Physiotherapy Services | NDIS Provider | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/physiotherapy/

Details:

The NDIS funds physiotherapy when it addresses the functional impact of a permanent disability: keeping function for longer, improving function, or slowing decline. It is not the same thing as physiotherapy for a sports injury or post-surgical recovery, which is usually a Medicare or private pathway. Bloom Healthcare delivers NDIS physiotherapy in your home and community across Australia. To start, call 1300 771 465 or make a referral .

This page goes into the detail the rest of the site does not: which budget pays, what the first session involves, how many sessions people usually need, how equipment gets prescribed, and what evidence your reassessment will need. For coverage, travel and how to find a physiotherapist near you, see physiotherapy near me .

Who is eligible for NDIS funded physiotherapy

Three things need to be true:

Age : generally under 65 at the point of entering the scheme.

Disability : a permanent and significant disability that affects daily activities and functional capacity.

Plan : an active NDIS plan with funding that can be used for physiotherapy.

Physiotherapy is generally funded where there is a physical or neurological disability. Conditions commonly supported include stroke, acquired brain injury, multiple sclerosis, motor neurone disease, spinal cord injury, cerebral palsy and amputation. That list is not exhaustive. What matters is whether physiotherapy addresses the functional impact of your disability, not the diagnosis label.

You do not need a doctor's referral to start with Bloom if you have an active NDIS plan with capacity building support. You can refer yourself at Make a Referral .

What the NDIS actually funds physiotherapy for

The test is "reasonable and necessary", and the funding is for disability related functional support , not general health recovery. Goals that fit that test include:

Mobility and walking , indoors and outdoors

Balance and falls prevention , reducing falls risk and improving stability

Transfers , including bed, chair, shower and car transfers done more safely

Strength and conditioning that supports daily activities

Pain and fatigue management strategies that keep function going

Posture and joint protection , for comfort and safety

Recovery and rehabilitation where disability affects movement long term

Assistive technology support , including training on safe use of mobility aids

The underlying purpose is independence and participation: daily life, work, study and community. Maintaining function, or slowing its decline, counts. It does not have to be improvement to be fundable.

NDIS, Medicare and private physiotherapy compared

	NDIS	Medicare	Private
Purpose	Disability related functional support and capacity building	Recovery from surgery or an acute health condition	Anything, including fitness, injury prevention and sport
Test applied	Reasonable and necessary, tied to disability related functional impact	Set out in the relevant GP referral pathway	None
Duration	Ongoing where the disability is permanent	Time limited to the acute recovery phase	Whatever you pay for
Who pays	Your NDIS plan, under Capacity Building	Medicare rebate, via GP referral	You, sometimes with a private health rebate

If your situation is a short recovery from an operation rather than an ongoing disability need, ask your GP about the Medicare pathway. Rebate amounts and item numbers change, so check them with your GP or Services Australia rather than relying on a figure from a website.

Which part of your plan pays

Capacity Building, Improved Daily Living is the primary and most common category for physiotherapy. It covers assessment, training or therapy that increases skills, independence and community participation.

Capacity Building, Improved Health and Wellbeing may fund physiotherapy in some circumstances.

Core Supports, Assistance with Daily Life can apply where therapy is delivered in the home setting.

Consumables can cover some therapy related supplies.

Capital, Assistive Technology covers prescribed equipment such as mobility aids and splints.

What your plan can be used for depends on how your plan is written. Check the Capacity Building section of your plan statement, or ask your plan manager or support coordinator.

Bloom's fees, travel and cancellation terms are set out in the service agreement you sign before therapy starts, and are explained at the time of booking. NDIS hourly rates are capped by the NDIS Pricing Arrangements and Price Limits. Ask for the terms in writing or call 1300 771 465 .

Your first session, and the ones after it

Session one: assessment and goal alignment

The first session is not a treatment session. Expect:

a conversation about what is hard day to day

a review of your NDIS goals and your relevant medical and functional history

a movement assessment covering strength, balance, gait, transfers and range of motion

risk identification, covering falls risk, fatigue cycles and pain flare triggers

a review of any mobility aids you already use and how well they work

an agreed plan: session frequency, focus areas, and what you will practise between visits

Follow-up sessions

A typical session is a mix rather than one thing:

hands-on techniques where they are appropriate, though rarely for the whole session

exercise and movement training matched to your functional goals

task practice on the real thing: transfers, stairs, walking with confidence, safe use of an aid

education on pacing, warm ups and managing flare ups

updating your home program so it stays realistic

The home program is where most of the change happens

Sessions alone will not move the needle. What counts is what happens in between, and the most common mistake is an over-ambitious program nobody completes.

A workable starting point is a minimum effective home program : about 3 exercises, 10 minutes, 4 days a week , then build from there as confidence and capacity grow. A short program done consistently beats a long one done twice.

Pacing matters as much as content. If a session leaves you wiped out for the rest of the day, or triggers a pain flare that costs you the week, the plan needs adjusting. Physiotherapy should make life more doable, not more fragile. Say so if that is what is happening.

Hydrotherapy

Hydrotherapy is physiotherapy done in warm water, using buoyancy to both support and resist movement. It makes exercise accessible to people who find land based exercise difficult or painful.

What it can help with: upper and lower limb mobility, strength in a supported environment, joint range of motion, pain reduction because the load on joints is lower, low impact activity, and relaxation. It tends to suit people with arthritis and joint pain, limited mobility, chronic pain, or anyone who needs a low impact environment to work in.

Hydrotherapy requires a suitable pool, so availability depends on facilities in your area. Ask when you call 1300 771 465 .

Neurological rehabilitation

After stroke

Stroke can affect movement, balance and walking, along with communication, swallowing, cognition and dizziness. Physiotherapy's part is regaining mobility and functional independence, and rebuilding strength, balance and walking ability through targeted work.

Stroke recovery is rarely a single discipline. A person may work with a physiotherapist on mobility, an occupational therapist on relearning self care, and a speech pathologist on communication and swallowing, with exercise physiology building endurance behind it.

After spinal cord injury

Physiotherapy after spinal cord injury works on rebuilding strength and movement, restoring function and independence in daily activities, managing complications and long term physical function, and rebuilding confidence in what the body can do. It usually runs alongside other allied health services, with programs tailored to the individual.

Other neurological conditions

Multiple sclerosis, motor neurone disease, cerebral palsy and acquired brain injury all involve movement changes that physiotherapy addresses, with goals that may be about maintaining function or slowing decline rather than gaining ground. That is a legitimate NDIS goal. For children and teenagers, see paediatrics 0 to 9 and ages 10 to 17 .

Equipment prescription

Bloom's physiotherapists prescribe and assess equipment including hoists and slings, beds and mattresses, shower and commode chairs, and mobility aids.

How it works

Assessment. The physiotherapist evaluates functional capacity and movement quality, reviews any current equipment and how well it is working, considers safety, and looks at how a device would fit into your daily routine.

Recommendation and report. The report has to justify the prescription clinically and show it meets the reasonable and necessary test: clinically appropriate for the disability and its functional impact, aligned to your goals and participation needs, cost effective, supportive of safety and independence, and representing value for money.

Funding. Equipment is generally funded under Capital Supports, Assistive Technology . Some items may sit under Consumables. Where the equipment is part of a broader skill building program, associated therapy time may come from Capacity Building.

Training. After prescription, the physiotherapist trains you and the people supporting you in safe use. Prescribing a hoist without training the people using it is not a finished job.

Occupational therapists also assess and prescribe equipment, particularly for home based items, and the two disciplines frequently work together on complex prescriptions.

How many sessions do people usually need

Session numbers should follow goals, not fill hours. Patterns that tend to work:

An initial block of 6 to 12 sessions covering assessment, goal clarification and establishing a solid home program.

Weekly during the intensive block , then tapering to fortnightly or monthly for maintenance and progression.

Ongoing weekly sessions where complexity is high and functional capacity is significantly reduced.

Many people do better with a time limited block plus a clear home program and a set review point than with indefinite weekly sessions. If therapy only ever happens in the session, progress usually stalls as soon as the sessions stop.

Measuring whether it is working

If there are no measures, it is hard to know whether therapy is helping and hard to defend the funding at reassessment. Common measures:

walking distance or time, for example a six minute walk distance

balance measures and sit to stand performance

transfer safety and level of independence

confidence ratings on specific tasks

activity tolerance and how fatigue is tracking

falls or near falls over time

reduced reliance on carers for specific physical tasks

A simple thing you can do yourself: pick two daily tasks that matter to you, and score them weekly out of 10 for difficulty, how safe they feel, and how long they take. Improving scores mean therapy is reaching real life. Bring the tracker to your appointments and ask for it to go into your reports.

Evidence and reports for plan reassessment

Your physiotherapist's report carries weight with the NDIA. A strong one covers:

Current presentation and functional impact. Movement, strength, balance and confidence with daily tasks, with specific examples of what you can and cannot do safely, and what has changed since the last plan.

Progress during the plan period. Measurable outcomes, stated functionally. "Walking distance increased from 50 metres to 200 metres with one rest" says more than "mobility improved".

Outcomes and measurement. Data or observations compared against the initial assessment, with a clear link between the therapy and the functional change.

Ongoing risks or unmet needs. What happens if support stops: risk of decline, lost participation, injury risk, and the barriers ongoing support would address.

Recommendations in NDIS terms. Specific, measurable, time bound, and explicitly tied to the reasonable and necessary test.

Goal alignment. Each recommendation connected to the goals as written in your plan.

Ask for progress summaries during the plan period rather than only at the end. It gives you evidence as you go, and it means nothing is being reconstructed from memory in the week before your reassessment.

If your funding runs out before the plan ends

This happens, usually because the number of sessions needed was underestimated or circumstances changed. What to do:

Raise it early , before the funding is exhausted, so there is time to act.

Prepare a strong request. Your physiotherapist's report should show current functional capacity and progress, why ongoing support is still needed, what happens without it, and what additional sessions would achieve.

Go through your support coordinator or plan manager , who can lodge a request for a plan change.

Check your other budget categories. Some therapy related work may sit under a different category, such as Core Supports for community based delivery or Assistive Technology for equipment training. Ask before assuming.

Work on independence. If more funding is not approved, shift the emphasis to what you can maintain at home. Documented progress also strengthens the next request.

Know your review rights. If a funding decision goes against you, you can request an internal review by the NDIA, and if you are still dissatisfied there is external review through the Administrative Review Tribunal. Time limits apply, so check the date on your decision letter.

Physiotherapy, exercise physiology and occupational therapy

	Physiotherapy	Exercise physiology	Occupational therapy
Primary focus	Physical function and movement quality	Building capacity through structured, progressive exercise	Daily living skills and participation
Techniques	Hands-on therapy, active and passive movement	Individualised exercise programming	Activity based strategies, equipment, environmental change
Typical fit	Acute movement concerns, hands-on need, transfers, pain and stiffness	Endurance, strength, routine and confidence over time	Self care, domestic tasks, community participation, sensory needs

A rough way to choose:

Physiotherapy if you have movement concerns needing hands-on assessment and treatment, including where passive therapy is appropriate, such as someone bed-bound with limited motor control.

Exercise physiology if you need a structured, progressive plan to build capacity over time with measurable endurance and strength outcomes.

Occupational therapy if daily life is possible but costly: tasks take far longer than they should, need constant prompting, carry safety risk, or confidence is the limiting factor.

People frequently need more than one. Physiotherapy and exercise physiology together suit stroke and spinal cord injury recovery, one managing movement quality and transfers, the other building the capacity to walk further and participate. Physiotherapy also works alongside positive behaviour support where movement limitations are contributing to behaviours of concern, psychology and counselling where physical limits are affecting mood and motivation, and dietitians where nutrition and physical function interact.

Questions worth asking before you start

How will you link sessions to my NDIS goals?

What outcomes will we measure, and how often?

What will success look like in 8 to 12 weeks?

What will I be doing between sessions, and how will you support me with it?

How do we avoid the boom and bust cycle where I overdo it and flare?

Will you visit me at home, in the community, or at work if that is what I need?

Can we use telehealth for coaching and reviews if travel is hard?

How many sessions do you estimate, and why?

What happens if I need more sessions than planned?

What reporting do you provide for plan reassessment?

What is the cancellation policy and when is travel charged?

How do you invoice: direct to the NDIA, through my plan manager, or to me?

Any provider should answer all of those without hesitation. Ask Bloom on 1300 771 465 .

How to start

Call 1300 771 465 , use Contact Us , or submit a referral yourself. There is also an Easy Read guide to NDIS and physiotherapy .

Bloom delivers physiotherapy in homes and communities across New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania and the ACT. For the suburb by suburb picture, travel, and in-home versus clinic delivery, see physiotherapy near me or find a location .

Common questions about NDIS physiotherapy

Do I need a doctor's referral?

No. You can refer yourself to Bloom if you have an active NDIS plan with capacity building support. A GP or specialist can also refer you.

Will the NDIS fund physiotherapy if I am not going to get better?

Yes, where it is reasonable and necessary. The NDIS funds physiotherapy that maintains function for longer or reduces the rate of deterioration, not only physiotherapy that improves function. For progressive conditions that is often the point of the therapy.

Which budget does physiotherapy come out of?

Usually Capacity Building, Improved Daily Living. It can also come from Improved Health and Wellbeing, and in some circumstances from Core Supports where therapy is delivered at home. Equipment sits under Capital, Assistive Technology.

What is the difference between NDIS and Medicare physiotherapy?

NDIS physiotherapy addresses the functional impact of a permanent disability and can continue as long as it is reasonable and necessary. Medicare physiotherapy is for recovery from surgery or an acute health condition, is time limited, and works through a GP referral. Check current Medicare rebates with your GP or Services Australia.

What happens in the first appointment?

A conversation about what is hard day to day, a review of your NDIS goals and history, a movement assessment covering strength, balance, gait, transfers and range of motion, identification of risks such as falls and fatigue, a look at any aids you already use, and agreement on the plan and frequency.

How many sessions will I need?

Often a block of 6 to 12 sessions with a clear home program and a review point, weekly at first then tapering. People with high complexity and reduced functional capacity may need ongoing weekly

sessions. It is agreed with you, based on goals rather than on filling hours.

How long should my home exercise program be?

Start small enough that you will actually do it. Around 3 exercises, 10 minutes, 4 days a week is a reasonable starting point, then build up. Consistency beats volume.

Can a physiotherapist prescribe my equipment?

Yes. Bloom's physiotherapists assess and prescribe hoists and slings, beds and mattresses, shower and commode chairs, and mobility aids, and provide training in safe use. The prescription is supported by a report that has to satisfy the reasonable and necessary test. Occupational therapists also prescribe equipment, and the two often work together.

Is hydrotherapy available?

Hydrotherapy is part of Bloom's physiotherapy service, and it requires a suitable pool, so availability depends on facilities in your area. Ask on 1300 771 465.

What if my funding runs out before my plan ends?

Raise it with your physiotherapist early. Your provider can prepare evidence of current capacity, progress, ongoing need and what happens without support, and your support coordinator or plan manager can lodge a plan change request. Check whether another budget category can cover part of the work.

Should I see a physiotherapist or an exercise physiologist?

Physiotherapy suits hands-on assessment and treatment of movement, pain, transfers and mobility. Exercise physiology suits a structured, progressive program that builds strength and endurance over time. Many people benefit from both, working on different things.

How do I show the NDIA that physiotherapy is working?

With measures. Walking distance or time, balance and sit to stand, transfer independence, confidence ratings, activity tolerance, falls and near falls, and reduced reliance on carers. Ask your physiotherapist which measures you will use and how often they will be recorded, and keep your own weekly score on two tasks that matter to you.

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