Tips for completing the survey:

Below are some suggestions to help you think about your experiences and make sure your feedback highlights the importance of EP.
Please use your own words and experiences — these are just points to help guide you**.**

Survey Guidance

Question 1 – Description of Exercise Physiology

- You can confirm that the description of EP is accurate — EPs are university-trained allied health professionals with specialised knowledge to support people with disabilities and complex neurological needs.
- You might want to mention that EPs create design and deliver safe, evidence-based, and individualised exercise programs that target specific impairments, improve mobility and physical function, and enhance long-term health and quality of life. These programs are continuously evaluated and adjusted—progressed or regressed as needed—to minimise risks such as falls, injury, or further decline.
- You can add that their expertise ensures exercise is applied as a clinical therapy, not just physical activity—making EP an essential, outcomes-driven component of disability and neurological condition management.

Question 2 – Disability groups

You could say that EP supports many different disabilities and conditions — not just those listed (e.g. autism, cerebral palsy, stroke, psychosocial disability, brain injury), but also people with physical disabilities, developmental delay, genetic disorders, and degenerative diseases.

- If your condition is not listed, please add it

This highlights the broad and essential scope of EP in supporting people across the NDIS.

Question 3 – Outcomes

You may agree that all the listed outcomes are important and could also note that EP contributes to:

- Long-term maintenance of mobility, function, and health. Reduces the risk of secondary conditions such as cardiovascular disease, diabetes, osteoporosis, and general decline associated with inactivity.
- Reduced spasticity and pain: Tailored exercise programs can reduce muscle tone, stiffness, and pain severity.
- Reduced reliance on other supports (e.g. care hours or physiotherapy).
- Improved confidence, motivation, social and community participation.

You may wish to mention that meaningful outcomes often require ongoing engagement, as progress is gradual and sustained over time.

Question 4 – Comparators

It is important to note that EP is not equivalent to personal training, gym memberships, or group classes.

You could state that:

- These alternatives lack the clinical assessment, disability knowledge, and safety expertise of an Exercise Physiologist.
- EPs are university trained, and work within the health and rehabilitation framework, addressing complex medical and functional needs that fitness providers are not qualified to manage.

Questions 1–3 in the next section (Use, frequency, and duration)

If relevant, you may note that:

- You (or the person you care for) have used EP for more than 12 months, as it is an ongoing, long-term support required to maintain functional ability and health outcomes.
- Sessions are often regular and structured, ranging from weekly to fortnightly, depending on individual needs and goals, and often come with home exercises to complete at home with or without a carer (which is more cost effective than using a personal trainer)
- Continued EP helps maintain progress, prevent regression, and reduce the risk of injury or secondary complications.

Question 4 – Who provides the support.

You can confirm that your exercise and movement plan is delivered by a qualified Exercise Physiologist, ensuring safety, accountability, and evidence-based progression. You can confirm that your EP works closely with your Physiotherapist and other members of your allied health care team.
Where others (e.g. carers or support workers) assist, they do so under the guidance and supervision of an EP.

Question 5 – Safety

You may wish to note that EP sessions are safe and well-managed, with programs tailored to ability and health status.

Question 6 – General context

You may wish to highlight that:

- Exercise Physiology (EP) is important for people with disability and neurological conditions because it provides safe, individualised and evidence-based exercise programs delivered by qualified allied health professionals.
- EP helps people build strength, mobility, confidence and independence, and should not be replaced by personal training or group exercise, which do not offer clinical assessment, disability understanding or safety oversight.
- Unlike fitness professionals, EPs operate within a clinical governance framework, adhering to evidence-based practice, risk management, and safety protocols required to support individuals with disability, comorbidities, or complex functional needs. This academic and regulatory foundation ensures AEPs deliver safe, effective, and outcome-driven interventions aligned with NDIS clinical and quality assurance standards.
- Reducing session frequency or replacing EP with less qualified supports (such as personal trainers or generic exercise programs) would likely reduce outcomes and safety.
- EP works best when it is ongoing and consistent, as people often need long-term support to maintain outcomes and prevent decline.
- EP can take place in a clinic, home or online, depending on goals and access needs.
- It complements other allied health supports such as physiotherapy and occupational therapy but plays a distinct role focused on safe, goal-based exercise.
- EP is a specialised and essential support that improves quality of life and reduces the need for other NDIS or health services.