NDIS Paediatric Physiotherapy for Children | Bloom

Canonical: https://bloom-healthcare.com.au/services/ndis-paediatric-physiotherapy-for-children/

Details:

Paediatric physiotherapy supports children whose disability, developmental difference, injury or health condition affects movement and participation. The physiotherapist works out what matters to the child and the family, assesses movement inside meaningful activities rather than in isolation, and uses play, practice, equipment advice and family coaching to build skills across home, early learning, school and community life.

If a session looks like play, that is the method rather than a shortcut. A four-year-old will show you how they really move while climbing onto a chair to reach something they want; the same child asked to "walk across the room" will produce a careful, unrepresentative walk. To discuss a referral, call 1300 771 465 or email hello@bloom-healthcare.com.au .

What a physiotherapist is actually looking at

Assessment starts from the child's strengths, preferences and environments, and from what the family wants to make easier. From there a physiotherapist looks at:

How the child joins in play and playground activities today, including what already helps

How they move around home, early learning or school, and where that breaks down

Balance, strength and coordination , observed in activities the child is actually motivated to do

Positioning and comfort , including how long a position can be tolerated and what it costs the child

Equipment , where something is already in use or might help

The environment , because a step, a surface or a doorway can be the limiting factor rather than the child

The output is a practical plan that the family can understand, use and review — not a document that only makes sense to another clinician.

Where physiotherapy fits alongside other supports

Movement rarely sits on its own. A child whose balance is affected may also be avoiding playground equipment and losing social contact with it; a child with low endurance may be struggling with the school day rather than with walking as such.

Where other disciplines are relevant, say so at the referral stage so the supports are planned together: occupational therapy for daily living skills, fine motor skills, sensory processing, play and routines; speech pathology for communication and feeding; psychology or counselling for anxiety, emotional regulation and behaviour; exercise physiology where the goal is endurance and conditioning; and positive behaviour support where behaviours of concern affect safety or participation.

Where sessions happen

Therapy is delivered where the child already spends their day: at home, in childcare, playgroup, preschool or school, and in community settings. Telehealth is used for the parts of the work that suit it — coaching a parent through a practice routine, progressing a home programme, reviewing how a strategy is going — and not for the parts that need hands on or eyes in the room.

Sessions at a school or early learning service need the service's agreement and the family's consent, arranged in advance. Mention it at the referral stage, because it adds a step that is much easier to organise before a clinician is allocated.

The reason for working in those settings rather than a clinic is simple: a skill practised only in a therapy room tends to stay in the therapy room. Practising in the actual playground, on the actual stairs, with the actual backpack is what makes the skill transfer.

Family coaching, and why it carries the work

A child might see a physiotherapist for an hour a fortnight. The rest of the time, the people who can keep the practice going are the family, the educators and the support workers around them.

That is why coaching is a core part of the service rather than an add-on. A parent who understands what to look for, what to encourage and what to leave alone will achieve more between sessions than the sessions themselves do. The aim is to build the family's capacity so strategies keep running through ordinary daily routines.

Equipment, and when to raise it

Equipment questions come up constantly in paediatric physiotherapy, and they are time-sensitive in a way families are rarely warned about. A walker, a standing frame, orthoses, a supportive chair or a wheelchair all involve assessment, prescription, quoting, approval and fitting, and children grow while that is happening.

Raise equipment as early as it looks relevant rather than when it becomes urgent. Where a child already has equipment, say what it is and whether it still fits — equipment that was right two years ago may now be part of the problem.

Where the question is about the home itself — access, bathroom, stairs — that is occupational therapy territory, and the two disciplines work on it together.

What families often want to know first

"Is this something they will grow out of?" Sometimes, partly, or not in the way the question implies. A physiotherapist can usually describe what typically changes with growth and what tends not to, and that is more useful than a yes or no.

"Are we doing enough?" The honest measure is not hours of therapy but whether practice is happening in ordinary routines. Twenty purposeful minutes spread through a normal week usually beats an intensive block that nobody can sustain.

"Will it hurt?" Paediatric physiotherapy is not built on pushing a child through discomfort. If a child is distressed by sessions, that is information about the approach rather than something to be endured, and it should be raised.

Funding

NDIS. Physiotherapy is usually funded from the Capacity Building budget under Improved Daily Living, and no GP referral is required to begin an enquiry. The early childhood approach applies to children

younger than 9 ; children younger than 6 with developmental delay can access support without a formal diagnosis , and children aged 6 to 9 with an identified disability are eligible. Families with concerns can get early connections and support even where a child is not yet eligible for full NDIS funding. See the NDIS page and paediatric therapy .

Medicare and private. Where there is no plan, a privately funded arrangement is available — see private allied health and pricing . Referral requirements and any rebate depend on the discipline and your own cover.

Bloom Healthcare is a registered NDIS provider (Registration no 4-JR6F5KX, Provider no 4050148863), which matters most where a plan is NDIA-managed, because NDIA-managed participants must use a registered provider.

Progress, and how to tell it is working

Ask at the start how progress will be measured and when it will be reviewed. Useful measures are concrete and visible to the family: climbing the step at the front door without help, keeping up on a short walk to the park, sitting through a meal, getting changed for sport without missing the start.

Progress in young children is rarely linear, and periods of consolidation are normal rather than a sign that therapy has stopped working. What should be consistent is that you can see what is being worked on and why.

Reports and plan reviews

Where a report is needed for a plan review or an access request, say so early and give the date. Report work has its own timeframe on top of the appointment, and a functional capacity assessment may be the relevant instrument. The hours and cost are quoted before the work begins.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

What does a paediatric physiotherapist at Bloom Healthcare help with?

A paediatric physiotherapist assesses how a child moves and participates, then supports goals involving gross motor development, balance, coordination, strength, mobility, positioning, endurance or equipment. Support is tailored to the child's age, interests and daily environments.

What age range does Bloom's NDIS paediatric physiotherapy service cover?

Bloom Healthcare provides NDIS paediatric physiotherapy for children from birth to 18 years old, helping build strength, balance, coordination and everyday movement skills.

Is paediatric physiotherapy at Bloom Healthcare play-based?

Often, yes. Play and meaningful activities help children practise movement skills in ways that are engaging and relevant, though the exact approach depends on the child's preferences, developmental stage and clinical needs. According to the supporting context, if a session looks like play, that is the method rather than a shortcut — for example, a four-year-old will show genuine movement patterns while climbing onto a chair to reach something they want, rather than in a contrived therapeutic setting.

What does the assessment process for paediatric physiotherapy involve?

Assessment starts from the child's strengths, preferences, and environments, focusing on what matters to the family. Physiotherapists observe how the child joins in play and playground activities, moves around home, early learning, or school environments, demonstrates balance, strength, and coordination in motivating activities, tolerates positioning and comfort, and whether equipment or environmental factors affect movement.

Will paediatric physiotherapy push a child through discomfort?

No. According to the supporting context, paediatric physiotherapy is not built on pushing children through discomfort — if a child is distressed by sessions, this signals that the approach needs adjustment rather than something to be endured.

Can the physiotherapist work with my child's childcare or school?

With consent, the physiotherapist can collaborate with educators and other supports so strategies are practical in the environments where the child learns and participates.

Can parents and carers be involved in paediatric physiotherapy sessions?

Yes. Family-centred practice includes listening to family priorities and building achievable strategies into existing routines without turning every activity into therapy.

Do I need a referral to access Bloom's paediatric physiotherapy service?

No referral is required — you can contact Bloom directly. If you have an NDIS plan, their team can also work with your support coordinator, plan manager or other treating professionals.

Where are paediatric physiotherapy appointments held?

Appointments are primarily held at home and in the community, with telehealth available when clinically appropriate. Clinic appointments may be available case by case.

How do I know if my NDIS plan can fund paediatric physiotherapy?

Funding depends on your plan and whether the support relates to your disability, goals and approved budget. Bloom's team can discuss your situation, but only the NDIA or your plan manager can confirm funding.