australians, and many result in fractures or a hospital admission.

The injury is only part of the cost. After a fall, many people move less because they are afraid of falling again. Moving less means losing strength, and losing strength raises the risk of the next fall. That loop is the thing worth interrupting, and it is easier to interrupt early.

What is worth getting looked at

This is not a scoring tool and nothing here decides anything on its own. These are the changes worth raising with a GP or an allied health professional.

Needing to sit down more often, or avoiding walks that used to be routine

Feeling unsteady, or stumbling more than you used to

Any fall, including one where you were not hurt, and any near miss

Joint stiffness or pain, particularly in knees, hips or lower back, and especially first thing in the morning or after sitting a while

Getting unusually tired after small activities like walking to the letterbox or getting dressed

Avoiding stairs, uneven ground or going out alone because you no longer trust your balance

Finding it harder to get up out of a chair, off the toilet or out of the car

Holding onto furniture to move around inside the house

Being more hesitant in the shower or bathroom

The two that are most often not mentioned to anyone are near misses and small falls where nobody was hurt. Both are useful information and both are worth reporting.

The things behind it are usually treatable

Mobility loss in older adults is rarely one thing. It is usually several, layered:

Muscle weakness and deconditioning. Strength drops quickly with inactivity, and a fortnight in hospital or a few weeks of illness can take a lot. This responds well to structured strength work.

Joint pain and arthritis. Pain leads to guarding and avoiding movement, which further weakens the muscles supporting the joint. Joint mobilisation and strengthening reduce stiffness and pain and improve function.

Balance and reaction time. Balance is trainable at any age.

Fear of falling. Genuinely limiting, and it also responds to treatment. As strength and balance improve, confidence usually follows.

Chronic conditions. Heart, lung, neurological and other conditions change endurance and stability, and programs can be built around them.

The home environment. Loose rugs, poor lighting, no rail where a rail is needed, furniture at the wrong height. These are fixable, often cheaply.

That is the point worth holding onto: a lot of what gets written off as ageing is deconditioning, pain and environment, and those can be improved.

Some causes are medical rather than musculoskeletal. Dizziness, blackouts, new weakness on one side, sudden changes, or falls with no obvious explanation need a GP review, not an exercise program. Medications and their combinations, and vision, are worth reviewing with your GP too. If something has changed suddenly, see a doctor first.

What a mobility and falls assessment involves

A proper assessment looks at the person and the home, not just the walking.

A physiotherapist or exercise physiologist will typically assess:

balance, using standardised balance tests

gait and walking pattern

muscle strength, with particular attention to the legs

functional capacity, meaning what you can actually do: get out of a chair, walk a distance, manage steps

your medical history, current medications and any previous falls or near misses

what you want to be able to do again

An occupational therapist will assess the home:

bathrooms, kitchen, stairs, bedrooms and the paths between them

trip hazards such as loose rugs and clutter

lighting, slippery surfaces and access

furniture height, and how you transfer in and out of chairs, bed, toilet and shower

what equipment would help, and what training you need to use it safely

Baseline measures are taken so progress can be shown rather than guessed at: walking distance, time to stand from a chair, balance test results, leg strength markers, confidence ratings, and the number of falls or near misses over time.

Who does what

Physiotherapy works on strength, balance and gait training, plus hands-on treatment for pain and stiffness, joint mobilisation, and recovery after surgery or a hospital stay. Balance training includes practical work like standing on one leg, heel-to-toe walking and weight shifting, alongside functional practice such as standing up from a chair and walking on different surfaces.

Exercise physiology builds long-term capacity through a structured, progressive exercise program: strength, balance, endurance and confidence, built to be sustainable and reviewed as you improve. It generally does not involve hands-on therapy.

Occupational therapy works on daily activities and the environment: home safety assessment, modifications such as grab rails, slip-resistant flooring and furniture rearrangement, prescription of equipment, and strategies for dressing, bathing, cooking and getting around safely.

The combination usually does more than any one alone. Building strength without fixing the bathroom leaves a hazard in place. Fitting rails without building strength leaves the underlying weakness untouched.

How it is funded

For people aged 65 and over, aged care is the pathway. NDIS access requires entry to the scheme before 65, so someone who was already an NDIS participant may continue there, but a person first seeking support after 65 goes through aged care.

Step 1. Register with My Aged Care. Call 1800 200 422 or register at myagedcare.gov.au.

Step 2. Get assessed. My Aged Care refers you to an assessment service. Depending on your needs and state that is an Aged Care Assessment Team, known as an Aged Care Assessment Service in Victoria, or a Regional Assessment Service. The assessor looks at physical health, emotional wellbeing and social needs.

Step 3. Get a support plan and choose a provider. The plan sets out the services you are approved for. You then choose who delivers them.

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 . It has eight ongoing funding classifications and flexible quarterly budgets, so funding reflects assessed need rather than a fixed package level, and adjusts as circumstances change.

Services sit in three categories:

Clinical supports. Nursing and allied health, including physiotherapy, occupational therapy, exercise physiology and speech pathology. Fully funded by the Australian Government.

Independence services. Support to keep doing daily activities. Participant contributions may apply depending on your financial circumstances.

Everyday living services. Domestic help, meals, cleaning and similar. Contributions may also apply.

The practical implication for mobility: the assessment and therapy you need most are in the category the government fully funds.

Equipment and home modifications come through the Assistive Technology and Home Modifications Scheme, a separate short-term pathway within Support at Home, alongside restorative care and end-of-life care. Approved items include walking frames and four-wheeled walkers, grab rails and handrails, ramps, wheelchairs, shower chairs, adaptive eating equipment and smart home technology. An occupational therapist assesses and prescribes, with physiotherapists contributing to assessments and recommendations. My Aged Care lists examples of what is approved.

The Commonwealth Home Support Programme continues to operate as a separate program and is scheduled to move into Support at Home no earlier than 1 July 2027.

What you personally contribute depends on your assessed classification and your financial circumstances, so confirm with My Aged Care or your provider before services start.

What to do this week

Write down what has changed, when, and any falls or near misses in the last year.

Book a GP appointment. Ask about a medication review and whether vision and hearing need checking. Raise anything sudden or unexplained.

Call My Aged Care on 1800 200 422 to start the assessment. There can be a wait, so starting it early is worth doing even if you are unsure.

Do the cheap safety fixes now: clear the walkways, remove or secure loose rugs, improve lighting particularly on the route from bed to toilet, and put a light within reach of the bed.

Keep moving in the meantime, within what feels safe. Complete rest makes the underlying weakness worse.

Access

Bloom Healthcare provides physiotherapy, occupational therapy and exercise physiology for older Australians, delivered in the home and in the community, with clinics available case by case and telehealth for review and coaching. Call 1300 771 465 or use the contact page .

As Daniel Zeina, Managing Director of Bloom Healthcare, puts it: mobility issues in the elderly may start gradually, but they should not be ignored, and identifying them early allows for timely action.

Common questions about mobility changes in older adults

Is this just normal ageing?

Some change with age is expected. Pain, unsteadiness, falls and a rapid loss of function are not simply age and are worth assessing. Weakness, deconditioning, joint pain and fear of falling all respond to treatment.

Mum had a fall but was not hurt. Does that matter?

Yes. A fall without injury is one of the most useful early warnings there is, and so is a near miss. Report it to the GP and use it to start the assessment process.

Who should we see first, a physio or an OT?

Usually the GP first, to rule out medical causes and arrange referrals. After that, a physiotherapist or exercise physiologist for strength, balance and gait, and an occupational therapist for the home and daily activities. Most people benefit from both.

Is it too late to build strength at 80?

No. Strength and balance are trainable in older adults, and programs are built from the person's current capacity, however limited that is. Recovering strength after a hospital stay is one of the clearest cases for therapy.

Does the NDIS cover this?

Generally not for someone first seeking support after 65, because NDIS access requires entry before that age. Aged care is the pathway. People who were already NDIS participants before 65 may continue with the scheme.

What does aged care therapy cost?

Clinical supports, which include physiotherapy, occupational therapy and exercise physiology, are fully funded by the Australian Government under Support at Home. Independence services and everyday living services may involve a contribution depending on your circumstances. Check with My Aged Care on 1800 200 422 or with your provider.

How do we get grab rails or a walker paid for?

Through the Assistive Technology and Home Modifications Scheme within Support at Home. An occupational therapist assesses your home and prescribes what is needed. Approved items include walking frames, grab rails, ramps, wheelchairs, shower chairs and adaptive equipment. You need an aged care assessment through My Aged Care first.

How long does a My Aged Care assessment take?

Waiting times vary by region and by how urgent your situation is. This is why it is worth registering as soon as changes are noticed rather than after a crisis. Call 1800 200 422 to check the current process.

Can therapy happen at home?

Yes, and for mobility it often should. Assessing balance and safety in the actual home is more useful than doing it in a clinic room, because that is where the stairs, the bathroom and the rugs are.

What if my parent refuses help?

Common, and usually about independence rather than stubbornness. It sometimes helps to frame it as keeping the house rather than accepting decline, since therapy and small modifications are what let people stay at home longer. Starting with a GP appointment is often easier to accept than starting with aged care.

Are mobility aids a sign of giving up?

No. Used well, and fitted by someone who has assessed you, a walking frame or a rail extends what you can do safely and independently. Aids that are the wrong height or the wrong type can create a hazard, which is why prescription and training matter.

What can we do at home right now?

Clear walkways, remove or secure loose rugs, improve lighting especially between bed and toilet, keep a light within reach of the bed, wear supportive shoes indoors rather than socks or loose slippers, and keep everyday items within easy reach so nothing needs a step stool. Then get the assessment booked.

What is the topic of this Bloom Healthcare blog article?

The article, titled 'Mobility Issues in the Elderly: Identifying Early Symptoms and Support,' discusses recognizing early signs of mobility decline in older adults to help prevent falls and support seniors in staying active and independent.

What are some early symptoms of mobility issues in elderly individuals?

Early symptoms include difficulty walking or standing for long periods, imbalance and frequent stumbles, joint stiffness or pain (especially in the knees, hips, or lower back), fatigue after minimal physical activity, and reduced confidence in moving around, such as avoiding stairs or uneven surfaces.

Why is difficulty walking or standing for long periods significant in older adults?

According to the article, older adults may start avoiding long walks or need to sit down more frequently when standing or waiting, which often indicates declining stamina or stability in movement.

How can imbalance and stumbling relate to falls in older Australians?

The article notes that feeling unsteady or experiencing frequent stumbles is an important early warning sign, as these stumbles may eventually result in falls—one of the leading causes of injury in older Australians. Early intervention at this stage can help prevent serious falls.

What does joint stiffness or pain indicate in elderly mobility issues?

Joint stiffness or pain, particularly in the knees, hips, or lower back, is a common early indicator of mobility issues, often more pronounced after sitting for extended periods or upon waking in the morning.

What does unusual fatigue after simple activities suggest about an elderly person's mobility?

When elderly individuals feel unusually tired after simple activities like walking to the mailbox or getting dressed, it suggests their body is working harder than it should, which is often a sign of declining mobility and fitness.

What signs indicate reduced confidence in moving around among seniors?

Reduced confidence in moving around is shown through hesitation to walk on uneven surfaces, avoidance of stairs, or an expressed fear of falling, indicating diminished trust in one's balance and mobility.

Who publishes this article and what services does the organization offer?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centric care delivered by highly qualified health practitioners across Australia.

What keywords or topics are associated with this article?

The article's associated keywords include Aged care, elderly, exercise physiology, occupational therapy, and Physiotherapy, and it falls under the 'Aged Care Services' article section.

Is this just normal ageing?

Some change with age is expected. Pain, unsteadiness, falls and a rapid loss of function are not simply age and are worth assessing. Weakness, deconditioning, joint pain and fear of falling all respond to treatment.

Mum had a fall but was not hurt. Does that matter?

Yes. A fall without injury is one of the most useful early warnings there is, and so is a near miss. Report it to the GP and use it to start the assessment process.

Who should we see first, a physio or an OT?

Usually the GP first, to rule out medical causes and arrange referrals. After that, a physiotherapist or exercise physiologist for strength, balance and gait, and an occupational therapist for the home and daily activities. Most people benefit from both.