Neurological Rehabilitation in the Community | Bloom Healthcare

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

Details:

Community neurological rehabilitation is allied health support for people whose neurological condition or injury affects movement, communication, swallowing, daily activities, cognition or participation: after a stroke, brain injury or spinal cord injury, or with conditions such as Parkinson's disease, multiple sclerosis, motor neurone disease and cerebral palsy. Bloom Healthcare's physiotherapists work on mobility, balance and transfers, and occupational therapy, speech pathology, exercise physiology, psychology and dietetics are added where the person's goals and assessment call for them. Under the NDIS, this therapy is usually funded from Capacity Building – Improved Daily Living , with equipment under Capital Supports . It complements medical care and does not replace hospital or emergency treatment. To start, call 1300 771 465 or make a referral .

Who it is for

Neurological rehabilitation supports function and participation after changes affecting the nervous system. Bloom's physiotherapists commonly support people with stroke, acquired brain injury, spinal cord injury, multiple sclerosis, motor neurone disease and cerebral palsy, and the list is not exhaustive. What matters is how the condition affects daily life, not the diagnosis label.

It is worth contacting Bloom when:

movement or balance has changed

daily activities need new strategies or assistance

communication or swallowing needs assessment

fatigue or cognitive changes are affecting routines

you want aligned goals across the relevant disciplines

Acceptance depends on the person's current needs, clinical stability, the expertise required and clinician availability. Bloom checks these before agreeing the pathway.

For children and teenagers with neurological conditions, see Paediatrics 0–9 and Paediatrics 10–17 .

When medical care comes first

Bloom provides community allied health. It is not an inpatient, acute or emergency service.

New or sudden neurological symptoms need urgent medical assessment, not an allied health referral. In an emergency, call 000.

Community allied health does not replace acute hospital rehabilitation or urgent medical assessment.

Suitable community support depends on health status, stage of recovery and clinician expertise. If you are still in hospital, ask the discharge team about community follow-up before you go home.

Bring the relevant medical information to your enquiry. Some referrals need it confirmed before support can start.

How neurological rehabilitation is funded

NDIS

The NDIS funds therapy that addresses the functional impact of a permanent and significant disability. Generally you need to have been under 65 when you entered the scheme, and to have an active plan with funding that can be used for therapy.

Capacity Building – Improved Daily Living is the usual category for physiotherapy, occupational therapy, speech pathology and other therapy supports.

Capital Supports – Assistive Technology covers prescribed equipment, such as mobility aids and communication devices, which has its own approval requirements.

Depending on how your plan is written, some therapy may come from other categories. Check your plan statement, or ask your plan manager or support coordinator.

Maintaining function, or slowing its decline, counts. Therapy does not have to produce improvement to be reasonable and necessary, which matters for progressive conditions.

You do not need a doctor's referral to start with Bloom if you have an active NDIS plan with capacity building support. NDIS funding depends on the participant's plan, the purpose of the support and the current rules, and a clinical recommendation does not guarantee approval.

Aged care

Older Australians access allied health through aged care programs rather than the NDIS. Under Support at Home , physiotherapy, occupational therapy, speech pathology and other allied health sit in Clinical Supports , which are fully funded by the Australian Government. Access starts with an aged care assessment through My Aged Care. See aged care physiotherapy and Support at Home .

TAC (Victoria)

For people with an accepted TAC claim after a transport accident, Bloom provides TAC-funded occupational therapy, psychology, exercise physiology and speech pathology, including occupational therapy support for recovery following neurological injuries and speech pathology for cognitive communication and swallowing concerns. Physiotherapy is not among the disciplines Bloom lists for TAC-funded services , so if you need TAC-funded physiotherapy, ask Bloom before assuming it is available. Treatment must be clinically justified and related to the accident injuries, and after the first 90 days further treatment planning and approval go through your TAC case manager.

Medicare and private

A GP chronic condition management plan (GPCCMP) can fund up to 5 individual allied health services per calendar year, shared across allied health professions, and the referring GP decides whether your condition would benefit. A GP management plan or team care arrangement made before 1 July 2025 can still be used for services consistent with it until 30 June 2027. Bloom is not a bulk-billing service, so a gap fee applies. Private and other suitable pathways can be discussed separately. See pricing .

Which therapists do what

People with a neurological condition often need more than one discipline, but not everyone needs several. The person's goals and the assessment findings decide which disciplines are involved.

Physiotherapy

Mobility, walking, transfers, balance, strength and physical function. Physiotherapists rebuild movement through targeted work, manage the physical effects of the condition, and prescribe and train people in equipment. Bloom's physiotherapists are registered with the Physiotherapy Board of Australia. See physiotherapy .

Occupational therapy

Daily tasks such as self-care, cooking and getting out into the community; cognition as it affects those tasks; equipment; and changes to the home environment. After a stroke, an occupational therapist works on independence in the kitchen and bathroom while the physiotherapist works on walking. See occupational therapy .

Speech pathology

Communication and swallowing. After a stroke or brain injury, that can mean aphasia, cognitive-communication difficulty, language comprehension and swallowing. See swallowing and mealtime management and AAC and communication assessment .

Exercise physiology

Structured, progressive exercise to build endurance and strength over time, within the person's clinical needs and medical guidance. Exercise physiology relies on exercise programming; hands-on manual therapy sits with physiotherapy. 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. See exercise physiology .

Psychology

Adjustment to disability, mood and motivation where physical changes are affecting them, and cognitive assessment for adults with acquired brain injury to understand cognitive strengths and challenges. See psychology and counselling .

Dietetics

Nutrition where it interacts with physical function, including support for people with swallowing difficulties. See dietitian services .

Rehabilitation for progressive conditions

With conditions such as Parkinson's disease, multiple sclerosis and motor neurone disease, goals often shift from gaining ground to maintaining function and slowing decline. That is a legitimate goal under the NDIS.

The practical principle is to build strategies before they are urgently needed. For speech and swallowing, Bloom's speech pathologists teach communication and swallowing skills early, use voice work such as Lee Silverman Voice Treatment where it fits, and introduce AAC early enough to be useful. For movement, physiotherapy works on mobility, reducing rigidity and coordination, alongside equipment and falls planning. Goals are revisited as the condition changes, and a changing condition may need different goals or additional clinical input.

What physiotherapy involves in neurological rehabilitation

The first assessment

Expect a conversation about what is hard day to day and what matters to you, a review of your goals and history, and a movement assessment covering strength, balance, gait, transfers and range of motion. The physiotherapist also identifies risks such as falls, fatigue cycles and pain, and reviews any aids you already use.

Therapy sessions

A mix of task practice on real activities (transfers, stairs, walking, safe use of an aid), exercise matched to functional goals, hands-on techniques where appropriate, and education on pacing and managing fatigue. Practical strategies consider pacing, routines, movement and the environment.

The home program

Most change happens between sessions. The home program should be small enough to do consistently and adjusted when it is not working. If sessions leave you exhausted for the rest of the day, say so, because the plan needs to change.

Equipment

Bloom's physiotherapists assess and prescribe equipment including hoists and slings, beds and mattresses, shower and commode chairs, and mobility aids, and train you and your supporters in safe use. Occupational therapists also prescribe equipment, and the two disciplines often work together on complex prescriptions.

Hydrotherapy

Hydrotherapy is part of Bloom's physiotherapy service and is delivered through partnered facilities, so availability depends on a suitable pool in your area.

For falls risk at home, see falls prevention and home safety .

What community rehabilitation does not do

It does not replace acute or emergency medical care , or hospital-based rehabilitation.

It does not promise a particular outcome. Progress varies, and therapy does not promise recovery to a particular level.

It does not book every discipline automatically. Disciplines are selected because the goals and assessment call for them.

It does not decide funding. The NDIA, your aged care assessment, the TAC or your GP plan determines what is funded.

How it works, step by step

Describe the change and your goals. Share current needs, medical involvement, location and funding pathway through the secure referral process. Call 1300 771 465 , email

hello@bloom-healthcare.com.au or make a referral . You, a family member, a support coordinator, a plan manager, a GP, a specialist or another health professional can refer.

Contact. A member of the team will be in contact within 24 hours of receiving the referral, and Bloom aims to hold the initial meeting within 5 business days where possible.

Check suitability. Bloom confirms the clinical expertise, setting and any medical information required.

Agree the scope. Scope, fees, delivery setting and timing are agreed in a service agreement before the service begins.

Agree a practical plan. Relevant disciplines and goals are selected, rather than every service being booked automatically.

Therapy and home program. Sessions in the setting where the activity happens, with practice in between.

Review participation and function. Use agreed goals and suitable measures to decide whether to continue, adapt, pause or transition support.

Measuring progress and what you get in writing

Meaningful outcomes include improvement, but also adapting a task, maintaining ability and supporting participation. Measures are agreed at the start, and may include:

walking distance or time, balance 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 tasks

Goal Attainment Scaling (GAS) where appropriate

In writing, you can expect a service agreement setting out supports, fees, travel, reporting and cancellation terms (the general cancellation position is 48 hours' notice, applied flexibly, and where a funding body sets a different rule Bloom follows it), a therapy plan with goals and strategies, functional reports where they are part of the agreed scope, equipment recommendations with clinical justification, and progress reports for NDIS plan reassessment. Where several disciplines contribute to a joint report, each bills its own contribution. Case notes are completed within 24 hours of each clinical activity.

Where Bloom delivers neurological rehabilitation

Bloom's primary method of service delivery is in the community: your home, a day program or another everyday setting. Home-based therapy lets the clinician see the stairs, the bathroom and the routines that are actually causing difficulty. Clinic appointments can be arranged case by case.

Suitable telehealth components, such as coaching, reviews and including family members who live elsewhere, may be discussed. Hands-on assessment and treatment, transfers and equipment prescription need someone in the room.

Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Local clinician availability is checked before booking. See locations .

Common questions about neurological rehabilitation

Can Bloom help after a stroke or brain injury?

You can enquire about the allied health you need. Acceptance depends on current needs, clinical stability, clinician expertise and availability. After a stroke, physiotherapy commonly works on mobility, occupational therapy on daily tasks, and speech pathology on communication and swallowing.

Does everyone need several disciplines?

No. The person's goals and assessment findings decide which disciplines are appropriate, and some people need only one.

Is this an inpatient or emergency service?

No. Bloom provides community allied health, which complements medical care and does not replace acute hospital rehabilitation or emergency care. New or sudden neurological symptoms need urgent medical care; in an emergency, call 000.

Can therapy happen at home?

Often, yes. Home is useful for practising real activities and routines. Local clinician availability and clinical suitability are checked before booking.

Will therapy restore all lost function?

No specific outcome can be guaranteed. Rehabilitation aims are agreed individually and reviewed as needs and progress change.

Can you support progressive neurological conditions?

An enquiry can explore suitable support for function and participation, including maintaining function and slowing decline, which the NDIS recognises. Relevant expertise and medical information must be confirmed first.

Will the NDIS fund therapy if I am not expected to improve?

It can, where the support is reasonable and necessary. The NDIS funds therapy that maintains function or reduces the rate of decline, not only therapy that improves function.

Do I need a doctor's referral?

Not for NDIS-funded therapy if you have an active plan with capacity building support; you can refer yourself. Medicare-rebated sessions need a GP chronic condition management plan, and aged care funding needs an aged care assessment.

Should I see a physiotherapist or an exercise physiologist?

Physiotherapy suits hands-on assessment and treatment of movement, 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.

Can I keep the same clinician?

Tell Bloom your preference. Bloom aims to support a consistent clinical relationship through appointment planning, clear communication and an appropriate handover if a change is needed. Availability and clinical fit still need to be confirmed, so the same clinician cannot be guaranteed for every appointment.

How will you review whether support is helping?

By agreeing individual goals and reviewing relevant functional measures, observations and your experience. GAS may be used where appropriate. Meaningful outcomes can include adapting a task, maintaining ability or supporting participation, as well as improvement.

More on neurological rehabilitation

Physiotherapy at Bloom Healthcare

Swallowing and mealtime management

AAC and communication assessment

Occupational therapy

Exercise physiology

Make a referral

Can Bloom Healthcare help someone after a stroke or brain injury?

Yes. People can enquire about the allied health they need, though acceptance depends on current needs, clinical stability, clinician expertise and availability. After a stroke, physiotherapy commonly works on mobility, occupational therapy on daily tasks, and speech pathology on communication and swallowing.

Does everyone need multiple allied health disciplines for neurological rehabilitation?

No. The person's goals and assessment findings determine which disciplines are appropriate, and some people need only one discipline.

Is Bloom Healthcare's neurological rehabilitation an inpatient or emergency service?

No. Bloom Healthcare provides community allied health that complements medical care and does not replace acute hospital rehabilitation or emergency care. New or sudden neurological symptoms need urgent medical care, and in an emergency you should call 000.

Can neurological rehabilitation therapy happen at home?

Often, yes. Home is useful for practising real activities and routines, though local clinician availability and clinical suitability are checked before booking.

Will physiotherapy restore all lost function after a neurological injury?

No specific outcome can be guaranteed. Rehabilitation aims are agreed individually and reviewed as needs and progress change.

Does Bloom Healthcare support people with progressive neurological conditions?

Yes, an enquiry can explore suitable support for function and participation, including maintaining function and slowing decline, which the NDIS recognises. Relevant expertise and medical information must be confirmed first.

Will the NDIS fund therapy if a person is not expected to improve?

It can, where the support is reasonable and necessary. The NDIS funds therapy that maintains function or reduces the rate of decline, not only therapy that improves function.

Do I need a doctor's referral for neurological rehabilitation at Bloom Healthcare?

Not for NDIS-funded therapy if you have an active plan with capacity building support, since you can refer yourself. Medicare-rebated sessions need a GP chronic condition management plan, and aged care funding needs an aged care assessment.

Should I see a physiotherapist or an exercise physiologist for neurological rehab?

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

What neurological conditions does Bloom Healthcare's physiotherapy team commonly support?

Bloom Healthcare's physiotherapists commonly support people with stroke and stroke recovery, acquired brain injury, spinal cord injury, multiple sclerosis, motor neurone disease, cerebral palsy, and Parkinson's disease.

What areas does neurological rehabilitation physiotherapy focus on?

Physiotherapists specialising in neurological rehabilitation address mobility and walking (indoors and outdoors), balance and transfers (bed, chair, shower, car), strength and physical function, movement quality, coordination and balance, pain and spasticity management, and prescription and training for assistive technology and mobility aids.

Who else might be part of a neurological rehabilitation team alongside a physiotherapist?

The team may include occupational therapists for functional adaptation and daily living, speech pathologists for communication and swallowing support, exercise physiologists for long-term capacity building, and psychologists for adjustment and mental health support.

How does Bloom Healthcare review whether neurological rehabilitation support is helping?

By agreeing individual goals and reviewing relevant functional measures, observations and the person's experience; Goal Attainment Scaling (GAS) may be used where appropriate. Meaningful outcomes can include adapting a task, maintaining ability or supporting participation, as well as improvement.

Can I keep seeing the same clinician for neurological rehabilitation at Bloom Healthcare?

Clients can tell Bloom Healthcare their preference, and Bloom aims to support a consistent clinical relationship through appointment planning, clear communication and appropriate handover if a change is needed. However, availability and clinical fit still need to be confirmed, so the same clinician cannot be guaranteed for every appointment.