Physiotherapy Benefits and Its Role | Bloom Healthcare

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Details:

Physiotherapy is one of Australia's 16 nationally regulated health professions. A physiotherapist must hold registration with the Australian Health Practitioner Regulation Agency (AHPRA) to practise, and they work on movement, strength, balance, pain and physical function using assessment, hands-on treatment, exercise and education. The professions people most often confuse it with are regulated differently and do different work: exercise physiology is accredited rather than AHPRA-registered and does not use manual therapy, occupational therapy works on the daily task rather than the body part, and chiropractic is separately registered with its own scope. To talk through which one you need, call Bloom Healthcare on 1300 771 465 .

What being a registered profession actually means

Physiotherapy sits under the Health Practitioner Regulation National Law, the same framework that covers medicine, nursing and midwifery, psychology, occupational therapy, podiatry, osteopathy and chiropractic. The profession is overseen by the Physiotherapy Board of Australia, with AHPRA administering registration.

Every regulated profession has five core registration standards its practitioners must meet and keep meeting:

Criminal history

English language skills

Recency of practice

Continuing professional development

Professional indemnity insurance

Registration is not a qualification you earn once and keep forever. It has to be maintained, and practitioners must also follow the codes and guidelines their National Board publishes. When a concern is raised about a practitioner's conduct, health or performance, these standards are what the decision is measured against.

This matters practically because several funding schemes make registration a hard requirement. Physiotherapists must hold general AHPRA registration to deliver Transport Accident Commission funded treatment in Victoria, and to be approved for the NSW workers compensation scheme, which also requires approval by the State Insurance Regulatory Authority and completion of its introductory training program for allied health practitioners. Students and unregistered practitioners cannot provide those services.

You can check any practitioner's registration yourself on the public AHPRA register before you book.

Do you need a referral to see a physiotherapist?

Physiotherapists are first-contact practitioners, so a referral is not required to see one. Whether you need one depends entirely on who is paying.

Medicare: yes. To access physiotherapy under a GP Chronic Condition Management Plan, a GP or prescribed medical practitioner has to refer you.

NDIS: no formal GP referral is required. Participants can approach a physiotherapist directly.

Privately, or through private health insurance: generally no referral is needed, though some practitioners will ask for one to get clinical background.

Aged care: access runs through an assessment via My Aged Care rather than a GP referral.

Who pays for physiotherapy

Medicare, through a GP Chronic Condition Management Plan

If you have a chronic condition that would benefit from allied health support, your GP can decide whether to refer you. Under the plan you can access up to 5 individual allied health services per calendar year , or up to 10 if you are Aboriginal or Torres Strait Islander. Some conditions attract extra services; people with type 2 diabetes, for example, can access one assessment plus up to 8 group sessions.

The referral is valid for the timeframe written on it. If none is stated, it lasts 18 months from the date of the first service under that referral. The physiotherapist must write back to the referring practitioner after the first service and after the last one, covering what was assessed, what treatment was given and what they recommend next.

If you had a GP management plan or team care arrangement in place before 1 July 2025, you can keep accessing services consistent with those plans until 30 June 2027.

Physiotherapists are one of several professions eligible under these plans, alongside occupational therapists, speech pathologists, dietitians, exercise physiologists, psychologists, chiropractors and podiatrists.

NDIS

Physiotherapy is most often funded under Capacity Building – Improved Daily Living , the budget for assessment, training and therapy that builds skills and independence. Depending on the plan it can also appear under Core Supports – Assistance with Daily Life where the physiotherapy is part of daily living assistance at home, under Consumables , or under Assistive Technology where the funding is for a prescribed device such as a mobility aid or splint.

The NDIS test is reasonable and necessary, which means the support has to address the functional impact of your disability. A rough line separates it from mainstream health: recovery from something like surgery is usually a health system responsibility funded through Medicare, while support needed because of the ongoing impact of a permanent disability may be funded by the NDIS. Where a particular course of physiotherapy sits is a decision on your plan, so check with your planner, support coordinator or plan manager.

Older Australians, through Support at Home

Support at Home is the Australian Government's main program for older people needing coordinated in-home aged care. It commenced on 1 November 2025 , replacing the Home Care Packages Program and the Short-Term Restorative Care Programme.

Physiotherapy sits in the Clinical Supports category, which is fully funded by the Australian Government with no participant contribution. The program has eight ongoing classifications based on assessed need, plus separate pathways for assistive technology and home modifications, short-term restorative care, and end-of-life care. Services are grouped into Clinical Supports, Independence Services and Everyday Living Services, and the contribution rules differ between those three groups.

Access is through an assessment arranged by My Aged Care . It is generally available to people aged 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. People moving across from a Home Care Package are covered by a no worse off principle, meaning they pay the same or less than they did before.

Injury schemes and private funding

Transport accident and workers compensation schemes fund physiotherapy under their own rules, which include practitioner approval requirements and reporting obligations. Private payment and private health extras cover the rest. Fees are set out in your service agreement and quoted before work starts; call 1300 771 465 for current arrangements.

Physiotherapy compared with exercise physiology

The two overlap in goal and differ in method and regulation.

Regulation. Physiotherapists are AHPRA-registered under the national law. Accredited Exercise Physiologists are not part of that scheme; they are credentialed by Exercise and Sports Science Australia (ESSA), the professional body that accredits their university programs.

Training pathway. An Accredited Exercise Physiologist starts with a bachelor's degree in exercise science, health science or a related field, then completes a graduate qualification in clinical exercise physiology. Accredited programs include more than 500 hours of supervised clinical placement across hospitals, private clinics and sports settings.

What they do. Physiotherapy leans toward acute problems: injury recovery, post-operative rehabilitation, pain, and restoring movement quality. It includes hands-on work such as joint mobilisation and soft tissue treatment, and covers musculoskeletal, cardiovascular, respiratory and neurological conditions. Exercise physiology is exercise prescription. It builds physical capacity through structured, progressive programs over the longer term, usually for chronic conditions, and it does not include manual therapy.

Using both. They hand over well, typically physiotherapy first to settle an acute problem and restore safe movement, then exercise physiology to build capacity and keep it. Funding schemes generally restrict claiming both at once for the same problem unless there is a clinical reason, such as an acute recovery period or a short handover.

Physiotherapy compared with occupational therapy

Both are AHPRA-registered, both work on function and independence, and they answer different questions.

Physiotherapy asks how the body is moving. Strength, range of movement, endurance, gait, balance, transfers, pain.

Occupational therapy asks whether the task can be done. Showering, dressing, cooking, getting to work, managing a routine, and whether the environment or the equipment needs to change to make that possible.

After a stroke, for example, the physiotherapist works on walking and safe transfers while the occupational therapist works on independence in the kitchen and bathroom, including any home

modifications or assistive technology needed. Occupational therapy also covers sensory needs, executive function and task planning, which physiotherapy does not.

Physiotherapy compared with chiropractic and osteopathy

All three are AHPRA-registered professions with their own National Board, all three diagnose neuro-musculoskeletal conditions, and all three use manual therapy and exercise. The registration standards are the same five, professional indemnity insurance included.

Where they differ:

Imaging. Chiropractors may provide x-rays and radiological services if they hold a radiation use licence and their requests meet the Chiropractic Board of Australia's guidance on the use of radiography. Physiotherapists and osteopaths follow different regulatory pathways for imaging requests. Under funding schemes, full spine x-rays are not covered and there are limits on how many spinal radiological items can be claimed.

Treating the same injury at once. Injury schemes take a firm line here. The Transport Accident Commission prohibits concurrent chiropractic treatment and physiotherapy or osteopathy for the same injury except in exceptional circumstances. If you are being funded through a scheme, pick one for a given injury.

Shared standards. When treating scheme-funded clients, all three professions work to the Clinical Framework for the Delivery of Health Services, which requires treatment to produce measurable benefit, take a biopsychosocial approach, build the client's ability to self-manage, focus on function, participation and return to work, and rest on the best available evidence.

Bloom's allied health team includes physiotherapy, occupational therapy, exercise physiology, psychology and positive behaviour support. It does not include chiropractic.

What a physiotherapist assesses and what they write up

Beyond treatment, physiotherapists produce assessment reports used for NDIS planning, aged care planning and support applications.

A functional capacity assessment looks at strength, range of movement and endurance; movement quality and safety, including gait, balance, coordination and transfers to and from a bed, chair, shower or car; how cognitive and emotional factors affect everyday tasks; understanding instructions and communicating needs; independence with dressing, bathing, toileting and hygiene; participation in community and social roles; and how tasks are actually performed in the real settings where they happen.

A falls risk assessment narrows to balance and stability using balance and sit-to-stand measures, mobility and walking distance, environmental hazards in the home or community, and personal risks such as dizziness, fatigue patterns, pain flare patterns or unsafe movement habits.

Both produce a written report setting out how the condition affects daily activities and recommending services, supports, assistive technology and practical strategies. These reports are what a planner or assessor reads when deciding what to fund.

Common questions about physiotherapy and how it compares

Is physiotherapy a registered profession in Australia?

Yes. It is one of the 16 nationally regulated health professions under the Health Practitioner Regulation National Law, overseen by the Physiotherapy Board of Australia through AHPRA. You can look up any physiotherapist on the public register.

Do I need a GP referral?

Only if Medicare is paying. A GP Chronic Condition Management Plan requires a referral from a GP or prescribed medical practitioner. NDIS participants and private clients can approach a physiotherapist directly.

How many Medicare-funded physiotherapy sessions can I get?

Up to 5 individual allied health services per calendar year under a GP Chronic Condition Management Plan, or up to 10 for Aboriginal and Torres Strait Islander patients, with extra services for some conditions. That 5 is shared across all allied health services on the plan, not 5 per profession.

How long does a Medicare referral last?

For the period written on it. If nothing is stated, 18 months from the first service provided under it.

Which NDIS budget covers physiotherapy?

Usually Capacity Building – Improved Daily Living. Depending on the plan it can also come from Core Supports, Consumables or Assistive Technology. Confirm against your own plan.

Do I have to pay for physiotherapy under Support at Home?

Physiotherapy sits in Clinical Supports, which is fully funded by the Australian Government with no participant contribution. Other Support at Home categories have different contribution rules.

Should I see a physio or an exercise physiologist?

As a rough guide: a physiotherapist for a recent injury, pain, post-surgical recovery or a movement problem that needs assessment and hands-on treatment; an exercise physiologist for a structured, progressive exercise program to manage a chronic condition and build capacity over time. Many people use both in sequence.

Should I see a physio or an OT?

A physiotherapist if the problem is how your body moves. An occupational therapist if the problem is a task you can no longer do, or an environment that needs changing. If both apply, they should be working from the same set of goals.

Can I see a physiotherapist and a chiropractor for the same injury?

Not usually under an injury scheme. The Transport Accident Commission prohibits concurrent chiropractic and physiotherapy or osteopathy for the same injury except in exceptional circumstances. Privately it is your choice, but tell each practitioner what the other is doing.

Is physiotherapy only for injuries and sport?

No. It covers chronic pain, neurological conditions such as stroke, Parkinson's disease and multiple sclerosis, post-surgical rehabilitation, respiratory conditions, falls prevention and balance, and mobility and strength for people with disability or age-related decline.

Where does physiotherapy happen?

Bloom delivers physiotherapy in-home, in-clinic and by telehealth, including community-based sessions for people who find travel difficult or who do better in a familiar setting.

What should I bring to a first appointment?

Any referral or plan documents, a list of your medications, previous imaging or specialist reports if you have them, and a clear idea of the everyday activities you want to get back to. The goals you name shape the plan more than the diagnosis does.

How do I start with Bloom?

Call 1300 771 465 , or read more on the physiotherapy service page . If you are unsure whether physiotherapy, occupational therapy or exercise physiology is the right starting point, say so when you call and the team can work it out with you.

What is physiotherapy according to Bloom Healthcare?

Physiotherapy, often called "physio," is a health profession that focuses on helping people improve their movement, strength, balance, and physical function. It is based on the science of how the body moves and works, and how it heals and adapts over time.

What methods does a physiotherapist use to help patients?

A physiotherapist uses manual therapy, education, and exercise to restore function, reduce pain, and prevent further injury.

Is physiotherapy only about treating an injury?

No, according to Bloom Healthcare, physiotherapy is not just about treating the injury—it's about supporting the whole person with tailored care that fits into their goals, their environment, and their everyday life.

What common health areas do physiotherapists treat?

Physiotherapists commonly treat injury recovery (sprains, strains, fractures, workplace injuries), chronic pain (arthritis, lower back pain, fibromyalgia), neurological conditions (stroke, Parkinson's disease, multiple sclerosis), rehabilitation after surgery (like hip or knee replacements), falls prevention and balance training (especially for older adults), respiratory issues (including post-COVID recovery or chronic lung conditions), and mobility and strength for people with physical disabilities or age-related decline.

Who does physiotherapy typically serve, according to the article?

Physiotherapists work with NDIS participants, older adults receiving aged care supports, and people recovering from long-term illness or injury.

What is the overall goal of physiotherapy care as described on the page?

The goal of physiotherapy is to restore movement, build strength, and increase independence for patients.

What organization is behind Bloom Healthcare and what services does it provide?

Bloom Healthcare Pty Ltd 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, client centricity, and is delivered by highly qualified health practitioners across Australia, offering NDIS services.

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