



Australian Government

Department of Health, Disability and Ageing

NDIS Evidence Advisory Committee Consultation

People who do **not** use exercise
physiology anymore

Part 1





Australian Government

**Department of Health,
Disability and Ageing**

The Australian Government Department of Health Disability and Ageing wrote this.

We say **DHDA** for short.

When you see the word **we** it means DHDA.



We wrote this in an easy to read way.

We use pictures to explain some ideas.

Bold

Not bold

We have some words in **bold**.

This means the letters are thicker and darker.

These are important words.



This is an Easy Read summary of an online **survey**.

Surveys have questions about your ideas.



We can answer any questions by email.

Email us disabilityevidence@health.gov.au



You can ask for help to read this document.

You can ask

- A friend
- Family members
- A support person.



We recognise Aboriginal and Torres Strait Islander people as the **Traditional Owners** of the land we live on.



They were the **first people** to live on and use the

- Land
- Waters.

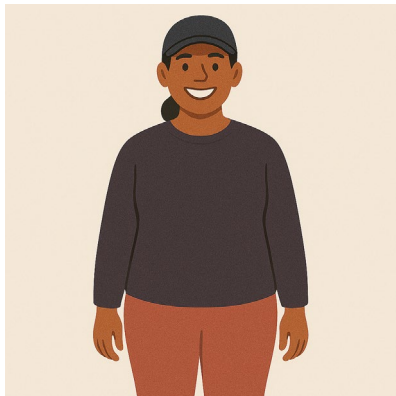
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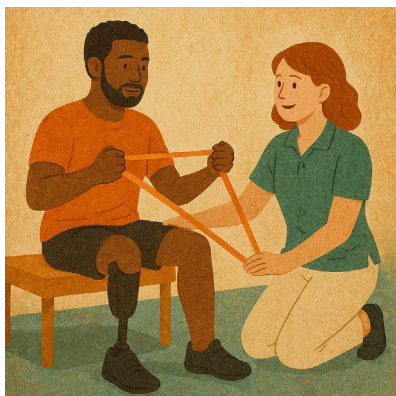
Who is this survey for



We made a **survey**.



This survey is **only** for people with disability who do **not** use **exercise physiology** anymore.



Exercise physiology is doing certain types of movement to help people.

The exercise physiologist makes a prescription for you.

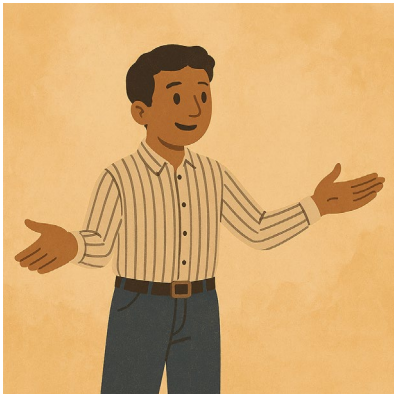
This is **different** from a medicine prescription.

It is a plan for the exercises or movements you need to do.



We have other surveys for people who

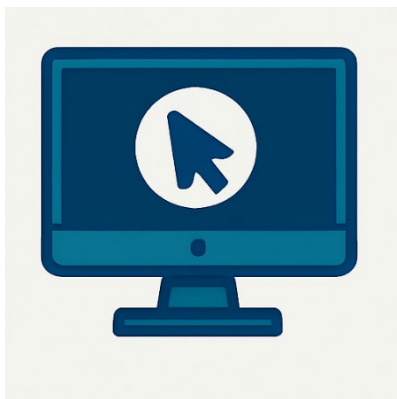
- Use exercise physiology



- Use something else



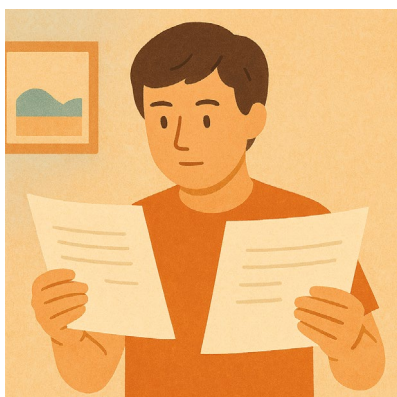
- Family or carers of people with disability who use exercise physiology.



You can look at the other surveys on our website.

consultations.health.gov.au/evidence-advisory-committee-eac/september2025

It is in Easy Read.



We have **2 parts** to this survey.



You need to do **part 1** first.



You need to send both parts back to us by email.

You need to send it back before

11.59 at night

Sunday 9 November 2025.

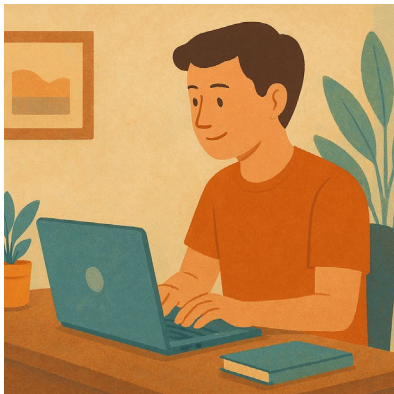
What to do



You need to download both parts of the survey.

You can

- Write your answers



- Type your answers.



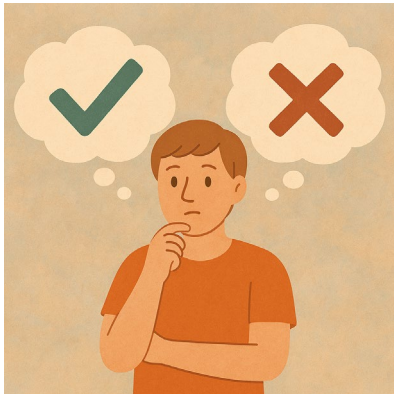
You need to send your answers back to us by email.

disabilityevidence@health.gov.au



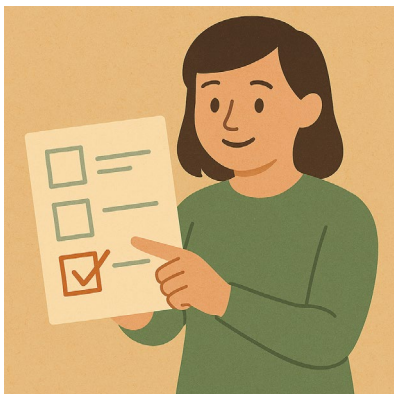
Each part will have some

- Information
- Questions.



There are no right or wrong answers.

Do your best.



You can choose what questions to answer.

You do **not** have to answer them all.

About your disability



What is your disability

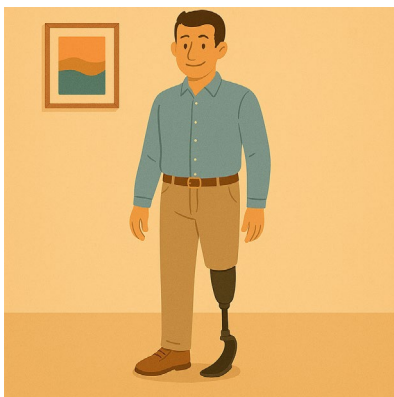
You can pick as many you have



- Acquired Brain Injury

This is anything that damages your brain after you were born like

- Stroke
- Injury to your head
- Diseases.



- Amputations

This is when you have an operation to remove part of your body like your leg.

They only do this if they have to.



- Arthritis

This is pain or swelling in your joints like in your hands.

It can happen in

- 1 part of your body
- Many parts of your body.



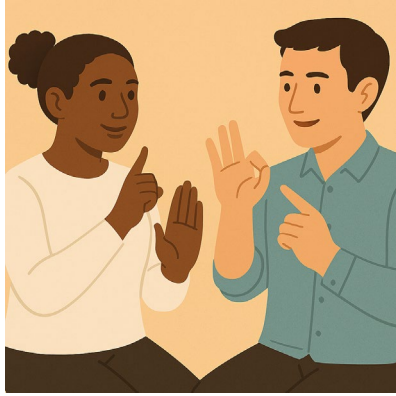
- Autism



- Cerebral palsy

This is a physical disability that can change how you

- Move
- Stand
- Sit.



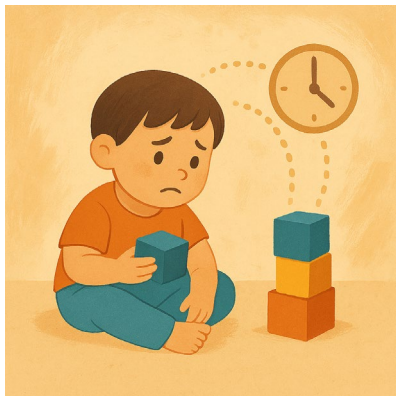
- Deaf or hard of hearing



- Dementia

This is when you have trouble

- Thinking
- Remembering
- Doing things for yourself.

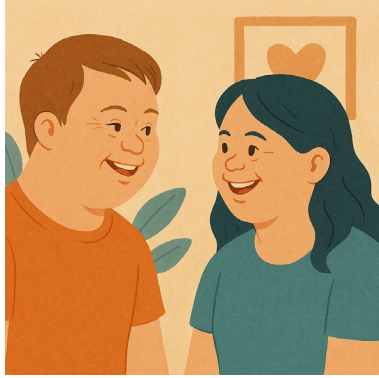


- Developmental Delay

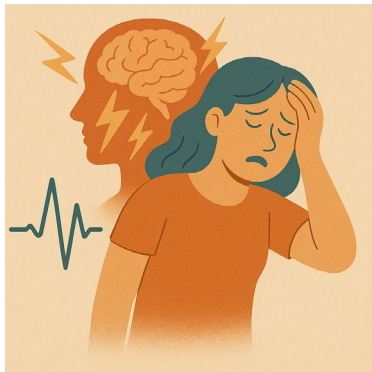
This is when someone learns slower than other people their age.

They might need extra help with

- Talking
- Moving
- Their emotions.

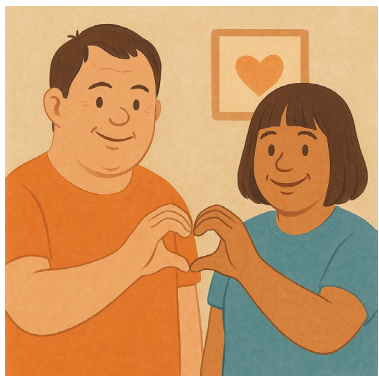


- Down Syndrome

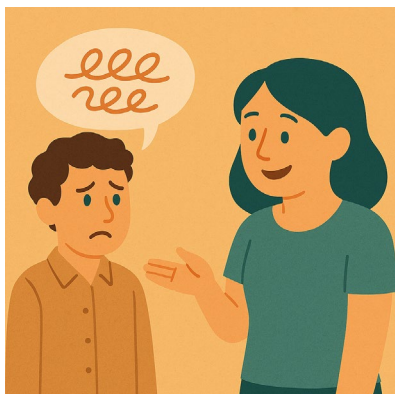


- Epilepsy

This is when someone has seizures.



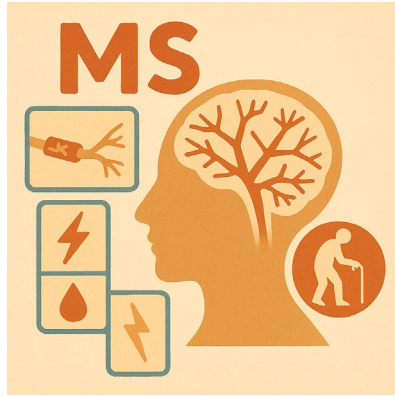
- Intellectual disability



- Language disorders

This is when someone has a hard time understanding or using language that is

- Spoken
- Written down
- Signed.



- Multiple sclerosis

This affects your

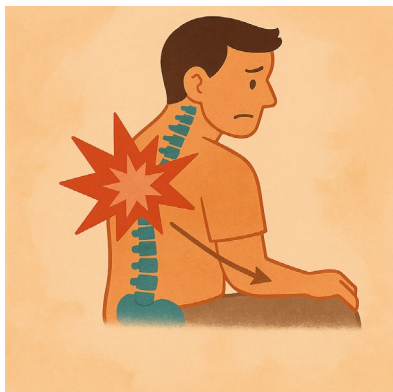
- Brain
- Spine
- Nerves

It is called **MS** for short.



- Psychosocial disability

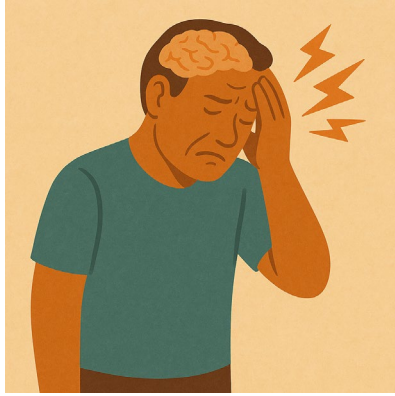
This is a disability because of your mental health.



- Spinal cord injury

This is when you have damaged your spine.

This can change what you can do for yourself.



- Stroke

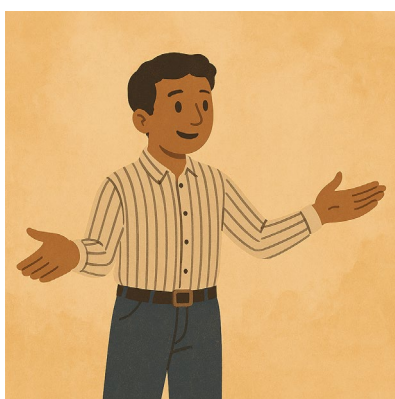
This is when the blood in your brain

- Is stopped for a time
- Can **not** get to where it needs to.

This can cause damage to your brain.



- Blind or have low vision



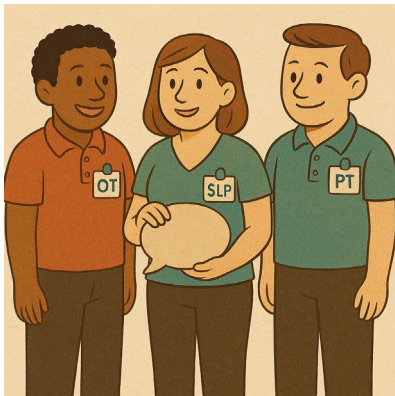
- Anything else

Please write in the box

Question 1 support



We want you to think about **exercise physiology**.

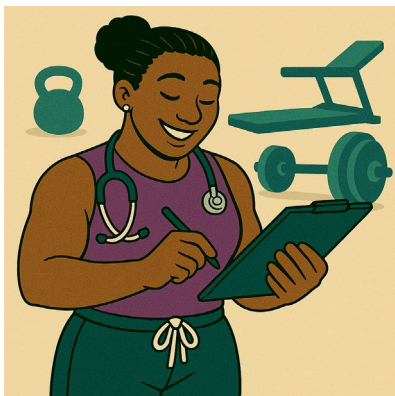


Exercise physiology is done by an **allied health worker**.

Allied health workers support people with their health.

They can be people like exercise physiologists.

They go to university to learn all about exercise.



Exercise physiologist can tell people to do

- Movement
- Exercise



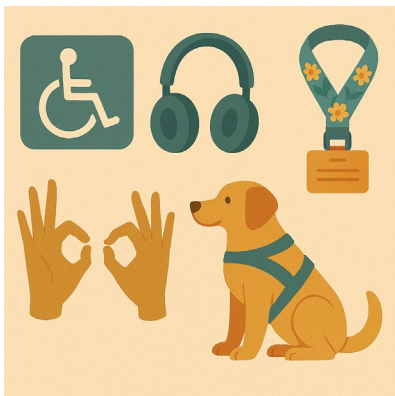
This can **aim** to help with

- Managing diseases

Aims are things you want to do.



- If you have been hurt



- Your disability.



Exercise physiology aims to help you

- Keep your body healthy



- You to be able to keep moving your body



- Be independent

Independent means doing things on your own.



The exercise physiologist can

- Do an **assessment** of your fitness

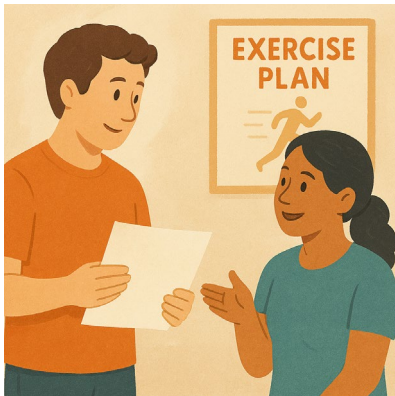
An Assessment works out what you

- Can do
- Need to work on



- Help you set an exercise **goal**

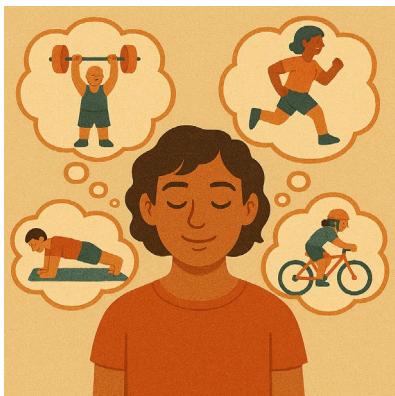
Goals are things you want to do.



- Make an exercise plan

They make the plan so it is right for each person.

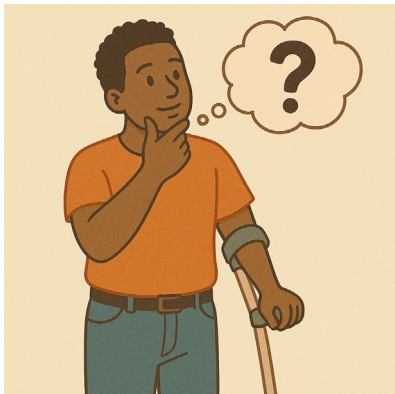
This makes it safe to do exercises.



- Check what kind of exercise would be right for you



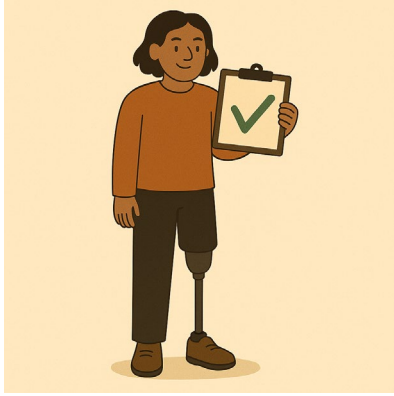
- Help you to know more about having a healthy lifestyle.



Question 1

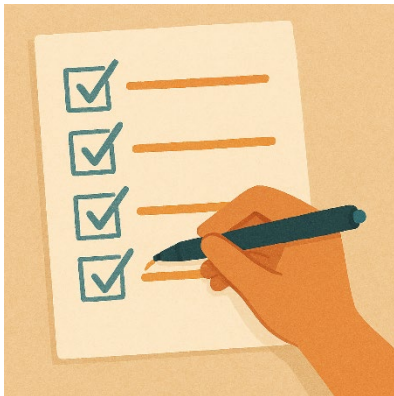
Do you think we have said everything about

- What exercise physiology is
- How it is used.



Please tick only 1 box.

Yes



No

I want to change something.

Please write what you want to change in the box.

You can

- Add something
- Take something away.

Question 2 disability group



We want to think about all the different groups of people who might use exercise physiology with their NDIS plan.



So far we think they are

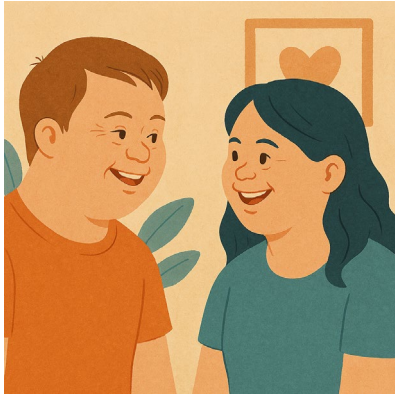
- Autistic people



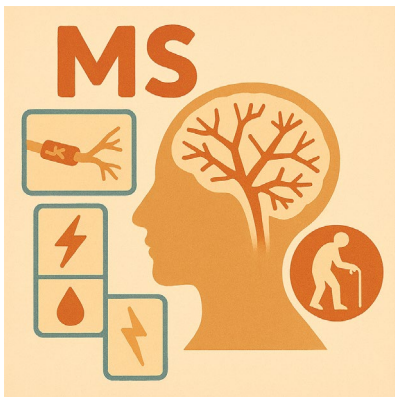
- People with acquired brain injury



- People with cerebral palsy



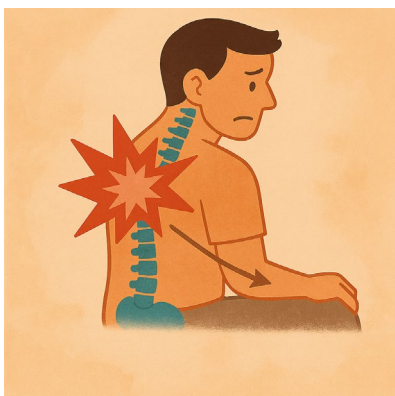
- People with Down syndrome



- People with MS



- People with psychosocial disability



- People with spinal cord injury



- People who have had a stroke



- People with Parkinsons disease



- People with dementia

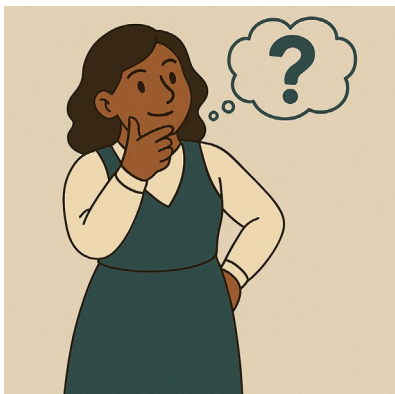


We think it could be used by

- Children

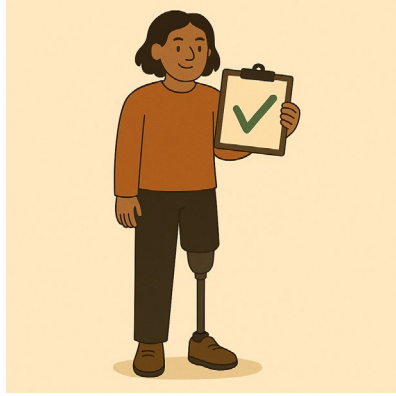


- Adults.



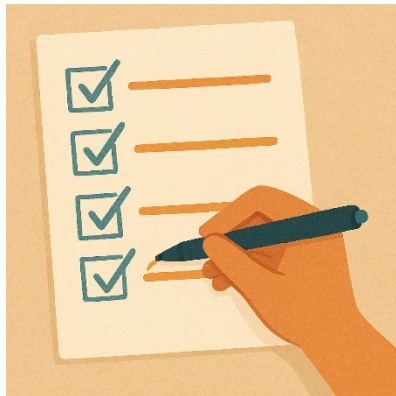
Question 2

- Do you think we have said all the groups of people who might use exercise physiology with their NDIS plan.



Please tick only 1 box.

Yes



No

I want to change something.

Please write what you want to add in the box.

You can

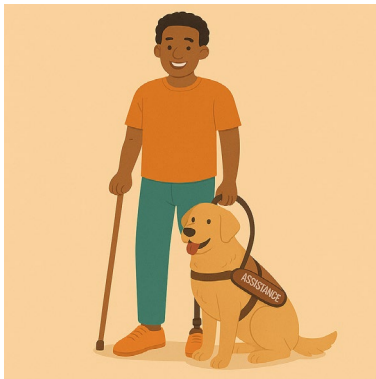
- Add something
- Take something away.

Question 3 outcomes



Supports are used to get good **outcomes**.

Outcomes are the things we see when our plans are working.



Outcomes can

- Make peoples lives better



- Keep people safer.



We think exercise physiology aims to help with



- Being able to move around more

This could help people be safer.

People could fall over less.



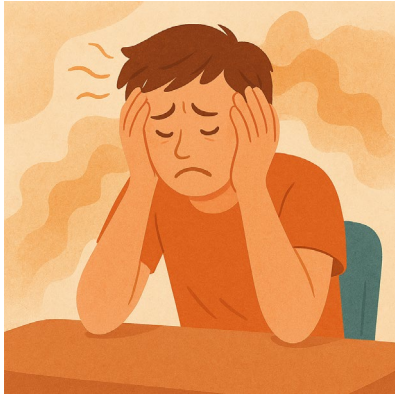
- Having a health body

This can help you have better

- Blood pressure
- Blood sugar levels.



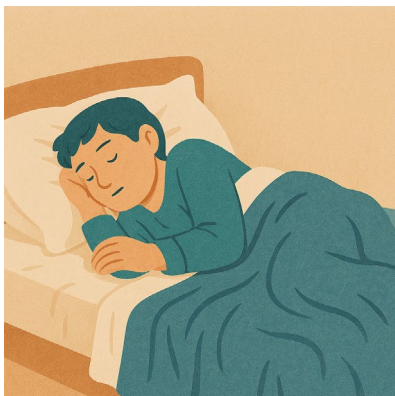
- **Not** having tight muscles or pain



- Stress



- Your mood



- Sleep

It can help you feel less tired.



- Your memory



- Feeling good about yourself



- Being able to do things for yourself



- Being more active



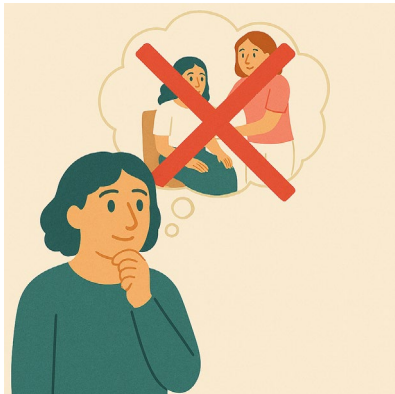
- Taking part in the community



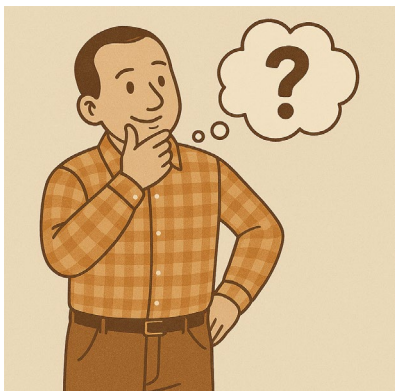
- **Quality of life**

Quality of life means being

- Happy
- Healthy.

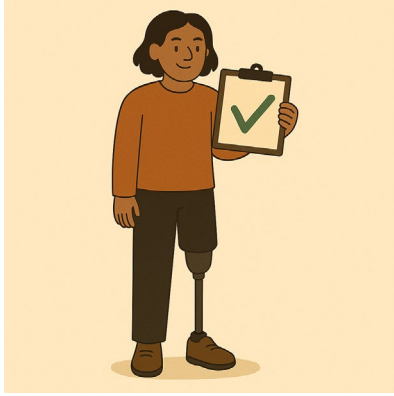


- Having less need for
- Carers
- Other paid supports.



Question 3

Do you think we have said the most important outcomes for this support.



Please tick only 1 box.

Yes

You can write extra things if you want.

You can put the outcomes you think are the most important.



No

I want to change the list.

Please write what you want to change in the box.

You can

- Add something

Take something away.

Question 4 compare with other supports



We need to **compare** how well exercise physiology works

- On its own
- With other supports.



Compare means to look at 2 or more things.

You might look at what

- Is different
- Is the same
- Works best.

This will help us say if 1 support is best.



Other supports that might be used with exercise physiology are

- Personal training

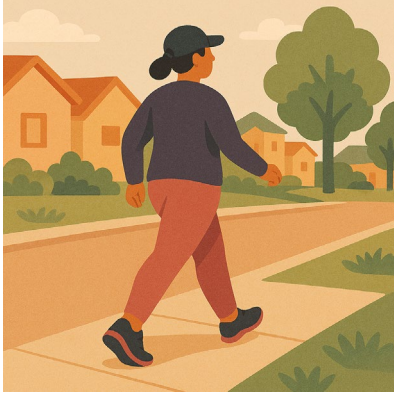
This is when someone helps you with your fitness.



- The gym



- Exercise classes



- Doing exercise on your own



- Strength and conditioning coaches

This is when someone is helping you be

- Faster
- Able to exercise for longer
- Able to do more exercise.



Using gym equipment

Like

- Treadmill
- Exercise bike.



- Taking part in exercise activities in the community



- Using other things to do exercise

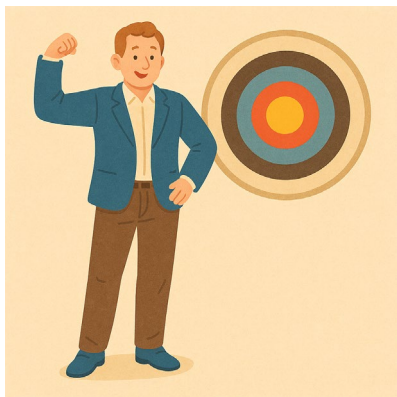
Like a game that gets you to move around.



- Sports groups



- Other therapy or allied health supports



We think these supports can be used with exercise physiology.

They aim to help people with the same **outcomes**.

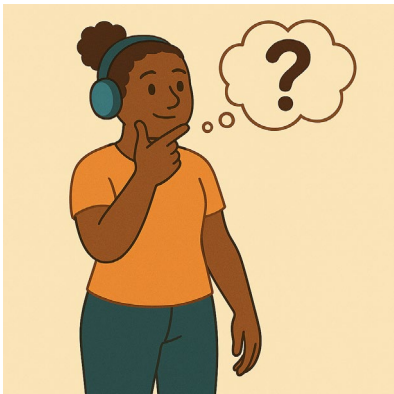
Outcomes are the things we see when our plans are working.



Have you tried different supports to help with exercise physiology.

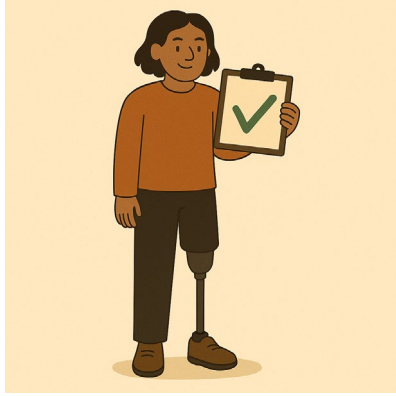


What supports would you use if you could **not** use exercise physiology.



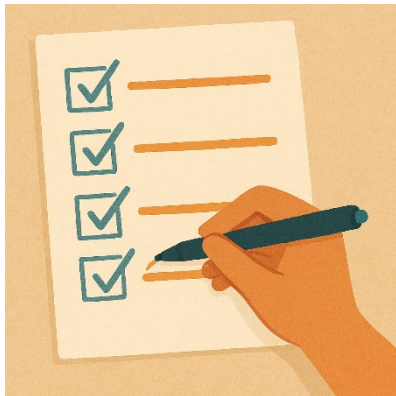
Question 4

Are these the best supports to compare to exercise physiology.



Please tick only 1 box.

Yes



No

I want to change something.

Please write what you want to change in the box.

You can

- Add something
- Take something away.



Thank you for doing **part 1**.

Please do **part 2** next.



You can take a break if you need it.

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