Exercise Physiology vs a Gym Program | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-makes-exercise-physiology-different-from-a-gym-program/

Details:

The short answer: an Accredited Exercise Physiologist (AEP) is a university-qualified allied health professional who prescribes exercise as a clinical treatment for people with medical conditions, injuries and disability. A personal trainer holds a vocational fitness qualification and works with generally healthy people on general fitness. That difference is why funding bodies treat them differently. The NDIS funds exercise physiology and does not fund personal training or gym memberships. Medicare rebates exercise physiology under a chronic condition management plan and does not rebate a gym session.

This page covers what sits behind that distinction, why it changes what you get in a session, and how each funding pathway actually works. To ask about a specific situation, call Bloom Healthcare on 1300 771 465.

What ESSA accreditation actually requires

Exercise and Sports Science Australia (ESSA) is the professional accrediting body for the profession in Australia. The pathway to Accredited Exercise Physiologist status runs through:

a four to five year university degree in exercise science, health science or a related field

a graduate qualification in clinical exercise physiology, which is the specialised clinical training

supervised clinical practice, which is a mandatory component of accreditation, completed in settings such as hospitals and clinics

A personal trainer qualification is a Certificate III or IV in Fitness, delivered through the vocational education sector. Both are legitimate qualifications. They are not the same qualification and they do not authorise the same work.

There is a third title people encounter. An accredited exercise scientist has exercise science training and often forms part of the pathway towards exercise physiology, but clinical exercise physiology is the specialised field focused on rehabilitation and chronic disease management. In Australia, AEPs are the professionals recognised to deliver exercise therapy for people with medical conditions as part of the healthcare system.

The assessment is the difference you actually notice

The most visible practical difference is what happens before any exercise is prescribed. A first session with an AEP is an assessment, not a workout.

It covers your diagnosis, current supports, medications and relevant medical history, including precautions and any recent reports that affect safe program design. It explores your goals, whether those are NDIS goals or personal ones, and what actually matters in your daily life: what you cannot do now that you want to do.

It then assesses functional movement. Strength, balance, endurance, gait and posture. Exercise testing may be used to establish current capacity and identify the limiting factor, which can be cardiovascular, respiratory, musculoskeletal, pain, or fatigue. It identifies barriers to exercise, which are often not

physical at all: confidence, sensory needs, past bad experiences, or the fact that the only available space is a crowded gym.

Baseline measures are recorded. These are the quantitative starting point that later progress is measured against, and they are also what makes objective reporting possible.

A safety assessment follows, with risks discussed openly with you. If additional medical clearance is needed, your AEP will ask your GP for it before starting. In some cases a medical review is recommended first.

Only then is a program written: individualised to your conditions and goals, matched to your ability and to what equipment you actually have access to, with pacing and fatigue management built in, and with education about safe technique and what to do between sessions. SMART goals are set, meaning specific, measurable, achievable, relevant and time-bound, and agreed with you rather than handed to you.

A general gym program does little of this. Assessment is often minimal or skipped entirely, and the program is frequently generic or built around appearance rather than function.

Why funding bodies draw the line where they do

This is the part that decides what you can pay for.

The NDIS

For the NDIS, every support must meet the reasonable and necessary criteria. The support has to be related to the participant's disability and help them pursue their goals, represent value for money, be likely to be effective and beneficial, and take account of informal supports from family, carers and community.

Applying that test: an exercise program that helps you do everyday life more safely or more independently is straightforward to justify. Exercise for general fitness with no clear link to disability-related function is not.

The NDIS does not fund personal trainers, and it does not directly fund gym or pool memberships. It also does not fund exercise clothing or footwear, swimming equipment, swimming lessons, or general fitness and wellness classes such as pilates, yoga and spin, although group exercise may be funded where it is delivered by a registered allied health practitioner as part of an approved treatment plan.

Exercise physiology delivered by an AEP is funded, typically under Capacity Building for Improved Health and Wellbeing or Improved Daily Living, and sometimes under Core Supports depending on your goals. Which category applies to your plan is something to confirm with your planner, support coordinator or plan manager.

Medicare

A GP or prescribed medical practitioner can prepare a chronic condition management plan that refers you to allied health services, exercise physiology among them. Under that plan you may be eligible for up to five individual allied health services per calendar year, or up to ten for Aboriginal and Torres Strait Islander patients. Services must be consistent with the plan.

The referral is valid for the timeframe stated on it, or for 18 months from the date of the first service if no timeframe is given. Your AEP must write to the referring GP after the first and the last service, setting out what was assessed, what was provided and what is recommended next.

A gap fee may apply depending on the provider. Check the amount before you book. Bloom's fees are set out in the service agreement before any work starts.

One thing worth knowing: it is the GP's decision whether allied health services are needed and which ones. An allied health provider should not be handing you a part-completed referral to take to your GP for signing, or pre-empting that decision.

Other pathways

Bloom also accepts referrals through aged care funding including the Commonwealth Home Support Programme and Home Care Packages, through the Department of Veterans' Affairs, and through WorkCover and insurance schemes. Eligibility and what is covered differ between these, so confirm your own position with the relevant scheme or on 1300 771 465.

What an AEP does not do

Being clear about the boundary matters as much as the credential.

Exercise physiology is exercise prescription and active movement. It generally does not include hands-on manual therapy. Physiotherapy includes exercise as well, but adds manual techniques such as massage, joint mobilisation, dry needling, taping and passive stretching.

So if you have acute pain, a recent injury, a flare-up, or you are early after surgery, physiotherapy is usually the right starting point. If you are managing a chronic condition over time, building capacity after the acute phase, or working towards a functional goal such as walking further or getting off the floor unaided, exercise physiology is usually the better fit.

You can have both, and concurrently is often the strongest option when it is clinically justified. A common sequence is physiotherapy first to settle pain and restore range of motion, then exercise physiology to build strength and durability so the problem is less likely to return. Bloom's physiotherapists and exercise physiologists work together for exactly this reason. Concurrent treatment across two similar disciplines is generally restricted unless there is clinical justification, such as an acute phase or a handover period.

When a gym program is the right answer

A personal trainer is not a lesser thing. For a healthy adult with no complicating conditions who wants to get stronger or fitter, a good trainer is exactly right, and exercise physiology would be an expensive way to get the same result.

The honest position is that many people move between the two. An AEP's aim is usually to get you to a point where you can manage your own program safely, which may well mean a gym, a community class, or a home routine, with periodic review rather than ongoing supervision. If a service is not producing measurable benefit, or you have reached a maintenance phase you can manage yourself, that is a reason to change what you are doing, not to keep booking.

What a trainer cannot do is take clinical responsibility for exercise where a medical condition or disability changes what is safe. That is the line, and it is the reason the funding sits where it does.

What you get in writing

Documentation is not paperwork for its own sake. Baseline measures, the agreed goals and how they will be tracked, and progress against them are what allow an AEP to report objectively.

For NDIS participants, that reporting is what demonstrates measurable progress at a plan reassessment and supports decisions about what should be funded next. For Medicare patients it is the written report to the referring GP after the first and last service. For aged care and insurance pathways it supports review by the relevant scheme.

If you are heading into a plan reassessment, ask your AEP for a progress report in advance rather than on the day.

Access

Bloom Healthcare is a registered NDIS provider delivering exercise physiology across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Sessions are commonly delivered at home, in the community, or by telehealth, which removes the gym environment as a barrier for people who find it unworkable. Aged care exercise physiology is available for older adults through aged care funding.

To start, use the referral form on this site, phone 1300 771 465, or email hello@bloom-healthcare.com.au.

Common questions about exercise physiology and gym programs

Can I use my NDIS funding to pay for a gym membership or a personal trainer?

No. The NDIS does not fund personal trainers and does not directly fund gym or pool memberships. It funds exercise physiology delivered by an Accredited Exercise Physiologist where that support is related to your disability and meets the reasonable and necessary criteria.

Do I need a GP referral to see an exercise physiologist?

Not for NDIS-funded or privately funded sessions. You do need a GP or prescribed medical practitioner referral to claim a Medicare rebate under a chronic condition management plan.

How many Medicare-rebated sessions can I get?

Up to five individual allied health services per calendar year under a chronic condition management plan, or up to ten for Aboriginal and Torres Strait Islander patients. That total is shared across all allied health services under the plan, not five of each.

How long is a chronic condition management plan referral valid?

For the period stated on the referral, or 18 months from the date of the first service if no period is stated.

Will my exercise physiologist talk to my GP?

Under a Medicare chronic condition management plan they must, in writing, after the first and the last service. Outside Medicare, they will still collaborate with your GP, occupational therapist, physiotherapist or support team where it helps, with your consent.

Is exercise physiology the same as physiotherapy?

No. Physiotherapy commonly includes hands-on manual therapy and tends to focus on acute injury, pain and early rehabilitation. Exercise physiology is exercise prescription and active movement, focused on longer-term capacity and chronic condition management. Many people use both, often in

sequence.

I have a heart condition. Is it safe for me to exercise?

That is exactly the question an AEP assessment is designed to answer. It reviews your history, medications and precautions, tests your current capacity, and identifies the limiting factor before anything is prescribed. Where medical clearance is needed, your AEP will seek it from your GP first. Speak to your GP before starting any new exercise if you are unsure.

Do I have to go to a gym?

No. Sessions can be delivered at home, in the community or by telehealth, and programs are matched to the equipment you actually have. Gyms are a barrier for a lot of people and there is no requirement to use one.

What if I just want to get fitter and I do not have a health condition?

Then a qualified personal trainer or a gym program is a reasonable choice, and probably a cheaper one. Exercise physiology is a clinical service for people whose condition, injury or disability changes what is safe or what will work.

Can I see an exercise physiologist through my Home Care Package?

Aged care funding pathways including Home Care Packages and the Commonwealth Home Support Programme can cover allied health services such as exercise physiology. What your particular package covers depends on your budget and care plan, so confirm with your provider or call 1300 771 465.

How will I know it is working?

By the baseline measures taken at your first assessment and tracked over time, and by whether the functional goals you set are being met. If there is no measurable benefit, say so, and the program or the plan should change.

Who can refer?

Participants and clients can refer themselves. GPs, support coordinators, plan managers, aged care providers, families and other allied health professionals can also refer. Use the referral form on this site or call 1300 771 465.

What is the topic of this Bloom Healthcare blog page?

The page discusses what makes NDIS exercise physiology different from a standard gym program, explaining how Bloom Healthcare delivers personalised, safe exercise plans for recovery, mobility, and daily function.

What qualifications do Exercise Physiologists hold compared to gym personal trainers?

Exercise Physiologists hold 4–5 year university degrees and are accredited by Exercise & Sports Science Australia (ESSA), whereas gym programs and personal trainers typically have only

VET/Certificate-level fitness qualifications.

How does the clinical focus of Exercise Physiology differ from a gym program?

Exercise Physiology is part of allied health and is designed to manage and treat medical conditions such as chronic diseases, neurological conditions, disabilities, mental health challenges, and injury recovery, while gym programs focus on general fitness, weight loss, and strength improvement and are not part of the clinical healthcare team.

What kinds of conditions are Exercise Physiologists trained to work with?

Exercise Physiologists are trained in prescribing clinical exercise for people with chronic conditions (like diabetes, arthritis, cardiovascular disease), neurological conditions (multiple sclerosis, stroke, Parkinson's), physical or intellectual disabilities, mental health challenges, and injury recovery or rehabilitation.

How does the assessment process differ between Exercise Physiology and gym programs?

Accredited Exercise Physiologists conduct comprehensive health assessments before starting a program, considering medical history, current health status, capacity, goals, and lifestyle, with plans tailored, reviewed, and updated based on individual needs. Gym programs, by contrast, often involve minimal or skipped assessments and offer generalized or aesthetic-focused programs rather than condition-specific interventions.

Who is the author/publisher of this article?

The article is published by Bloom Healthcare, an Australian boutique disability and aged care allied health provider.

What is Bloom Healthcare's mission according to its organizational description?

Bloom Healthcare is a boutique disability and aged care allied health provider that aims 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.

What contact details are provided for 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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