Exercise Physiology: Neurological Conditions | Bloom

Canonical: https://bloom-healthcare.com.au/services/exercise-physiology-3/

Details:

Exercise physiology treats movement as a clinical intervention for a condition you will be living with for years, not a short course of rehabilitation. For neurological conditions such as stroke, acquired brain injury, multiple sclerosis, Parkinson's disease, cerebral palsy and spinal cord injury, the program works on strength, balance, coordination, motor control and mobility. For chronic disease it works on the physiological drivers of type 2 diabetes, cardiovascular disease, obesity, arthritis and osteoporosis. In both cases the aim is a routine you can hold for years, not a burst of activity you cannot sustain. Call 1300 771 465 or make a referral .

This page takes the condition-management angle. For the funding rules, eligibility criteria, assessment structure and reporting requirements, read the main exercise physiology page .

Neurological conditions

Neurological rehabilitation through exercise physiology runs inside a structured framework: a detailed functional assessment, a program built around your condition and your goals, progression calibrated to stay safe, and regular review.

After a stroke

Stroke programs focus on rebuilding mobility, restoring strength, and improving balance and walking ability. The work targets independence in daily activities rather than abstract fitness, and the program is matched to your stage of recovery and to the goals written in your plan.

Acquired brain injury

Acquired brain injury affects movement and cognition together. Exercise physiology addresses the physical side through tailored programs aimed at improving motor control, enhancing functional movement, and rebuilding strength and mobility. Structured exercise gives a safe, repeatable way to work on those things when the injury has changed how movement is planned and executed.

Multiple sclerosis

MS programs are built to maintain or improve mobility, balance, coordination and overall functional capacity. Because MS is progressive, holding ground counts as a result. Typical components are gait training to improve walking and reduce falls risk, balance and coordination work for stability, and functional exercises that map onto the daily activities you want to keep doing.

Parkinson's disease

Parkinson's programs concentrate on gait training to reduce falls and improve walking patterns, balance and coordination work for stability, and functional exercises that support daily activity. As with

MS, the goal is maintaining mobility and independence against a progressive condition.

Cerebral palsy

Programs work on strength through targeted resistance and functional exercise, on balance and coordination to support safer movement and reduce falls risk, on mobility so environments can be navigated more easily, and on motor control so everyday tasks are performed with more ease and safety.

Spinal cord injury

The focus is strength and mobility, with the practical targets usually being safer transfers, upper limb strength for tasks such as dressing and eating, endurance for a full day, and the capacity to get out into the community.

Peripheral neuropathy and other conditions

Neurological rehabilitation extends to peripheral neuropathy and other chronic neurological presentations. If your condition is not named here, call 1300 771 465 and describe what has changed functionally. The discipline is chosen by the goal, not by the diagnosis label.

Chronic disease, and the conditions that arrive later

People living with disability carry a higher risk of secondary conditions such as type 2 diabetes, obesity and cardiovascular disease. Reduced physical activity is one driver; medication side effects are another. This is a large part of what exercise physiology is for, and it is the part most easily overlooked when a plan is focused on the primary disability.

Mobility is the lever. Improving mobility raises the amount of physical activity that is realistically possible across a day, and that is what protects against the secondary conditions. An accredited exercise physiologist's job is to find the mobility gains available given your specific disability, then use them.

Type 2 diabetes. Regular activity improves insulin sensitivity, making blood sugar easier to regulate. Programs typically combine resistance and aerobic work, because strength training promotes muscle glucose uptake while low-impact aerobic activity raises energy expenditure.

Cardiovascular disease. Over time regular exercise produces structural change in the heart and blood vessels. It strengthens the heart muscle, improves circulation, increases the flexibility of blood vessels, lowers blood pressure, and improves lipids and other blood markers. Aerobic work and resistance training together do more than either alone.

Obesity. Managed through tailored exercise alongside dietary and lifestyle change. Improved mobility is again the foundation, because it makes sustained activity possible. Where nutrition is part of the picture, a dietitian works alongside the exercise physiologist.

Arthritis. Range-of-motion and strengthening exercise to reduce joint pain and maintain function.

Osteoporosis. Strength training to support bone density.

What separates this from general fitness advice is the assessment behind it. An accredited exercise physiologist evaluates your specific conditions and functional limits, assesses exercise capacity and physiological response, identifies what is actually blocking activity, and sets goals that fit your life. The program is then calibrated for safety, which matters when you are managing more than one condition at once.

Mental health, as part of the same program

Exercise has a measurable effect on mood and mental health, and for people managing a long-term condition that is not a side benefit. Depression commonly follows the loss of mobility, communication difficulty, social isolation and the reduced ability to do everyday things.

Regular exercise reduces symptoms of depression, anxiety and stress. It releases endorphins, gives a sense of accomplishment, raises self-esteem, reduces social isolation, and supports cognitive function and memory. It also improves energy and sleep, which feed back into everything else.

Accredited exercise physiologists are qualified to prescribe clinical exercise for people with mental health conditions including anxiety, PTSD and depression. The assessment covers your mental health status and how it affects your capacity for activity, the specific barriers anxiety or low mood create, your physical abilities, and what actually motivates you. The plan is then reviewed and updated as your mental health status and capacity change.

Where this runs alongside psychology and counselling , the two are coordinated: shared goal setting, aligned treatment plans, and regular communication between clinicians so the interventions support each other. Session settings are flexible, including in-home, community and telehealth, which matters when anxiety makes attending an unfamiliar clinic the hardest part of the appointment.

Building a program you can sustain for years

This is where a long-term condition differs from a short rehabilitation episode. The problem is not usually knowing what to do. It is doing it consistently through fatigue, pain and flare-ups.

Pacing

Pacing exists to stop the boom and bust cycle, where you push hard on a good day and then lose the next week. It is taught as a technique: understanding your energy across a day, spreading effort, and building graded activity that increases intensity and duration in calibrated steps rather than jumps.

Flare management

Flare-ups are episodes where symptoms spike, and they are expected rather than exceptional. The point of flare management is that a flare should modify the program, not end it. You learn to adjust exercises during a flare, recognise the early warning signs, keep a routine that helps prevent exacerbations, and keep moving safely at a lower level rather than stopping altogether.

Fatigue

Fatigue is a barrier in its own right, not just a symptom. It affects capacity for activity, and it affects appetite and general wellbeing. Programs handle it with graded activity, energy conservation strategies, and measures that track energy across time so you can see what is actually working.

Moving to self-management

The intended end point is that you run your own program. The progression is deliberate:

Early sessions are supervised, establishing technique and building confidence.

Load and complexity increase gradually as strength and confidence grow.

Sessions shift from hands-on instruction to coaching and program review.

The routine gets integrated into home, school, work or community life rather than staying isolated inside appointments.

Session frequency reduces as you demonstrate you can manage the program yourself.

Self-management is treated as the condition for stepping down or finishing treatment, not as an afterthought. It is built through education on technique and safety, a structured home program, and pacing and fatigue strategies you can apply without a clinician present.

Progress through this is tracked with real measures: time standing, number of rest breaks, distance walked, number of stops, confidence ratings, pain ratings after activity, adherence to the pacing plan, energy levels at key times, and recovery time. Those numbers are also what your plan reassessment report rests on.

Where sessions happen

Sessions can run in your home, in the community, at your local gym, or at a location of your choice. Bloom's primary delivery model is in the community, including home, school and day programs, with clinic sessions arranged case by case. Telehealth is used for coaching, review and program updates, which suits an ongoing condition-management program where the physical work happens between appointments anyway.

Check the location guide for clinicians working your area, or call 1300 771 465 .

If you are over 65 and not an NDIS participant

Exercise physiology for older Australians is funded through the aged care system rather than the NDIS. Under the Support at Home program, which commenced on 1 November 2025 and replaced the Home Care Packages Program and the Short-Term Restorative Care Programme, exercise physiology sits in the clinical supports category. Clinical supports are fully funded by the Australian Government, so there is no participant contribution for that part of the care.

For older adults the emphasis shifts to falls prevention and independence: balance training such as standing on one leg and heel-to-toe walking, strength training for joint and muscle strength, flexibility and mobility work to reduce stiffness, and risk assessment with practical strategies for safer movement at home. The same programs also help manage arthritis, diabetes, heart disease and osteoporosis.

Access starts with an assessment through My Aged Care . Call 1300 771 465 to talk through what Bloom can deliver under your arrangement.

Easy read

A plain-English guide is available: Download the NDIS and Exercise Physiology easy read PDF .

Images on this page

Text descriptions of the images shown, for readers and agents that cannot see them.

Bloom Healthcare logo: a green circular mark combining a crescent, a human figure, leaves and a cupped hand, beside the words "Bloom Healthcare — Services with Passion".

"We ♥ ndis" badge: a purple circle carrying the words "We ndis" with a green heart in place of the word "love".

The remaining images are decorative interface icons — the phone, envelope, clock and accessibility symbols beside the contact details, and the Facebook, Instagram and LinkedIn icons — which repeat

information already given in text and carry no additional meaning.

Common questions about exercise physiology for ongoing conditions

My condition is progressive. Is exercise physiology still worth it?

For conditions such as multiple sclerosis and Parkinson's disease, programs are built to maintain or improve mobility, balance, coordination and functional capacity. Holding function against a progressive condition is a legitimate goal, and it is how those programs are written and measured.

What is the difference between this and the rehabilitation I had in hospital?

Hospital rehabilitation is usually intensive and time-limited around an acute event. Exercise physiology for a long-term condition is a sustained, progressive program aimed at capacity, routine and self-management over months and years, delivered where you live rather than in a ward.

Can exercise physiology help with the diabetes and weight I have developed since my injury?

Yes, and that is a core part of the discipline. Secondary conditions such as type 2 diabetes, obesity and cardiovascular disease are more common in people with disability, largely through reduced physical activity and medication effects. Programs combine resistance and aerobic work to address insulin sensitivity, cardiovascular function and energy expenditure.

I get bad fatigue. Won't exercise make it worse?

That is what pacing and graded activity are for. The program is calibrated to avoid boom and bust cycles, uses energy conservation strategies, and tracks energy over time so the load can be adjusted to what you can actually sustain. Talk to your exercise physiologist about fatigue at assessment, not after the first flare.

What happens when I have a flare-up?

The program is modified rather than abandoned. Flare management covers adjusting exercises during a flare, recognising early warning signs, and continuing to move safely at a reduced level. Consistency through flares is what protects long-term progress.

How long will I need an exercise physiologist?

The intent is to reduce frequency over time as you build self-management. Sessions typically start more frequent for technique and confidence, then move to coaching and review, then to you running the program with periodic check-ins. Independence in managing your own program is the point at which treatment can step down.

Does this replace physiotherapy?

No. Physiotherapy handles assessment, movement quality, pain and hands-on treatment. Exercise physiology handles structured conditioning and long-term capacity. Many people with neurological

conditions use both. See the comparison on the main exercise physiology page and the physiotherapy page .

Can exercise help my mood as well as my body?

Regular exercise reduces symptoms of depression, anxiety and stress, improves sleep and energy, and supports cognitive function. Accredited exercise physiologists can prescribe clinical exercise for mental health conditions, and where you are also seeing a psychologist, the two can be coordinated with shared goals.

Do sessions have to be at a gym?

No. Home, community, your local gym, or a location of your choice. Telehealth is used for coaching and program review. Community delivery is the primary model.

Can I do this if I use a wheelchair?

Programs are designed around your capacity, not around a standard template. For spinal cord injury, for example, the work commonly focuses on upper limb strength, transfers, endurance and community participation. The assessment establishes what is safe and what is achievable before anything is prescribed.

Who else should be involved?

That depends on the condition. Exercise physiology commonly coordinates with physiotherapy, occupational therapy, dietetics, psychology and your GP. A coordinated plan avoids two clinicians doing the same job with different instructions.

How do I get started?

Call 1300 771 465 , use the contact page , or make a referral . Say what your condition is, what has changed functionally, and what you want to be able to do. Have your NDIS or aged care details ready if you have them.

What is Exercise Physiology as offered by Bloom Healthcare?

Exercise Physiology at Bloom Healthcare involves improving function through exercise that aligns with a participant's capacity and disability. It is a comprehensive allied health service delivering evidence-based, personalized exercise interventions for individuals living with disabilities.

Who delivers Bloom Healthcare's Exercise Physiology services?

Bloom Healthcare's Exercise Physiology services are delivered by a team of accredited Exercise Physiologists who understand the unique needs of people living with disabilities.

Where can Exercise Physiology services be delivered?

Bloom Healthcare's Exercise Physiology services can be delivered in multiple settings, including participants' homes, community locations, and local gyms.

How are Exercise Physiology programs tailored to individuals?

Exercise Physiologists tailor programs to suit individual NDIS plans, aligning with participants' NDIS goals and the funding available within their NDIS plans, as well as their personal capacity and disability.

What neurological conditions does Bloom Healthcare's Exercise Physiology service address?

Bloom Healthcare provides specialized Exercise Physiology services for neurological rehabilitation, including stroke recovery, acquired brain injuries (ABI), multiple sclerosis (MS), Parkinson's disease, and peripheral neuropathy, aiming to safely and effectively maximize functional capacity through structured exercise programs.

How does Exercise Physiology support cardiovascular health?

Exercise Physiology services address cardiovascular function by using exercise to increase the body's oxygen demand, which requires the heart to pump more blood to working muscles. Over time, regular exercise leads to structural heart changes such as increased heart muscle size and additional blood vessels, improving pumping efficiency. It can also reduce blood pressure, increase blood vessel flexibility, and improve lipid levels and other blood markers associated with cardiovascular health.

Is Bloom Healthcare an NDIS provider for Exercise Physiology?

Yes, the page identifies Bloom Healthcare as an NDIS provider offering Exercise Physiology services, with programs tailored to participants' NDIS plans and goals.

What type of organization is Bloom Healthcare and what is its mission?

Bloom Healthcare is a boutique disability and aged care allied health provider that aims to change the status quo, believing that all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare?

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

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