Exercise Physiology for Chronic Disease | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/exercise-physiology-4/

Details:

Exercise physiology is clinical, prescribed exercise delivered by an Accredited Exercise Physiologist for people living with chronic conditions and disability. Under the NDIS it is usually funded from your Capacity Building budget, most often Improved Health and Wellbeing or Improved Daily Living . Outside the NDIS, a GP can refer you under a GP Chronic Condition Management Plan . Bloom Healthcare delivers exercise physiology in your home, in the community, at your local gym or at a location of your choice. To start, call 1300 771 465 or make a referral .

This page is written for people whose main reason for seeing an exercise physiologist is a long-term health condition rather than a recent injury. If you want the general overview of the service, see Exercise Physiology .

Who this service suits

Exercise physiology is built for people with complex or long-term health needs, not for general fitness. It is usually the right fit when:

you live with one or more chronic conditions and want a structured plan rather than a gym program

your condition or your disability makes ordinary exercise unsafe or difficult without supervision

you are trying to prevent a second condition developing on top of the first

you want progress you can measure over weeks and months, not a single treatment

your goal is endurance, strength, confidence and getting back into a routine

A person with reduced mobility is at higher risk of developing secondary conditions such as obesity, type 2 diabetes and cardiovascular disease. Much of the work in this service is aimed at that risk, keeping the first condition from turning into three.

Exercise physiology is not the right starting point if you need hands-on treatment for acute pain, a diagnosis of a new musculoskeletal problem, or rehabilitation in the days after surgery. Exercise physiologists do not diagnose injuries and do not provide manual therapy. In those situations physiotherapy should lead, and exercise physiology can pick up later for the longer capacity building work.

What exercise physiology does for specific chronic conditions

The programs are evidence based and prescribed for the individual. What that looks like in practice differs by condition.

Type 2 diabetes

The aim is better insulin sensitivity and blood sugar control. Programs commonly combine low impact activity to increase energy expenditure with strength training, which promotes glucose uptake by the muscles. The two work together. Your GP remains responsible for your medical management and

medication.

Cardiovascular disease

Structured programs usually combine aerobic work to build cardiovascular endurance with resistance training for strength and metabolic health. Regular supervised exercise can help reduce blood pressure, improve blood vessel flexibility and improve blood markers linked with cardiovascular disease risk. People with disability can carry higher cardiovascular risk because of reduced physical activity and medication effects, which is part of why supervision matters.

Obesity and weight management

The focus is on building the physical foundation for sustained activity, particularly where mobility is limited. Improving mobility first often has to come before any meaningful change in activity levels is possible.

Osteoarthritis and joint pain

Programs are built around joint strength and stability, balance, and range of motion work to maintain flexibility. The goal is maintaining independence in daily tasks and reducing the impact of arthritis on how you live, rather than curing the condition.

Neurological conditions

This includes stroke, acquired brain injury, multiple sclerosis, Parkinson's disease and peripheral neuropathy. Rehabilitation is delivered in a safe and progressive way, aimed at getting the most out of your functional capacity, and can be done at home, in the community or at a gym.

Mental health alongside a physical condition

Regular exercise can reduce symptoms of anxiety and depression, improve mood and self esteem, and reduce social isolation. For many people managing a chronic illness this is not a side benefit, it is one of the main reasons the program is worth sticking with.

None of the above is a treatment recommendation for you personally. What is safe and useful for your condition is decided at assessment, with your GP where needed.

How it is funded

NDIS: Capacity Building

Exercise physiology sits primarily in the Capacity Building support budget, under Improved Health and Wellbeing or Improved Daily Living . Exercise physiology is recognised in the NDIS Pricing Arrangements and Price Limits, and participants generally do not need a specific line item for exercise physiology in their plan, unless their Capacity Building budget is made up of stated supports for another service.

NDIS: Core Supports

Depending on how your plan is designed and what your needs are, exercise physiology can also be covered from Core Supports , where it contributes to everyday functional activities and lines up with your goals. This varies from plan to plan.

If you are not sure which part of your plan can pay for this, check with your planner, support coordinator or plan manager before you book, or call us on 1300 771 465 and we can talk it through.

GP Chronic Condition Management Plan

If you are not an NDIS participant, this is the pathway most people with a chronic condition use. Exercise physiologists are one of the allied health professions eligible to provide services under a GP Chronic Condition Management Plan (GPCCMP). Under the Services Australia rules:

patients can access up to 5 individual allied health services per calendar year

up to 10 individual services per calendar year for Aboriginal or Torres Strait Islander patients

if you have type 2 diabetes, one assessment of suitability for group allied health services plus up to 8 group sessions

people living in residential aged care with a multidisciplinary care plan can also access these services

hospital in-patients are not eligible

The decision about whether your chronic condition would benefit from allied health services is your GP's to make, not the provider's. An allied health professional must not hand a GP a partly completed referral to sign, and must not pre-empt which services you need.

Your referral letter from the GP needs to describe your chronic condition, state the type of allied health service required, identify you, and be signed and dated. A referral is valid for the timeframe written on it. If no timeframe is stated, it stays valid for 18 months from the date of the first service provided under it.

There is a reporting obligation attached. After the first service and after the last service, the allied health professional must send a written report back to the referring GP covering the assessments carried out, the treatment provided, and recommendations for future management. Reports can be sent more often if it is clinically necessary.

The knowledge we hold does not set out rebate amounts or item numbers for this pathway, and they change. Ask your GP or check with Services Australia for the current figures before you assume what you will pay.

Other funding

Some people access exercise physiology through the Transport Accident Commission after a transport accident, through private health insurance, or privately. Aged care participants access it through aged care programs rather than the NDIS.

On fees and cancellation: what you are charged, travel and cancellation terms are set out in your service agreement before services start. For current pricing in your situation, call 1300 771 465 .

Safety screening before you start

This is the part of the service that separates it from a gym membership, and it matters most for people with chronic disease.

Medical clearance. Your exercise physiologist may request GP approval at the initial consultation to confirm you are safe to exercise. Where you need medical evaluation first, a medical review can be recommended as a preliminary step before exercise physiology begins.

Clinical assessment. An accredited exercise physiologist assesses your health status and exercise capacity, which shows how your existing conditions may affect safe participation.

Risk assessment. Specific risks are identified and planned for, including falls, seizures, behaviour considerations and communication needs. These are documented so the program can be adapted.

Psychosocial screening. Psychological and social factors that affect recovery are assessed at the initial consultation, so the plan takes account of more than the presenting condition.

Exercise testing. Where useful, testing identifies what is limiting your exercise capacity and where safe progression thresholds sit.

There is also a rule about doubling up. Under Transport Accident Commission guidelines, concurrent treatment from similar disciplines such as physiotherapy, chiropractic, osteopathy, podiatry and exercise physiology is generally not funded, because one provider's treatment can counteract another's and you can end up with conflicting advice. Concurrent treatment can be approved in exceptional circumstances where it is clinically justified and part of a coordinated plan. If you are already seeing another movement based clinician, say so at referral.

What a program actually involves

1. Initial consultation. Your exercise physiologist asks about your diagnosis, current supports, medications and medical history, discusses your goals, and assesses functional movement including strength, balance, endurance, gait and posture. Barriers such as pain, fatigue, confidence, sensory factors and environment are discussed. Baseline measures are taken. You agree what progress will look like and how it will be measured.
2. Early sessions. Exercises matched to your ability and the equipment you actually have. Pacing and fatigue management strategies. Movement practice for real tasks such as stairs, transfers or getting up off the floor. Education on safe technique and what to do between sessions.
3. Ongoing sessions. Load and complexity progress safely. The emphasis shifts to independence, so you can do more without direct support, and to fitting the routine into your home, school, work or community. Coordination with your other clinicians happens where it is needed.
4. Home program. A realistic minimum effective home program can be as small as about 10 minutes of exercise, 4 days a week, and is built up from there. The point is doing it consistently, not doing it perfectly.
5. Review. Progress is tracked with the same measures used at baseline, and the program is adjusted as your capacity changes.
6. Discharge. Exercise physiology is intended to be time limited. Treatment should end and you should move to managing it yourself when you can independently manage your recovery, when you have reached a maintenance phase and further progress is unlikely, or when the outcome measures show no measurable benefit from continuing.

Session length and frequency are set to your goals and your funding rather than to a fixed schedule. Ask your exercise physiologist at the start what they are recommending and why.

Goals and evidence for your plan reassessment

If you are an NDIS participant, therapy plans have to show how goals and outcomes will be measured, and progress may be required at plan reassessment. Goals should be specific, measurable, attainable, relevant and time bound, and should link to disability related functional need.

Examples of goals with the outcome measures that go with them:

Stand to prepare meals safely measured by time standing at the bench, number of rest breaks, confidence rating and pain rating after the activity

Walk to the local shop and back safely measured by distance, use of a gait aid, balance confidence and number of stops

Reduce falls risk at home measured by balance tests, leg strength markers, near misses and confidence with transfers

Manage fatigue across a school day measured by adherence to the pacing plan, energy at key times and recovery time afterwards

Return to part time work with less flare-up measured by activity tolerance, flare frequency and capacity across shifts

Use public transport more confidently measured by stair tolerance, standing balance on moving transport and endurance across the trip

When you are asking for exercise physiology in a plan, it helps to include your goals exactly as they are written in the plan, what is currently hard for you in daily life, why exercise physiology is the right support and why other supports alone are not enough, what will change and by when, and how it reduces reliance on other supports over time.

Reports produced for reassessment typically cover the initial functional assessment and baseline, progress against those same measures, how your functional capacity has changed, evidence that the therapy is working, and recommendations for continuing, changing or ending support.

Exercise physiology, physiotherapy and personal training

Accredited Exercise Physiologists hold a university degree in exercise or health science followed by graduate qualifications in clinical exercise physiology. Those programs must be accredited by Exercise and Sports Science Australia (ESSA) and include over 500 hours of supervised clinical placement in settings such as hospitals and private clinics. Their focus is long term management of chronic conditions and building capacity through prescribed exercise.

Physiotherapists are registered with the Australian Health Practitioner Regulation Agency and the Physiotherapy Board of Australia. They are trained to diagnose and treat physical impairments, and they use hands-on manual therapy such as joint mobilisation alongside exercise. Physiotherapy is usually the better fit for acute pain, post-surgical recovery, and where passive therapy or fine motor work is needed.

Personal trainers hold Certificate III or IV in fitness and give lifestyle exercise advice to generally healthy people. There is no clinical assessment or disease management component.

In practice these overlap. Someone recovering from a knee injury might see a physiotherapist first for pain and range of motion, then move to an exercise physiologist to build strength progressively and reduce the risk of it happening again.

Other services people ask about alongside this one: occupational therapy for whether you can complete a daily task and what would need to change; dietitian services for nutrition and its effect on daily function.

Where and how to start

Sessions can be delivered at home, at school where that is appropriate and agreed, in the community including parks and local walking routes, in a clinic or gym, or by telehealth for coaching, review and program updates. Bloom Healthcare's primary method of delivery is in the community.

We have clinicians across New South Wales, South East Queensland, Victoria, Western Australia, South Australia, Tasmania and the Australian Capital Territory. Check the location guide for your area.

To begin, call 1300 771 465 , make a referral or contact us . A plain English guide is available: download the Exercise Physiology Easy Read PDF .

Common questions about exercise physiology for chronic conditions

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

It depends on how you are paying. If you are using a GP Chronic Condition Management Plan, yes, a valid GP referral is required before services start and the GP decides whether you would benefit. If you are using NDIS funding, a GP referral is not the gateway, though your exercise physiologist may still ask for GP approval at the first consultation to confirm you are safe to exercise.

Which part of my NDIS plan pays for exercise physiology?

Usually Capacity Building, under Improved Health and Wellbeing or Improved Daily Living. Core Supports can cover it in some plans. You generally do not need a specific exercise physiology line item unless your Capacity Building budget is stated supports for something else. If your plan is unclear, check with your planner or plan manager.

How many sessions do I get under a GP care plan?

Up to 5 individual allied health services per calendar year for most patients, or up to 10 for Aboriginal or Torres Strait Islander patients. Those 5 are shared across all allied health services you use under the plan, not 5 per profession. If you have type 2 diabetes there is also an assessment for group services plus up to 8 group sessions.

How long is my GP referral valid?

For the timeframe written on the referral. If the GP has not stated one, it is valid for 18 months from the date of your first service under that referral.

Will my GP get a report?

Yes, if you are referred under a GP Chronic Condition Management Plan. A written report goes back to the referring GP after the first service and after the last service, covering assessments done, treatment provided and recommendations for future management. More frequent reports are sent if clinically necessary.

Can I see an exercise physiologist and a physiotherapist at the same time?

Sometimes, but not automatically. Under Transport Accident Commission guidelines concurrent treatment from similar disciplines is generally not funded, because the treatments can work against each other and you can get conflicting advice. It can be approved where it is clinically justified and coordinated. Under other funding it depends on your plan. Tell us who else you are seeing when you refer.

Is exercise physiology safe if I have several conditions at once?

That is the situation it is designed for. Programs are built taking your primary and secondary conditions into account, after clinical assessment, risk assessment and, where needed, medical clearance from

your GP. Exercise testing can be used to find safe progression thresholds.

How much exercise do I actually have to do at home?

A workable starting point is around 10 minutes, 4 days a week, then building from there. Programs are matched to the ability and equipment you have, so you are not depending on gym access to do the work.

How will I know it is working?

Baseline measures are taken at the first consultation and the same measures are repeated over time. These are practical things such as distance walked, time on task, number of rest breaks, balance and strength markers, fatigue levels, confidence ratings and pain scores. If the measures are not moving and you have reached a maintenance phase, continuing is not clinically justified and you should be discharged to self management.

What does it cost?

Fees, travel and cancellation terms are set out in your service agreement before services start. NDIS services are charged within the NDIS pricing arrangements. Rebate amounts under a GP care plan are set by Medicare and change, so check with your GP or Services Australia. For your specific situation, call 1300 771 465 .

Can exercise physiology help my mental health as well?

Regular exercise is associated with reduced symptoms of anxiety and depression, better mood and self esteem, and less social isolation. It is not a replacement for psychological treatment. If mental health is your primary concern, say so at referral so the right service can lead.

What if exercise physiology is not the right service for me?

We will say so. If you need a diagnosis, hands-on treatment for acute pain, or post-surgical rehabilitation, physiotherapy should lead first. If the problem is completing a daily task rather than physical capacity, occupational therapy is often the better fit. Working that out is part of the first conversation, so call 1300 771 465 and describe the problem rather than the service.

What is Exercise Physiology according to Bloom Healthcare?

Exercise Physiology is a service that boosts function through exercise tailored to a person's capacity and disability. It is a science-based healthcare discipline that applies personalized, movement-based interventions to improve physical health, restore function, and enhance overall wellbeing.

Who provides Exercise Physiology services and what qualifications do they hold?

Exercise Physiologists are qualified and accredited allied health professionals with extensive training in anatomy, physiology, and pathology. To practice, they must obtain accreditation through Exercise & Sports Science Australia (ESSA) and receive appropriate regulatory approval.

What does an Exercise Physiologist do for clients?

An Exercise Physiologist conducts comprehensive assessments of physical function, establishes personalized exercise plans linked to specific health goals, designs tailored programs targeting muscle strengthening, balance improvement, endurance enhancement, and functional capacity building, tracks progress and adjusts programs based on changing functional capacity, and works collaboratively with other healthcare professionals including occupational therapists and physiotherapists.

What happens during an initial Exercise Physiology consultation?

During an initial Exercise Physiology consultation, a qualified Exercise Physiologist assesses physical function, discusses health goals, establishes a personalized plan, and takes baseline measurements.

Does Bloom Healthcare offer Exercise Physiology as an NDIS provider?

Yes, Bloom Healthcare is an NDIS provider that offers Exercise Physiology services as part of its allied health offerings.

What is Bloom Healthcare's contact information?

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

What kind of organization is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia. Its legal name is Bloom Healthcare Pty Ltd.

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