Exercise Physiology & NDIS Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-is-exercise-physiology-understanding-its-role-in-health-and-disability-support/

Details:

Exercise physiology is the clinical use of prescribed exercise to manage chronic conditions, disability and injury. In Australia the protected qualification is Accredited Exercise Physiologist (AEP) , accredited by Exercise and Sports Science Australia (ESSA), which is a different thing from a personal trainer and a different thing from a physiotherapist. Exercise physiology is funded under NDIS Capacity Building supports, through Medicare chronic disease management referrals, through the aged care Support at Home program, and by TAC, WorkCover, DVA and most private health funds.

The rest of this page covers the questions the general explanation above does not answer: what the accreditation actually requires, exactly which budget line pays, what happens in a first appointment, what progress gets measured, and when exercise physiology is the wrong choice.

The accreditation is the important part

The title that matters is Accredited Exercise Physiologist. That accreditation comes from Exercise and Sports Science Australia (ESSA) and it is what makes an exercise physiologist a healthcare professional rather than a fitness professional.

Getting there requires:

A 4 to 5 year university pathway in an ESSA-accredited program. That usually means a bachelor's degree in exercise science or health sciences, followed by a graduate qualification in clinical exercise physiology.

More than 500 hours of supervised clinical practice, worked in real settings such as hospitals, private clinics and sports environments.

Registration with ESSA, which is the credential funders recognise.

That clinical placement requirement is the practical difference. An AEP has spent hundreds of supervised hours working with people who have medical conditions, under someone watching, before they take their first client on their own.

AEP compared with a personal trainer

This is the comparison people ask about most, and the gap is wider than the job titles suggest.

	Accredited Exercise Physiologist	Personal trainer
Qualification	4 to 5 year ESSA-accredited university pathway plus clinical training	Certificate III or IV in Fitness (vocational)
Who they work with	People with medical conditions or disability	Generally healthy people

Assessment	Full health and functional assessment before any program is written	Often minimal or skipped
Scope	Clinical assessment, exercise testing, therapy programs	Lifestyle-based exercise advice
Funding	NDIS, Medicare, DVA, WorkCover, TAC, private health	Private payment only
Complex or high-risk needs	Trained for them	Not suitable for many chronic conditions

An AEP is trained to work out the primary limiting factor in someone's exercise capacity, for example whether the ceiling is cardiovascular, respiratory or musculoskeletal, using exercise testing rather than guesswork. That is what makes the program safe as well as effective.

None of this makes personal training a lesser occupation. It makes it a different one, aimed at a different population.

AEP compared with a physiotherapist

Both work on movement and function, and they overlap. The difference is method and time horizon.

	Exercise physiology	Physiotherapy
Main focus	Long-term capacity and health, built through progressive movement	Injury recovery and rehabilitation
Method	Exercise prescription, no hands-on manual therapy	May use manual techniques and passive therapies as well as exercise
Best suited to	Building endurance, strength, confidence, participation and routine over time	Acute injury, post-operative rehab, pain relief, range of motion, fine motor control

They are complementary rather than competing. It is common for someone to see a physiotherapist first for an acute problem and move to exercise physiology for the longer build, or to run both at once inside one team. Bloom's AEPs work alongside physiotherapy and occupational therapy colleagues for exactly this reason.

Which funding pays for exercise physiology

These are separate schemes with separate rules. A rule from one does not carry to another.

NDIS

Exercise physiology sits in the Capacity Building budget, usually under Improved Health and Wellbeing or Improved Daily Living. It is an approved support when it meets the reasonable and necessary test and links clearly to a disability-related goal.

What that means in practice:

The support must relate to your disability, be likely to be effective, represent value for money, and be considered alongside informal and mainstream supports.

Funding is generally allocated to Capacity Building as a budget rather than to a named provider, so you can choose who delivers it.

Price limits for exercise physiology are set in the current NDIS pricing arrangements. Ask your provider for their rate in writing before you start rather than relying on any figure you read online.

Under an NDIA-managed plan you can only use registered providers. Self-managed and plan-managed participants have more choice.

Medicare

Medicare funds exercise physiology through chronic disease management referral. Your GP has to set that up as part of a chronic disease management plan. It is a limited number of subsidised visits per year, not open-ended, and the number and the rebate are set by Medicare, not by the provider. Ask your GP whether you are eligible and how many visits the referral covers, or check with Services Australia.

Aged care

For older Australians, exercise physiology is delivered through the Support at Home program, which replaced Home Care Packages and the Short-Term Restorative Care Programme. Allied health including exercise physiology sits in Support at Home's Clinical Supports category. Access starts with My Aged Care on 1800 200 422 . Bloom's aged care offering is at aged care exercise physiology .

NDIS rules do not apply here and aged care rules do not apply to NDIS participants. If you are over 65 and already an NDIS participant, you generally stay in the NDIS. Confirm your own situation with My Aged Care or the NDIA on 1800 800 110.

Injury and insurance schemes

TAC funds exercise physiology for transport accident injuries, and WorkCover funds it for work injury rehabilitation, both subject to clinical justification and outcome reporting to the insurer. DVA and most private health funds also cover services delivered by an accredited practitioner. Rebate amounts under private health depend entirely on your policy and your extras level, so check with your fund.

What is not funded

A gym membership on its own is not exercise physiology and does not usually meet the reasonable and necessary test. The reasoning is straightforward: there is no clinical assessment, no individually designed program, no ongoing monitoring, and no measurable evidence to bring to a plan review. Where a program is helping you do everyday life more safely or more independently, it is easy to justify. Where it is general fitness with no disability-related goal attached, it is not.

Who exercise physiology suits

Across the age range: children and teenagers, adults, and older people. In practice, the people it helps most are working on:

Chronic disease management. Cardiovascular disease, type 2 diabetes, metabolic syndrome, osteoarthritis, osteoporosis, chronic pain conditions.

Neurological conditions. Stroke, Parkinson's disease, multiple sclerosis, cerebral palsy.

Mental health. Anxiety, depression, post-traumatic stress disorder, where structured activity is part of the plan.

Musculoskeletal strength and rehabilitation. Balance, endurance, coordination.

Falls prevention and injury recovery.

Fatigue management and routine building.

Cancer, before and after treatment.

A quick self-check. Exercise physiology is likely the right fit if most of these are true for you:

You have a goal that involves movement, endurance, confidence, reducing falls, or getting back to something you used to do.

You want a plan you can follow between appointments, not something that only happens in the room.

You need help to progress safely rather than a generic set of exercises.

You want measurable progress you can take to a plan review.

You are willing to build a habit rather than looking for a quick fix.

When exercise physiology is the wrong choice

Being clear about this matters more than selling the service.

See a physiotherapist instead when the need is for passive or hands-on treatment: someone who is bedbound with little motor control, fine motor rather than gross motor needs, acute injury or post-operative rehabilitation needing pain relief and range of motion, or a recent injury or flare-up that calls for manual therapy such as joint mobilisation. Exercise physiology does not include hands-on manual therapy.

See an occupational therapist instead when the barrier is the daily task rather than the movement itself: self-care routines, assistive technology, home modifications, sensory regulation, school readiness, or a broader functional capacity assessment. Occupational therapy is usually the right call when everyday tasks take far longer than they should, need constant prompting, or when the home setup is creating a safety risk.

Neither, yet, if what you want is general fitness with no clinical or disability-related goal. That is a legitimate thing to want. It is just not what funded exercise physiology is for.

If you are not sure which of the three you need, say that when you call. Working out the right starting clinician is part of the job.

What happens in the first appointment

The initial assessment is a proper clinical assessment, not a workout.

Your exercise physiologist will:

Take a health history, including diagnosis, medications, other supports and anything that affects safety

Go through your goals, including how they are written in your NDIS plan if you have one

Assess functional movement: strength, balance, endurance, gait and posture, to set a baseline

Identify the barriers, which are often pain, fatigue, confidence, sensory sensitivity or the physical environment rather than fitness

Agree a starting plan and define what progress will look like

Ask for GP clearance where that is needed before exercise starts

Goals get written as SMART goals, meaning specific, measurable, achievable, relevant and time-bound. That is not paperwork for its own sake. A goal written that way is a goal that can be shown to have been met.

Early sessions

The program gets matched to your actual ability and the equipment you actually have. Expect pacing and fatigue management strategies, practice on the real tasks that matter (stairs, transfers, getting up off the floor), and coaching on safe technique so you can do the work between sessions.

Later sessions

Load and complexity progress as you respond. The emphasis shifts towards you doing it with less direct support, building the routine into home, school, work or community settings, and coordinating with your physiotherapist, occupational therapist or support coordinator where relevant. A good exercise physiology episode is designed to hand over, not to continue forever.

What gets measured, and what goes in the report

Measurement is what turns a program into evidence at plan review time. Measures are matched to the goal:

Daily living goals: time standing at a bench, number of rest breaks needed, confidence rated 0 to 10, pain after activity, steps completed independently, fatigue scores, time to complete a routine.

Community access goals: walking distance, use of a gait aid, balance confidence, number of stops needed, stair tolerance, standing balance on moving transport, endurance across a trip.

Work and study goals: adherence to a pacing plan, energy at key times of day, recovery time needed, activity tolerance, how often symptoms flare, capacity across a shift.

Health and safety goals: balance test results, leg strength markers, near-misses and falls, confidence with transfers, movement quality.

Goal Attainment Scaling and patient reported outcome measures are also used as validated tools.

A simple thing you can do yourself: pick the two or three daily tasks that matter most and score them weekly on difficulty, safety and time taken. That record is often the most persuasive evidence in the room at a review.

For NDIS plan reassessment, the report should summarise progress with measurable outcomes, align the therapy explicitly to your plan goals, set out the program and the recommendations, document the functional improvements, and show how the support built or maintained skills and independence.

How Bloom delivers it, and how to start

Bloom Healthcare's exercise physiology service is delivered mainly in homes and community settings, which is deliberate: a program built in the environment where you will actually use it transfers better than one built in a clinic. Clinic appointments are available on request, case by case. Telehealth is available for coaching, program reviews and for people in regional and remote areas.

Exercise physiology is one of seven allied health disciplines at Bloom, alongside occupational therapy, physiotherapy, speech pathology, psychology and counselling, positive behaviour support and dietitian services, with assistive technology recommendations and functional capacity assessments available. Services run 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 the person's age, main concerns, any existing reports, the top three goals, the NDIS number if there is one, and the preferred session location. Bloom

contacts referrers 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

Common questions about exercise physiology

Do I need a referral to see an exercise physiologist?

It depends on the funding. Under the NDIS you do not need a GP referral, you need funding in your Capacity Building budget and a goal the service connects to. Under Medicare you do need a GP referral as part of a chronic disease management plan. Privately you can book directly. For aged care, access is arranged through My Aged Care on 1800 200 422.

Is exercise physiology covered by the NDIS?

Yes, where it is reasonable and necessary and tied to your disability-related goals. It is funded from Capacity Building supports, usually Improved Health and Wellbeing or Improved Daily Living. Whether it is in your plan and how much is there is a decision made at planning, so raise it with your planner or support coordinator before your next plan starts.

What is the difference between an exercise physiologist and a physiotherapist?

Physiotherapy is oriented to injury recovery and can include hands-on manual therapy. Exercise physiology is oriented to building capacity over time through prescribed exercise and does not include manual therapy. Many people see both. If you have an acute injury or need pain relief now, start with physiotherapy.

Can an exercise physiologist help with mental health?

AEPs are trained to prescribe exercise for people living with conditions including depression, anxiety and post-traumatic stress disorder, and structured activity is part of the evidence base for those conditions. That is exercise prescription, not psychological therapy. Bloom also has psychology and counselling if that is what is needed, and the two work well together.

How many sessions will I need?

There is no standard number. It is set by your goals, your starting point and the funding available. Ask your exercise physiologist to explain the proposed frequency in terms of the goals it is meant to achieve, and to review it as things change. An episode that is working should be reducing your need for it over time.

What does it cost?

Rates, travel and cancellation terms are set out in the relevant scheme's pricing arrangements and in the service agreement you sign. Do not assume a figure from an article applies to you. Call 1300 771 465 or email hello@bloom-healthcare.com.au for Bloom's current terms in writing.

Will the NDIS pay for my gym membership?

Generally no. A gym membership on its own has no assessment, no individual program, no clinical oversight and no measurable evidence, so it is hard to argue as reasonable and necessary. A funded exercise physiology program that happens to be delivered in a gym is a different proposition. Talk to your exercise physiologist about how to frame it against your goals.

Can I see an exercise physiologist at home?

Yes. Bloom's main model is mobile and community based, so sessions happen at home, at school, at work or in the community. This is often more useful than a clinic, because the program is built around your actual stairs, your actual chair and your actual routine.

Is exercise physiology suitable for children?

It is included in paediatric allied health, and is used more often with older children and teenagers than with very young children, where occupational therapy, physiotherapy or speech pathology are usually the starting point. For children under 9 who may be eligible for the NDIS, contact your early childhood partner first.

What if I am too unwell or too fatigued to exercise?

Say so. Pacing and fatigue management are part of what an AEP does, and the assessment is designed to find your safe starting point rather than assume one. If you have a condition where activity needs to be handled carefully, tell the clinician at the first appointment so the program is built around it.

What report will I get for my plan review?

A report covering your current function, the measurable change since baseline, what worked and what got in the way, and a clear recommendation about whether support should continue, change or finish. It should link back to your plan goals in plain language.

Who accredits exercise physiologists in Australia?

Exercise and Sports Science Australia. The credential to look for is Accredited Exercise Physiologist. If you are unsure whether a practitioner holds it, ask directly, because it is what determines whether NDIS, Medicare, DVA, WorkCover and private health will fund the service.

What is Exercise Physiology?

Exercise Physiology is a science-based discipline that studies how the body responds and adapts to physical activity. Clinically, it involves the assessment, prescription, and supervision of exercise for people with diagnosed medical conditions or disabilities, integrating medical knowledge to ensure every movement is safe, effective, and aligned with individual health goals.

How does Exercise Physiology differ from general fitness training?

Unlike general fitness programs, Exercise Physiology integrates medical knowledge to ensure safety and effectiveness. What distinguishes Exercise Physiologists from fitness trainers is their extensive knowledge of exercise's medical and physiological aspects, allowing them to tailor programs to each patient's unique needs and risk factors.

Who are Accredited Exercise Physiologists (AEPs)?

Accredited Exercise Physiologists (AEPs) are university-trained professionals who work across multiple health domains, including cardiovascular and respiratory health, musculoskeletal rehabilitation, neurological and developmental conditions, mental health and wellbeing, injury recovery and fall prevention, and strength, balance, and mobility training.

What conditions does Clinical Exercise Physiology address?

Clinical Exercise Physiology is significant for individuals managing cardiovascular disease (e.g., heart failure, hypertension), type 2 diabetes or metabolic syndrome, osteoarthritis and osteoporosis, chronic pain and fatigue conditions, neurological conditions (e.g., stroke, Parkinson's, multiple sclerosis), cancer pre- and post-treatment, mental health challenges including anxiety and depression, and physical disabilities or limitations related to NDIS plans.

How does Bloom Healthcare deliver Clinical Exercise Physiology?

At Bloom Healthcare, clinical Exercise Physiology is delivered with compassion and precision, taking the time to understand each patient's diverse needs, with Clinical Exercise Physiologists tailoring exercise interventions and lifestyle modifications to address the unique needs and risk factors of each patient group.

How does exercise physiology relate to NDIS support?

Exercise physiology supports people with disability under NDIS plans by helping participants manage physical disabilities or limitations through tailored programs. Bloom Healthcare's tailored NDIS exercise physiology programs help participants stay active, independent, and physically strong.

What is Bloom Healthcare and what does it offer?

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 Bloom Healthcare be contacted?

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

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