



# PHYSIOTHERAPY

Reform-ready.  
Evidence-led.  
Patient-focused.

Australian Physiotherapy Association  
2026-27 Federal Pre-Budget Submission  
January 2026



AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION

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## EXECUTIVE SUMMARY

### Physiotherapy: Reform-ready. Evidence-led. Patient-focused.

Australia's health system is under strain and reform cannot wait. As the government prepares its 2026–27 Budget, there is a clear opportunity to invest in smarter, more connected care that delivers better outcomes and greater value.

Musculoskeletal conditions are the leading cause of disability worldwide and cost the Australian health system an estimated \$16.3 billion each year.<sup>1</sup> Injuries from falls (\$5.4 billion), osteoarthritis (\$4.8 billion) and back pain and problems (\$4.0 billion) account for more spending than any other disease group.<sup>2</sup> Chronic pain often pushes people into hospital, especially those already living with multiple long-term conditions,<sup>3</sup> and when physiotherapy is hard to access, many end up relying on opioids, recovering more slowly and experiencing poorer outcomes.<sup>4,5,6,7</sup>

Physiotherapy is a proven, cost-effective intervention across the care continuum, from early intervention and chronic disease management to effective non-surgical pathways and prevention of avoidable hospital admissions. It sits at the front line of care, bridging primary and acute settings and delivered in homes, clinics, community centres and hospitals. It is reform-ready, backed by a strong evidence base and able to deliver high-value care at scale.

Yet too often, patients must wait until they reach hospital to access a publicly funded physiotherapist. A First Contact Physiotherapy model would change that, enabling people to receive timely musculoskeletal (MSK) care in primary care without referral or out-of-pocket costs. This reduces the need for surgery, imaging and emergency care.

Our Economic Value of Physiotherapy Nous Group analysis shows that these pathways deliver strong returns, consistent with recent UK evidence.<sup>8</sup> A national ROI analysis by the Chartered Society of Physiotherapy (2025) found an overall £4 return for every £1 invested, including £145 million in annual net savings to the NHS (≈ A\$296 million) and £1.88 billion in net yearly total benefits to the UK (≈ A\$3.84 billion).<sup>9</sup> Condition-specific analyses show even greater value: £30–£35 returned for every £1 invested in hip and knee osteoarthritis, substantial savings from pulmonary rehabilitation and significant economic gains from falls prevention.<sup>10</sup>

The 2026–27 Budget is an opportunity to capture similar gains by expanding timely MSK physiotherapy pathways that strengthen primary care, reduce hospital demand and deliver clear economic and social value.

Australia's health reforms are moving in the right direction but the system still leans heavily on hospitals to solve problems that begin in the community. Physiotherapy offers a different path. It keeps people mobile, reduces pain, restores function and prevents decline. It is one of the few parts of the health workforce that can deliver prevention, early intervention and rehabilitation at scale. The evidence is clear, the need is growing and the opportunity is immediate. What remains is aligning policy and funding so physiotherapy can deliver the impact the system urgently needs. **The next page sets out the path.>**

## Physiotherapy: ready to deliver reform

The APA presents a suite of reform solutions to strengthen Medicare and modernise funding models to meet the needs of today's health system. Physiotherapy-led models offer scalable, evidence-based solutions that strengthen primary care, reduce hospital demand and improve access for people living with chronic conditions, pain and disability.

This pre-Budget submission outlines four key priorities where physiotherapy can help deliver on the government's reform ambitions:

**1. Unlocking access:** reform-ready care pathways

Frontline capacity should be expanded by integrating physiotherapy-led models into multidisciplinary (MDT) primary care teams. Early intervention, stronger prevention and non-surgical pathways reduce hospital demand. Improving access to physiotherapy lifts patient outcomes, eases pressure on acute services and ensures that evidence-based care is available where it is needed most.

**2. Restore and protect:** National Disability Insurance Agency (NDIA) pricing

NDIA pricing needs fixing to reflect the true cost of care. Restoring access to essential physiotherapy and protecting scheme sustainability ensures that people with disability receive the care they need.

**3. Funding for equity:** closing the care divide

Physiotherapy is vital in aged care, in veterans' health and in rural and First Nations communities, priority populations that continue to miss out on early intervention to restore function, protect independence and reduce long-term costs.

**4. Market stability:** fixing the foundations of funding

Physiotherapists play a critical role in sustaining stable markets and need funding that reflects the complexity of their work, the skill it requires and its central place in patient care.

Delivering on these priorities requires addressing the system barriers that continue to constrain scalable physiotherapy-led care.

Reform has begun in general practice but Australians need care beyond those walls. The Budget has not kept pace despite this government's commitments to harness the full health workforce. Key disciplines remain underused and priority areas continue to be underserved, limiting the system's ability to meet rising demand. Digital infrastructure, data and commissioning are still incomplete. These gaps matter but they cannot justify delay. Scalable care such as physiotherapy-led rehabilitation, reablement and early intervention should not be held back by systems still under construction.

Payment systems remain fragmented, particularly across the NDIA and care-at-home sectors. This undermines provider viability and continuity of care. Without targeted correction, pressures will grow. The sector is increasingly uneasy as pricing moves towards harmonisation, which risks importing flawed assumptions and destabilising already thin markets. Across the broader system, funding models are moving toward blended payment reform but the direction and pace remain unclear and out of step with frontline urgency.

**Budget 2026–27 must close the reform gap. Reform has begun and the Budget must now back the care that completes it. Physiotherapy is ready to deliver scalable, evidence-based solutions that improve outcomes, reduce costs and give Australians the care they deserve.**

## Summary of recommendations

The submission outlines four priority reforms and supporting actions across 14 budget measures to strengthen the health system and deliver meaningful change.

<b>PRIORITY 1:</b> Unlocking access	Reform-ready care pathways	<b>1.1: Multidisciplinary models</b> Australians need improved recovery and stronger prevention to keep common conditions from progressing to surgery. Four scalable models target knee OA, falls and frailty, low back pain and continence.	A more efficient patient journey	<b>1.2: First Contact Physio</b> Patients need faster, simpler access to diagnosis and treatment for MSK and chronic conditions. First Contact Physiotherapy will strengthen early intervention and outcomes.	<b>1.3: Direct referrals</b> Patients face long waits for orthopaedic care and diagnostic imaging. Physiotherapist referral rights to orthopaedic specialists and MSK imaging will streamline pathways and enable access.
	<b>PRIORITY 2:</b> Restore and protect	NDIA pricing reform		<b>2.1: NDIA physiotherapy</b> People with disability need a scheme that drives outcomes, not savings from underpricing therapy. Market-aligned physiotherapy pricing (\$236 per hour, per Nous Group) will restore integrity and equitable access.	<b>2.2: Integrity measures</b> People with disability need fair pricing and dependable access everywhere. Correcting price limits, separating travel funding and strengthening governance will ensure consistent, equitable care.
<b>PRIORITY 3:</b> Funding for equity	Closing the care divide	<b>3.1: Healthy ageing</b> Older people need restorative care that prevents decline and supports independence wherever they live. Full clinical funding, aligned pricing, funded travel and stronger reablement requirements will ensure consistent, high-quality care.	<b>3.2: Women's health</b> Women need physiotherapy across pregnancy, postpartum and pelvic health to prevent complications and improve recovery. Funding early supports, continence care and integrated pathways will strengthen outcomes.	<b>3.3: Veterans' care</b> Veterans need timely physiotherapy supported by fair, sustainable pricing. An urgent DVA fee increase is required to maintain timely, viable access to physiotherapy for veterans.	
	Priority groups	<b>3.4: First Nations communities</b> First Nations peoples need culturally safe, locally led physiotherapy to improve access and outcomes. Investment in First Nations-led services, workforce pathways and ACCHO-embedded physiotherapy will deliver consistent, high-quality care.		<b>3.5: Rural and remote communities</b> Rural Australians need accessible physiotherapy to cut delays, travel and preventable hospitalisations. Targeted incentives, flexible commissioning and direct support for physiotherapy will sustain rural care.	
<b>PRIORITY 4:</b> Market stability	Foundations of care funding	<b>4.1: System-level reforms</b> Outdated, inconsistent pricing across national programs is destabilising markets and weakening access to physiotherapy. Market-aligned pricing, flexible commissioning and transparent service units will provide a stable, evidence-based foundation for sustainable care.	<b>4.2: Program-specific adjustments</b> Program rules that underfund physiotherapy, overlook clinical complexity and ignore travel are undermining access and continuity across aged care, disability care, veterans' care and community health. Updating pricing, service definitions and commissioning will ensure that physiotherapy is properly funded and reliably available across all programs.	<b>4.3: Workforce and capability measures</b> Demand growth and workforce shortages are straining physiotherapy services across all settings. Stronger supply, better distribution and enhanced training pipelines will stabilise the workforce and support safe, high-quality care.	

# 1. UNLOCKING ACCESS

## Embed physiotherapy

### Strengthening primary care through new physiotherapy-led models

A simple policy shift can unlock major system gains. Integrating physiotherapists in GP-multidisciplinary frameworks is a proven, scalable way to reduce hospital demand, improve outcomes for musculoskeletal conditions and strengthen community-based care.

The models are ready. The workforce is in place. What's missing is funding reform.

This is not about co-location. It is about commissioning physiotherapy as part of integrated care, wherever it is delivered. A blended funding model, informed by lessons from mental health and chronic disease care, would enable early intervention, support team-based care and deliver measurable system savings.

This is the moment to fund what works.



# Reform-ready care pathways

## Unlocking reform through GP and physiotherapy collaboration

### General practice drives early intervention for pain, injury and chronic conditions but without physiotherapy, the pathway is incomplete.

Primary care reform needs scalable, evidence-based care models that improve outcomes, ease hospital demand and strengthen community care. Current approaches, such as the Chronic Disease Management framework, remain fragmented and transactional, with capped access. Reform should begin in disciplines like physiotherapy, where clinically aligned, proven models are ready to deliver.

Physiotherapists deliver proven impact across musculoskeletal care, chronic disease, disability and prevention, yet remain underused in the health system. A blended funding model, drawing on successful approaches in diabetes and mental health, would enable scalable, evidence-based care. Integrating physiotherapy into GP multidisciplinary frameworks bridges the gap between primary care and hospitalisation, preventing admissions, improving outcomes and reducing system strain. Strengthening this collaboration is essential to delivering timely, coordinated care.

Reform must start with a targeted, needs-based approach focusing on high-impact areas where unmet demand and cost burden are greatest.

Musculoskeletal pain, chronic conditions and injury remain under-addressed despite driving significant demand. Investment in non-surgical pathways, prevention and pain management offers a clear route to ease hospital pressure, improve outcomes and deliver measurable savings. Physiotherapy is positioned to lead this shift but funding reform is essential to embed it where it is needed most.

Reform starts here: four physiotherapy-led, evidenced-based models.

1

#### Knee osteoarthritis

Close the current care gap by embedding a physiotherapy-led, non-surgical pathway for knee OA, reducing unnecessary surgical demand, lowering system costs and delivering measurably better patient outcomes.

2

#### Falls prevention

Establish a priority MDT model that embeds a physiotherapy-led frailty-to-independence pathway, reducing preventable hospitalisations, injury and death and safeguarding the health and mobility of older Australians.

3

#### Low back pain

Build a priority injury-to-recovery pathway that embeds physiotherapy-led care, cutting unnecessary imaging and opioid use while delivering safer, faster and more effective recovery.

4

#### Incontinence

Establish a priority pathway to pelvic health confidence, embedding physiotherapy-led continence care to restore dignity, reduce avoidable complications and improve long-term quality of life.

## Physiotherapy is frontline but underfunded

Australians need simpler, faster recovery for common musculoskeletal injuries, alongside stronger prevention to reduce injuries and stop conditions escalating to surgery.

Physiotherapists are delivering essential services in chronic disease, pain and prevention, yet funding models continue to overlook their role. The result is a system where access is constrained, outcomes are delayed and workforce potential is underutilised.

Multidisciplinary reform will not be achieved by forcing a co-location model. Allied health cannot always be structured within GP practices and reform should not assume a single-site solution. Reform must connect and integrate care, starting with models that have a strong evidence base, including models for knee osteoarthritis, falls prevention, low back pain and continence.

Unrealised value. Proven models.

### Physiotherapy: A high-value reform opportunity

Physiotherapy offers some of the most effective, evidence-based pathways to reduce avoidable hospital use, prevent deterioration and support faster recovery.

*“Our profession delivers frontline care in musculoskeletal injury, chronic disease and prevention, yet remains under-recognised in funding models. Investing in physiotherapy is a practical, high-value reform that strengthens integration, improves outcomes and reduces pressure across Medicare and aged care.”*

**Dr Rik Dawson**  
APA National President

### PATIENT BENEFITS

Physiotherapy-led care delivers high value by improving outcomes and reducing system costs.

Targeted physiotherapy for knee osteoarthritis could save **\$100 million**<sup>I</sup> a year by reducing avoidable surgeries.



Up to nine in 10 people<sup>II</sup> may avoid knee replacement, helping contain projected joint-replacement costs of \$5.32 billion by 2030<sup>III</sup>.

Falls cost **\$5.4 billion** and cause **248,000 hospitalisations**



(43% of all injuries).<sup>IV</sup> Physiotherapy-led balance and strength programs reduce preventable admissions.

### Low back pain costs Australia

**\$4 billion a year** through disability, lost productivity and early retirement.

Physiotherapy-led care provides high-value, early intervention that reduces chronicity and system costs.<sup>V</sup>



### Pelvic health physiotherapy

reduces healthcare costs and productivity losses by preventing long-term disability and supporting women's participation.

Incontinence affects **7.2 million** Australians and costs **\$100 billion** annually.<sup>VI</sup>



Across these conditions, physiotherapy-led care delivers better outcomes and better value.

Sources: I-III. Docking et al., JAMA Netw Open (2024); Monash University, Joint Replacement Cost Study (2019); IV. AIHW, Falls in Older Australians (2022); AIHW, Health system spending on disease and injury in Australia 2023–24 (2025); V. Ibid.; VI. Continence Foundation of Australia, The Economic Impact of Incontinence in Australia (2020).

# BUDGET MEASURES

## Budget measure 1.1: Four physiotherapy models ready to scale

### Model 1

Non-surgical pathway

### Knee osteoarthritis

Strengthening Medicare means backing full recovery pathways. Prehabilitation should drive MDT reform and physiotherapy-led, non-surgical pathways cut surgical demand and ease system pressure.

#### What does this look like? Physiotherapy for patients at risk of surgery

Patients are often left waiting years for knee surgery. During this time, GPs struggle to keep them active, manage their pain and prevent their condition from worsening. Without a clear injury-to-recovery pathway, patients miss timely physiotherapy, leading to deterioration, harder recoveries and increased hospital strain.

Physiotherapy-led osteoarthritis programs for the knee and hip deliver a \$3772 net benefit per episode and can help nine in 10 Australians with knee OA avoid surgery.<sup>11 12</sup> With knee and hip replacement costs projected to reach \$5.32 billion, early physiotherapy offers substantial savings and better outcomes.<sup>13</sup> It prevents deterioration, reduces pain and can help patients avoid surgery altogether. When surgery is required, physiotherapy shortens hospital stays and speeds recovery. Preoperative physiotherapy reduces postoperative care by nearly 30 per cent,<sup>14</sup> saving costs and improving outcomes.<sup>15 16</sup>

A Medicare-backed blended model, similar to those used in diabetes and mental health, would enable earlier access to physiotherapy. Programs like GLA:D® show that physiotherapy can cut reliance on surgery and medication, providing a proven, scalable pathway.

**The APA is calling on the federal government to fund a blended Medicare model to scale physiotherapy-led knee OA pathways and reduce avoidable surgery.**

### Model 2

Frailty-to-independence pathway

### Falls prevention

Strengthening Medicare should enable safe, independent ageing. Physiotherapy-led falls prevention reduces hospitalisations and morbidity, supports reablement and keeps people active in their communities.

#### What does this look like? A blended group therapy model

As the initial point of contact for health concerns, GPs are often the first to identify frailty and falls risk. But without structured physiotherapy, patients face increasing falls and hospitalisations and a loss of independence.

Despite strong evidence,<sup>17</sup> falls prevention is often overlooked in primary care and physiotherapy-led programs remain underused. International guidelines show that these programs reduce falls and save the health system costs,<sup>18 19</sup> yet policy reform has not focused on scaling them.

System-level investment is urgently needed. The *Value of Physiotherapy in Australia* report found that physiotherapy-led falls programs save \$1,320 per episode.<sup>20</sup> With falls costing the health system \$5 billion and leading to 248,000 hospitalisations<sup>21</sup> each year, meaningful investment is overdue. Physiotherapy-led balance and strength programs offer a targeted frailty pathway that reduces high-cost interventions, eases system strain and supports safe ageing.

**The APA is calling on the federal government to fund a blended Medicare model that scales physiotherapist-led balance and strength group programs to ensure accessible interventions for all older people at increased risk of falls (≥ one fall in the past year).**

**Model 3**  
Injury-to-recovery pathway

## Low back pain

Australia's leading cause of disability demands reform. Strengthening Medicare must tackle low back pain and prioritise physiotherapy as first-line care to avoid unnecessary spinal surgeries.

### What does this look like? A blended physiotherapy intervention model

GPs are central to low back pain management, yet without structured physiotherapy, patients decline, costs rise and hospital strain grows. Low back pain is the second most common reason for GP visits,<sup>22 23</sup> affects one in six Australians<sup>24</sup> and is the leading cause of disability<sup>25</sup> and lost productivity.<sup>26 27</sup>

Despite strong evidence, primary care often defaults to costly, less-effective interventions while physiotherapy-led education, exercise and activity remain underused. Physiotherapy is proven to be effective,<sup>28 29</sup> delivering an estimated \$6,063 net benefit per episode, with multidisciplinary approaches leading to optimal outcomes.<sup>30</sup>

A blended, physiotherapist-led pathway would provide diagnosis-driven assessment and triage. Group programs build function and resilience while reducing hospital demand and complex or higher-risk patients receive one-on-one care. This integrates GP entry with physiotherapy expertise to deliver scalable, evidence-based care and direct resources where they provide the greatest value.

**The APA is calling on the federal government to fund a blended model for physiotherapist-led programs in low back pain care to reduce disability and ease system strain.**

**Model 4**  
Pathway to pelvic health confidence

## Pelvic health and continence

A widespread, high-cost condition demands action. Strengthening Medicare must support first-line physiotherapy-led PFMT to prevent deterioration and reduce avoidable expenditure.

### What does this look like? A blended pelvic floor muscle training (PFMT) model

Urinary incontinence is a common GP presentation but evidence-based pelvic-floor physiotherapy is not consistently accessed early, despite RACGP guidance recommending it as first-line care.<sup>31</sup> Without timely physiotherapy, symptoms progress and avoidable costs rise.

Incontinence affects 7.2 million Australians and costs \$100 billion annually. Conservative-first, stepped continence care, with physiotherapy at its core, is recognised as the global gold standard in incontinence prevention and treatment, reducing reliance on products and surgical intervention.

Primary care often defaults to costly, less-effective interventions while supervised, tailored pelvic floor muscle training and advanced physiotherapy techniques remain underused, despite strong evidence. PFMT delivers strong clinical outcomes and treating stress urinary incontinence with physiotherapy delivers an estimated \$16,814 net benefit per episode of care.

A blended pathway provides diagnosis-driven, scalable PFMT, advanced pelvic physiotherapy techniques and targeted one-on-one care, aligning GP entry with physiotherapy expertise.

**The APA is calling on the federal government to fund a blended model for physiotherapist-led continence programs.**

# Making it happen.

## A more efficient patient journey

Building the foundations for FCP and direct referral reform

Reform should begin with disciplines that are reform-ready, such as physiotherapy, and focus investment on high-impact areas where unmet need and cost burden are greatest.

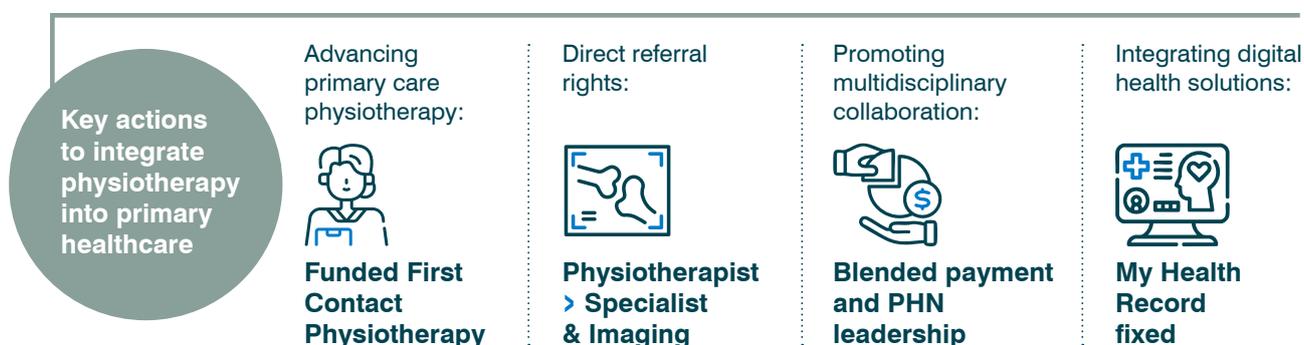
Digital health, multidisciplinary care, sustainability, access and prevention now define the national reform direction. To make these priorities real, the system needs the workforce capable of delivering them and physiotherapy is central to that capability. Reform is emerging through MyMedicare but it must extend beyond GPs and nurses to function as a true team-based model. Primary Health Networks are commissioning new pathways, though scale remains limited. The Workforce Review is addressing scope and prescribing and urgent care clinics are expanding their teams, yet without physiotherapy the model remains incomplete. Reform is moving but it will fall short unless physiotherapy is embedded as a core part of the system.

Unlocking access depends on five enablers. First, publicly funded First Contact Physiotherapy in primary and urgent care clinics, giving patients faster diagnosis and easing pressure on hospitals and GPs. Second, direct referral rights and expanded imaging access, cutting duplication and delays so patients move through the system seamlessly and unnecessary consultations are avoided. Third, digital health integration that modernises My Health Record and connects physiotherapy with multidisciplinary care. Fourth, empowerment of Primary Health Networks to commission integrated pathways that embed physiotherapy into local models of care. Fifth, a Medicare Benefits Schedule Review Advisory Committee (MRAC) that drives genuine reform by ensuring the MBS supports multidisciplinary team-based care.

### Rethinking how we deliver care

We call on the federal government to ensure equitable, early access to physiotherapy by embedding publicly funded First Contact Physiotherapy into primary care and urgent care clinics. By positioning MRAC Chronic Disease Management reform as the catalyst for MDT models, we unlock measurable value, reducing pain and MSK burden while driving efficiency, equity and better patient outcomes.

### Key actions for reform

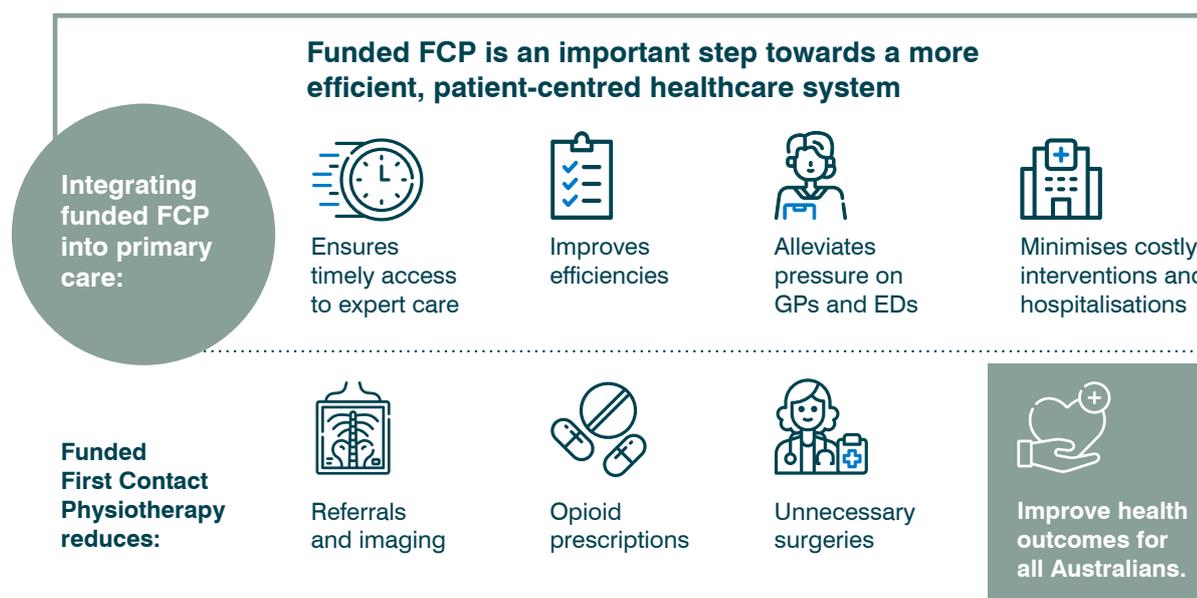


# BUDGET MEASURES

## Budget measure 1.2: First Contact Physiotherapy

Patients need faster and more seamless access to diagnosis and treatment for musculoskeletal pain and conditions.

Publicly funded First Contact Physiotherapy in primary care can give patients faster access to safe and effective care. Physiotherapy has untapped capacity in the health system and can play a stronger role in meeting community need. There is an opportunity to invest in modern care pathways including pain management, non-operative treatment, comprehensive recovery and early intervention. In a funded First Contact Physiotherapy model, patients can see a physiotherapist first in primary care and receive the treatment they need without out-of-pocket costs. This improves access to high-quality diagnosis, treatment and preventive care and reduces pressure on emergency departments, surgery and other medical services.



### Why this matters

- Better outcomes: early physiotherapy intervention improves diagnosis, treatment and recovery for musculoskeletal pain and conditions.
- Equity of access: too many Australians miss out on timely care; publicly funded physiotherapy ensures fair access for all.
- System value: integrating physiotherapy elevates care quality, reduces downstream costs and maximises workforce potential.

### Key asks

The APA is calling on the federal government to:

1. make physiotherapy a core part of the urgent care clinic team to deliver safe, effective musculoskeletal care
2. introduce new Medicare-rebated item numbers and blended funding models to support physiotherapy in primary care (models 1 to 4 in 1.1 of this submission)
3. expand publicly funded First Contact Physiotherapy to provide faster access to diagnosis and treatment in primary care
4. ensure that MRAC, through the Allied Health Chronic Disease Management Services Review, increases allied health access—consistent with sector calls for higher annual session limits—to enable physiotherapy-led multidisciplinary models for priority chronic conditions
5. resource Primary Health Networks to commission physiotherapy-led MDT pathways that deliver measurable outcomes.

## Budget measure 1.3: Direct referrals

Patients are waiting too long for access to orthopaedic care and essential diagnostic imaging.

Most musculoskeletal conditions can be assessed and managed safely by physiotherapists without the need for a surgical consult. Direct referral rights would allow physiotherapists to guide patients to the right care sooner and only escalate to a surgeon when clinically required. There is an opportunity to remove barriers that slow diagnosis and add unnecessary steps to the patient journey. With direct referral rights, physiotherapists can refer patients for imaging or specialist review when needed, reducing avoidable GP visits and shortening the time to treatment. This creates a more efficient patient pathway, improves access to timely care and reduces pressure on general practice and specialist services.

### Why this matters

- › Faster care: direct referrals cut delays in diagnosis and treatment for musculoskeletal conditions.
- › System savings: Nous Group analysis shows potential savings of \$162 million annually through avoided GP consultations and reduced patient out-of-pocket costs.
- › Better outcomes: early access to specialist care and imaging improves recovery and reduces chronicity.
- › Integrated care: including physiotherapists in My Health Record strengthens multidisciplinary communication and GP collaboration.

### Reform priorities

- › Direct referral rights for physiotherapists to orthopaedic surgeons, consistent with their scope of practice.
- › Expanded medical imaging rights across modalities including ultrasound, X-ray and MRI.
- › Modernisation of My Health Record to include physiotherapists, enhancing care coordination.

### Key asks

The APA is calling on the federal government to:

1. amend the Medicare Benefits Schedule to enable physiotherapist referrals to orthopaedic surgeons (Recommendation 12, *Scope of Practice Review*)
2. grant Medicare physiotherapy referral rights for musculoskeletal imaging items.

## Alignment across the care system

GPs already refer to physiotherapists more than any other allied health profession, underscoring physiotherapy's role in timely, evidence-based care.<sup>33</sup>

*"Allowing physiotherapists to refer directly to orthopaedic surgeons for clearly defined musculoskeletal presentations is a sensible, patient-centred reform. With shared communication, it improves access, reduces delays and supports continuity across the system."*

**Dr Rik Dawson**  
APA National President

## 2. RESTORE AND PROTECT

### Disability reform

#### Pricing must reflect the true cost of care to restore access and sustainability

Physiotherapy is essential for NDIS participants, enabling mobility to build independence, avoid hospital admissions and engage fully in community life. Yet the scheme's current price limit sits well below market rates, prompting providers to withdraw or curtail services, which leaves participants with diminished access to essential supports.

Independent analysis<sup>34</sup> confirms that the NDIA's 2025–26 price limit of \$183.99 an hour is misaligned with actual market rates of \$215–\$259 an hour.

The methodology underpinning the limit is deeply flawed, built on limited data, unrealistic assumptions and a disregard for the complexity of disability care. These failings reflect broader structural weaknesses that erode access and threaten provider viability and ultimately participants' outcomes. The failure to reform travel funding is indicative of these greater systemic flaws. Past policy inertia and recent pricing cuts have deepened inequities for regional participants, weakened service sustainability and underscored the NDIA's disconnection from operational conditions.

It's a fixable error. Pricing must be recalibrated to reflect the true cost of care.



# NDIA pricing

## Fixing a reform failure to restore confidence and sustainability

### Budget correction is needed to secure equity and sustainability

Physiotherapy is integral to the scheme, enabling participants to build independence, mobility and functional capacity. It is the foundation for participation in education, employment, relationships and community life. By establishing the baseline of function, physiotherapy makes engagement possible, particularly for participants with complex needs. Without fair pricing, independence is compromised and outcomes decline.

Independent analysis by Nous Group shows that the NDIA physiotherapy prices are set far below market rates.

For 2025–26, the NDIA national price limit is \$183.99 per hour—a 5.2 per cent cut from last year. Market evidence places the 75th percentile rate between \$215 and \$259 per hour, while private health insurance data (covering approximately 25 per cent of the market) shows a 70th percentile session fee equivalent to \$236.50 per hour. The gap is significant. It destabilises providers, undermines participant outcomes and threatens NDIS sustainability. The cap sits well below what is required to sustain high-quality, participant-centred care. Correction is essential to restore confidence, stability and equity.

Reform starts here: reform must be evidence-based, complexity-adjusted and transparently governed.

2.1

#### NDIA physiotherapy price calibration

The current physiotherapy price determination needs to be overturned and the limit adjusted in line with the Nous Group's recommendations to **\$236 per hour**.

2.2

#### Integrity measures

Funding travel separately, aligning fees with wage and frontline realities, embedding provider input in plan design and committing to a transparent, independently overseen review cycle with full consultation and published data will strengthen accountability.

2.3

#### Thriving Kids

Early physiotherapy is vital for children's development. To deliver the \$2 billion Thriving Kids vision, physiotherapy must be included and governments must agree on a shared investment framework so national rollout can begin and unmet need doesn't keep growing.

# BUDGET MEASURES

## Budget measure 2.1: NDIA physiotherapy price calibration

This pre-Budget process is an opportunity to align price with value, restore trust and ensure that the NDIS delivers on its promise.

Current pricing architecture is misaligned with the scheme's own standards of quality and equity. Travel, coordination and capacity building are absorbed into therapy budgets, distorting plan integrity and reducing service hours. Underspensing is misread as excess funding when it reflects access barriers, workforce shortages and rigid rules. Cuts based on underspensing entrench inefficiency and undermine participant confidence.

Without correction, the scheme risks drifting further from its intent: to deliver equitable, sustainable supports that enable participation and independence.

### Why this matters

- Access at risk: the pricing limit restricts participant access and undermines equity and scheme intent.
- Scheme sustainability: below-market rates erode provider viability, weaken workforce retention and destabilise supports.
- Clinical complexity: physiotherapy sets the functional baseline for participants; mispricing advanced clinical care for multi-morbidity and complex disability undermines outcomes.
- Evidence base: Nous Group analysis shows that the caps are far below benchmarks; aligning to the 70–75th percentile strengthens sustainability.

### Flawed methodology undermines confidence in pricing decisions

Budget correction is the first step toward restoring trust and aligning the scheme with its founding principles of equity, sustainability and participant-centred care.

The 2024–25 Annual Pricing Review relied on inappropriate data and flawed modelling and failed to account for the complexity of disability supports, resulting in limits that undercut the true costs of care. The review brought forward a range of queries that call into question the validity of the methodology used.

Given the gravity of its effects, the physiotherapy pricing decision should be overturned and adjusted in line with the review's recommendations. From here, the process must be transparent and conducted in full consultation with the sector to ensure fair and sustainable outcomes. It's a fixable error. Pricing must be recalibrated to reflect the true cost of care.

## Where the APR modelling fell short

The 2024–25 Annual Pricing Review introduced new modelling methods using MBS and private health insurance data, producing hourly benchmarks of \$151–\$159—18–22 per cent below the NDIA's then-current national therapy price limit of \$193.99, which was the price cap in place during the APR modelling period.

By contrast, six other methods reviewed in the same report produced benchmarks between \$215 and \$240, with other published approaches pointing even higher. The APR also claimed comparable schemes sit between \$140 and \$190, despite its own data showing a median near \$200 and a 75th percentile around \$215.

**A key factor for this gap is the APR's regression-based session-duration estimates, which assumed 45-minute sessions rather than the 30-minute norm, pushing hourly rates sharply downward.**

Taken together, these modelling choices produced benchmarks well below prevailing market rates and weakened confidence in the process.

Source: Nous Group (2025). Review of the 2024–25 APR with respect to physiotherapy. 21 October 2025. Prepared for the APA.

# REFORM PRIORITIES

## Budget measure 2.2: Integrity measures

Standalone travel funding, fee-schedule alignment and provider input in plan design.

Budget correction must do more than lift physiotherapy and travel limits. It must realign fee schedules with wage policy and operational realities; fund travel as a standalone item to ensure equitable access across metropolitan, regional and remote areas; and embed provider recommendations into plan construction to strengthen responsiveness and plan integrity. Above all, it must guarantee transparent governance through independent review, full sector consultation and publication of underlying data.

Governance and transparency remain weak. The Annual Pricing Review has been criticised for agency-led determinations that sideline independent advice, leaving pricing vulnerable to political rather than evidence-based decisions. Inadequate caps drive costs into hospitals and informal care, exacerbate workforce shortages and entrench market failure in both metropolitan and regional areas.

### Key asks

The APA urges the federal government to:

1. lift physiotherapy pricing limits to market-aligned levels of \$236 an hour in line with Nous Group recommendations
2. align pricing with workforce realities to safeguard provider sustainability and participant outcomes
3. fund travel as a standalone item to ensure equitable access across metropolitan, regional and remote areas
4. guarantee transparent governance through independent review, full sector consultation and publication of underlying data.

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## Budget measure 2.3: Thriving Kids

Physiotherapy is essential to the Thriving Kids vision.

Early investment in paediatric physiotherapy identifies and responds to developmental concerns where children live, learn and play. Movement is the pathway to exploration, connection, learning and participation. When motor skills lag, opportunities to explore, communicate and join everyday activities narrow.

Minister Butler's Thriving Kids initiative is a major step forward. The government has committed \$2 billion over five years to build a national system of supports for children aged 0–8 with mild to moderate developmental delay and autism. Physiotherapy must be included as part of this system. Without it, the promise of early intervention will not be realised.

The risk is that Thriving Kids stalls before it begins. Federal funding is pledged but implementation depends on state and territory agreement. Without a shared investment framework, services cannot be rolled out nationally, leaving unmet need to grow and long-term costs to escalate.

### Key asks

The APA urges the federal government to:

1. fund physiotherapy within foundational support models and early childhood Medicare instruments
2. embed physiotherapy-led screening and early intervention within multidisciplinary teams across health, education and community settings
3. introduce nationally consistent developmental checks with physiotherapists accessible—for motor-focused screening and immediate family-centred capacity building supports.

## 3. FUNDING FOR EQUITY

### Fill the care gaps

#### Reform intent has not translated into delivery

Reform has promised more than it has delivered. The care that matters most, particularly for those with the highest need, remains at the margins of funding. The result is rising demand, missed opportunities to intervene early and people left without the services they need.

It's a reminder that reform is about people, not programs.

Equity in funding is the principle that ensures that care reaches those who need it most. When delivery falters, the effect is cumulative as access narrows, equity erodes and sustainability is compromised. Funding for equity requires more than incremental adjustments. It means redesigning the system so investment follows need, supports prevention, embeds physiotherapy in primary care and brings reform to the people it was meant to serve.



# Closing the care divide

Structural failures eroding access, equity and sustainability

## Closing the care gaps starts with physiotherapy

Physiotherapy-led care is one of the health system's strongest tools for prevention and early intervention, yet it is not embedded where it is needed most.

Embedding prevention and early intervention is essential to improving outcomes and managing rising demand, particularly for people who face the greatest barriers to care. Across aged care, women's health, veterans' care, rural communities and First Nations health, timely physiotherapy that could prevent decline, reduce hospitalisations and improve long-term independence remains out of reach. These gaps leave needs unmet and system pressures rising.

In bringing fairness to healthcare, we advocate for reforms that strengthen access, equity and sustainability across the system.

The following priorities have not yet translated into care where it is needed most.

1

### Healthy ageing

Many older Australians experience preventable functional decline that leads to avoidable hospital use. Expanding physiotherapy-led rehabilitation maintains independence, reduces hospital demand and supports healthy ageing.

2

### Women's health

Women face higher rates of chronic pain and musculoskeletal conditions and ongoing barriers to timely care. Strengthening physiotherapy-led women's health pathways improves outcomes and supports participation in work and community.

3

### Veterans' care

DVA physiotherapy fees sit well below the cost of delivering care, making services increasingly nonviable. Addressing pay parity is essential to maintain access to timely, highquality care for veterans with complex service-related needs.

4

### Priority populations

First Nations peoples and Australians in rural and remote regions face the greatest barriers to physiotherapy. Workforce shortages, limited culturally safe services and isolation drive poorer outcomes and preventable hospitalisation. Investing in local, community-based physiotherapy models improves access, equity and health outcomes.

# BUDGET MEASURES

## Budget measure 3.1: Physiotherapy and healthy ageing

A reform agenda to embed reablement, align funding with value and strengthen aged care sustainability across clinic, home and residential settings.

Meeting the complex healthcare needs of Australia's increasing ageing population is one of the most significant policy challenges of our time. Australia's aged care system is entering a period of significant reform, with Support at Home having commenced in 2025 and strengthened Aged Care Quality Standards reshaping residential care. Yet physiotherapy-led reablement, which is fundamental to maintaining function and preventing decline, remains inconsistently embedded.

Clinical care often arrives too late and is shaped by time-and-task models that allow low-value substitution to edge out reablement. Funding structures rarely reflect the complexity of multi-morbidity and frailty. Residential care has no mandated physiotherapy time, limiting the ability to prevent falls and maintain mobility. In the absence of mandates, targets and outcome measures, clinical care funding is not always used for its intended purpose. In home-based care, unfunded travel and limited access to assistive technology restrict service availability, particularly outside metropolitan areas. Visibility of clinical care is poor, with discipline-specific activity buried within broad allied-health categories.

The system continues to respond to decline rather than prevent it, driving avoidable hospital use, rising long-term costs and premature loss of independence. Strengthening physiotherapy-led reablement across the continuum is essential to delivering equitable, sustainable care for an ageing population. Healthy ageing is the opportunity and it is where the smarter spend lies.

Reform must prioritise funding for cost-effective care that keeps people well for longer, with a clear focus on prevention, early intervention and rehabilitation. Physiotherapy is central to this shift, offering practical, scalable solutions that maintain function, reduce demand and support people to live independently.

### Why this matters

- Access at risk: pricing caps and funding gaps restrict access to physiotherapy-led reablement and undermine the intent of the new Aged Care Act.
- System sustainability: underinvestment in early intervention drives avoidable hospital use and long-term care costs.
- Functional decline: physiotherapy is central to preventing falls, managing chronic conditions and supporting independence.
- Transparency: current models obscure discipline-specific care, limiting accountability and alignment with assessed need.

### The APA calls for the federal government to:

1. retain 100 per cent government funding for clinical care, including physiotherapy, to ensure ongoing access to high-quality services
2. align Support at Home pricing with workforce realities to safeguard provider sustainability and participant outcomes
3. fund travel as a standalone item in Support at Home to ensure equitable access across metropolitan, regional and remote areas
4. expand the Assistive Technology and Home Modification Service List and tiered budgets in Support at Home to improve access to essential low-level assistive technology
5. establish mechanisms to capture unmet need in Support at Home to identify disconnects between assessment and clinical care delivery
6. mandate physiotherapy care minutes in residential aged care to embed reablement, meet the strengthened Quality Standards and address unintended consequences of funding reform.

## Budget measure 3.2: Physiotherapy and women's health

A reform agenda to address the systemic underinvestment in women's health and embed physiotherapy where it delivers the greatest impact.

Women experience higher rates of chronic pain and musculoskeletal conditions and often face delays in accessing timely care. Many treatable issues such as pelvic floor dysfunction, pregnancy-related pain, postnatal complications and chronic pelvic pain go unrecognised or untreated. Physical birth trauma can have lasting effects on daily life but evidence-based care during pregnancy can prevent or reduce trauma. Strengthening physiotherapy-led pathways ensures timely support and helps women stay engaged in work and community life.

### Why this matters

- Access gaps: inconsistent access to pelvic health physiotherapy delays care.
- Preventable harm: timely physiotherapy can prevent physical birth trauma and incontinence.
- System costs: delayed care drives avoidable healthcare use and long-term costs.
- Equity: fragmented pathways disproportionately affect women in underserved communities.

### The APA calls for the federal government to:

1. fund nationally consistent prenatal and postnatal physiotherapy to support screening, education, prevention and early treatment of physical birth trauma, including referral to imaging
2. fund the blended continence model outlined in Priority 1, Model 4 of this submission
3. embed physiotherapy within women's health pathways to reduce reliance on pharmacological and surgical interventions and improve long-term outcomes.

## Budget measure 3.3: Physiotherapy and veterans' care

A pricing framework that supports early intervention, value and fair remuneration.

Veterans experience higher rates of complex physical and psychological health issues, yet many miss out on essential physiotherapy due to inadequate DVA funding that forces providers to operate at a loss. New data shows that **92 per cent** of physiotherapists delivering DVA services are operating at a financial loss, with many considering reducing or withdrawing services. The current fee schedule sits well below standard physiotherapy rates and places veteran care at risk.

### Why this matters

- Chronic pain drives poor mental health among veterans, yet inadequate funding limits physiotherapy access, increasing the risk of depression, anxiety and long-term disability and undermining the Royal Commission's call for integrated physical and mental health support.

The APA calls for the federal government, including the DVA, to implement an urgent fee increase to ensure viable physiotherapy services for veterans.



### DVA services are not viable

The APA's data shows significant impacts on the physiotherapy workforce

**80%** believe that the current funding provided by DVA is insufficient to sustain viable healthcare services for veterans.

**53%** face a pay cut of at least **\$185.90** per DVA service provided.

**92%** incur financial losses under the DVA low fee structure.

n=1220 Dec 2025 Quick Poll

# PRIORITY POPULATIONS

## Budget measure 3.4: First Nations communities

Expansion of culturally safe physiotherapy and growth of a workforce that supports long-term community health.

First Nations peoples continue to experience higher rates of chronic disease, pain and disability, yet many communities still lack reliable access to culturally safe physiotherapy. Care often arrives late, if at all, because services are thin, transient or not culturally grounded. This drives avoidable deterioration, preventable hospital use and poorer long-term outcomes. Strengthening First Nations-led health services and developing the First Nations physiotherapy workforce are essential to delivering care that is trusted, continuous and effective.

### Why this matters

- First Nations communities face the greatest inequity in access to physiotherapy.
- Delayed care leads to avoidable deterioration and higher acute care use.
- Culturally safe, community-based physiotherapy improves participation and outcomes.

### The APA calls for the federal government to:

1. invest in First Nations-led physiotherapy services to expand culturally safe, local care
  2. invest in cultural capability and pathways to grow the First Nations physiotherapy workforce
  3. embed physiotherapy within ACCHOs and multidisciplinary First Nations health teams.
- 

## Budget measure 3.5: Rural and remote communities

Targeted incentives and flexible commissioning that make rural physiotherapy viable and sustainable.

Rural Australians face long waits, long travel distances and limited local services, which means that many people miss early treatment altogether. These gaps drive higher hospital use, more retrievals and poorer recovery. Despite strong interest in rural practice, physiotherapists cite financial barriers and lack of structured support as key reasons they cannot relocate or stay. Current programs do not meaningfully fund physiotherapy, with only two per cent of rural physiotherapists supported through the Workforce Incentive Program, showing that current reforms are not attracting physiotherapists to rural areas.<sup>33</sup>

### Why this matters

- Rural communities wait longer and travel further for basic physiotherapy.
- Delayed care leads to preventable hospitalisations and costly retrievals.
- Workforce shortages limit early intervention and drive up acute care demand.
- Local physiotherapy services reduce hospitalisations and keep regional communities working.

### The APA calls for the federal government to:

1. introduce targeted incentives to attract and retain rural physiotherapists
2. expand Primary Health Network commissioning to fund local physiotherapy solutions
3. reform rural funding programs so physiotherapy is directly supported
4. extend HELP debt relief to rural physiotherapists.

# 4. MARKET STABILITY

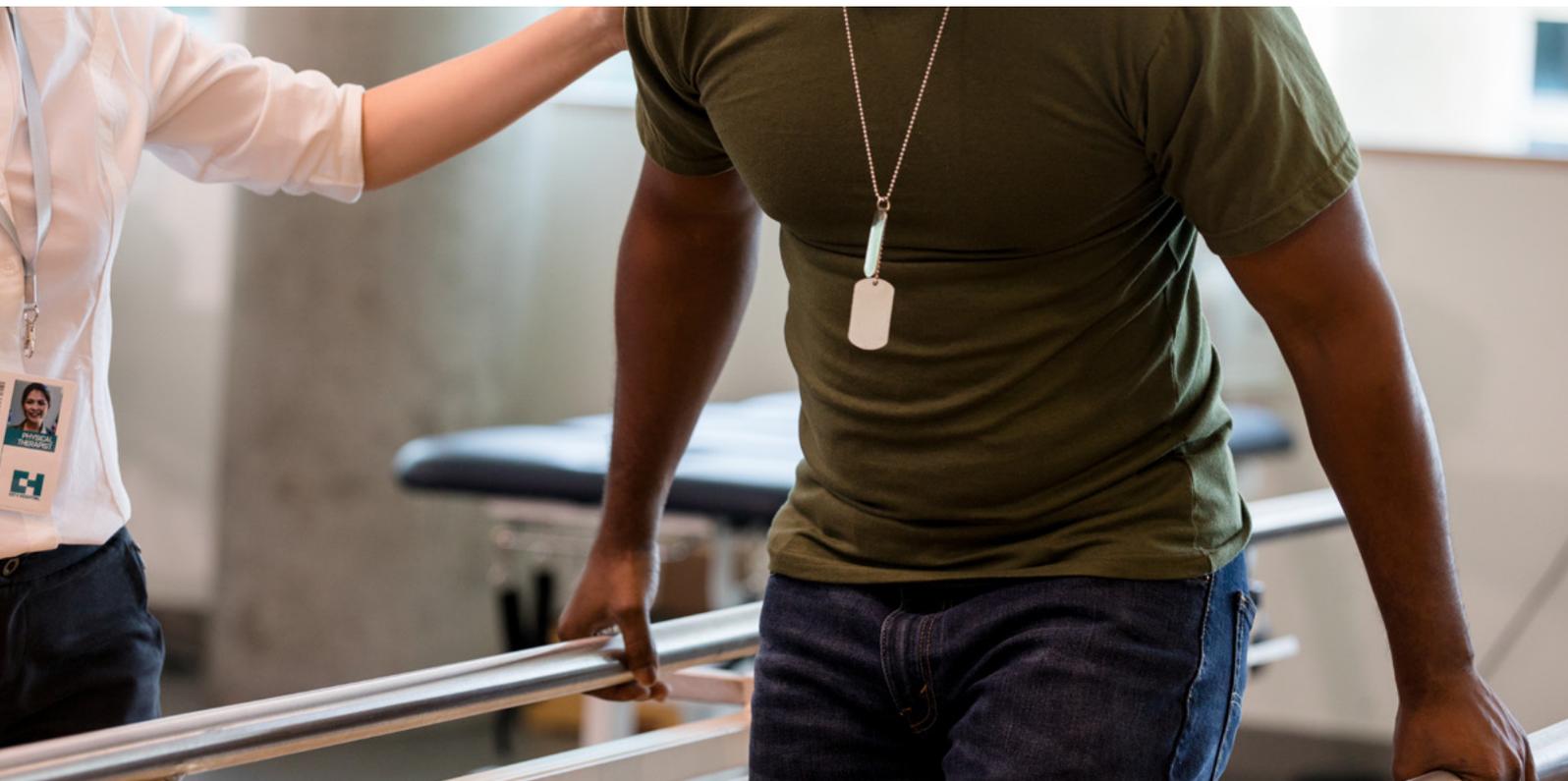
## Physiotherapy workforce

### Broken payment models leave communities without care

Payment systems remain fractured across NDIA, aged care and veterans' services. This fragmentation erodes provider viability and disrupts continuity of care. Harmonisation is often presented as a fix but it risks compounding access issues by importing flawed assumptions across programs. Uniform pricing models are collapsing thin markets in rural and remote areas. DVA pricing sits below viability thresholds. Aged Care commissioning is driving provider exit.

Reform must strengthen systems, not weaken them. Payment reform is about sustaining providers so communities can rely on care.

Reform must align funding with workforce sustainability, service quality, clinical complexity and the realities of rural and remote delivery. Broken payment models trigger market withdrawal and erode access. A national agenda must ground pricing in evidence-based disciplines, recognise cost variation, support flexible commissioning and embed independent oversight.



# Fixing the foundations of care funding

Sustainable pricing to support high-quality, needs-based care

## Reforming the foundations of care

Fragmented funding and workforce pressures are weakening market stability and require coordinated system reform. Current pricing settings do not reflect the real cost of delivering care, particularly in rural and remote areas and in services with higher clinical complexity.

Efforts to harmonise pricing require careful design. Uniform models that ignore cost variation can destabilise thin markets and erode provider viability. The result is a system where essential services and supports become harder to sustain and communities face widening access gaps.

The risk now extends beyond inefficiency into conditions consistent with market failure. Budget measures should support a national payment reform agenda that recognises cost variation, aligns pricing with sustainability and service quality, enables flexible commissioning including block and activity-based hybrids and embeds regular review cycles with independent oversight.

## Ensuring sustainable pricing for essential physiotherapy care

In brokered service arrangements, which dominate physiotherapy delivery, providers are adding margins to offset lost administration revenue. This places pressure on allied health professionals to reduce their fees to remain viable referral partners, further threatening the sustainability of service delivery.

Reform is needed to ensure that pricing reflects the true cost of care. This includes clarifying how time-based billing applies to therapeutic services and addressing the structural gap created by reduced administration funding. Without action, providers will continue to absorb unfunded labour, putting care quality, workforce retention and long-term viability at risk.

We call on the federal government to work with the APA to ensure sustainable pricing that reflects the true cost of physiotherapy care delivery across settings.

4.1

### System-level reforms

National funding settings must recognise the real cost of delivering physiotherapy, including travel and clinical complexity, and support commissioning models that keep services viable in all communities.

4.2

### Program-specific adjustments

Programs across health—particularly disability, aged and veterans' care—require targeted updates so physiotherapy services are funded at sustainable rates, reflect actual service units and remain accessible in thin markets.

4.3

### Workforce and capability measures

A stable physiotherapy workforce depends on investment in training, distribution and advanced capability so providers can meet growing demand across community, home-based and rural settings.

# BUDGET MEASURES

## Budget measure 4.1: System-level reforms

National pricing and commissioning settings that ensure that physiotherapy is cost-reflective, sustainable and accessible across all care systems.

Physiotherapy is delivered across multiple national programs, yet each applies different pricing assumptions, service definitions and commissioning rules. These inconsistencies create gaps in access, distort provider behaviour and weaken thin markets. Pricing has also evolved inconsistently across aged care, disability care, veterans' care and community health, producing misaligned cost bases and incentives that undermine sustainable service delivery, especially for people with complex needs.

Independent Health and Aged Care Pricing Authority (IHACPA) is moving toward transparent, evidence-based pricing that reflects real delivery costs and clinical complexity. Other programs still price physiotherapy as a simple, transactional item or rely on outdated generic settings, creating a fragmented pricing environment that distorts incentives and weakens market stability. Brokered and intermediary arrangements make these weaknesses even more visible. Prices set below real delivery costs drive referrers toward cheaper options rather than clinically appropriate care, eroding service viability and reducing access for people with higher needs. Under these conditions, physiotherapy services struggle to remain sustainable, particularly in thin markets.

### Why this matters

- Fragmented pricing across programs creates instability and undermines service viability.
- Thin markets become unsustainable when travel, complexity and coordination are unfunded.
- Distorted incentives push providers toward low-cost referrals rather than clinical need.
- Market instability reduces access and weakens outcomes across the entire care system.

### The APA calls for the federal government to:

1. establish national pricing principles that reflect real delivery costs, including travel and clinical complexity
2. enable flexible commissioning models, including block- and activity-based hybrids, to support thin markets
3. create transparent service units that capture the full scope of physiotherapy care across programs
4. embed independent oversight and regular review cycles to maintain sustainability and prevent market failure
5. strengthen commissioning capability to ensure that pricing and purchasing decisions align with clinical value and consumer outcomes.

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## Budget measure 4.2: Program-specific adjustments

Reform of aged care, disability care, veterans' care and community health funding to make physiotherapy sustainable, accurately funded and accessible everywhere.

Across many programs, physiotherapy is funded below cost, service units fail to reflect the full scope of practice and travel is absorbed rather than transparently recognised. These settings limit early intervention, reduce continuity of care and contribute to avoidable hospital use. Program-specific adjustments are needed to ensure that physiotherapy is funded in line with assessed need, captured by discipline and delivered sustainably across all settings.

### Why this matters

- Inconsistent program rules create inequitable access to physiotherapy across Australia.
- Outdated service units fail to capture assessment, planning, coordination and travel.
- Underfunded programs reduce early intervention and increase acute care demand.
- Thin markets cannot stabilise without program settings that reflect real delivery costs.

## The APA calls for the federal government to:

### A. Fix program pricing and service definitions

- 1.1 Align program pricing with national principles that reflect real delivery costs and clinical complexity.
- 1.2 Update service definitions so physiotherapy assessment, planning, coordination and travel are properly recognised.
- 1.3 Capture physiotherapy activity by discipline across programs to support transparency and monitoring of spend against assessed need.

### B. Strengthen commissioning and market stability

- 2.1 Strengthen commissioning approaches in aged care, disability care and veterans' care to maintain access in thin markets.

### C. Address aged-care-specific gaps

- 3.1 Increase funding for the Commonwealth Home Support Program to maintain sector viability and ensure delivery of essential physiotherapy services.
- 3.2 Introduce mechanisms in Support at Home to capture drivers of consumer choice, including refusal of service, to understand how pricing reforms affect access to clinical care.
- 3.3 Capture allied health service delivery in Support at Home by individual discipline rather than a single umbrella category, enabling transparency and monitoring of spend against need.
- 3.4 Significantly increase funding tier budgets for assistive technology, home modifications and restorative care pathways to support optimal outcomes for older people.

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## WORKFORCE PRIORITIES

### Strategies to manage future challenges

To address workforce supply issues, the federal government must focus on attracting individuals to careers in physiotherapy, ensuring the training of high-quality practitioners and retaining the existing workforce by preventing burnout. Supporting valuable training experiences by funding clinical placements in primary and community care is essential. This effort should be supported by high-quality national data to inform national needs planning.



## Budget measure 4.3: Workforce and capability measures

Investment in a sustainable physiotherapy workforce with the skills, distribution and support needed to meet growing demand across all care systems.

Demand for physiotherapy is rising across aged care, disability care, rehabilitation, primary care and community health, yet workforce pressures are intensifying. Providers face increasing complexity, growing administrative burden and financial settings that limit the ability to attract and retain staff. Rural and remote communities experience the greatest shortages but metropolitan services are also under strain as programs expand without matching workforce investment. A coordinated national approach is needed to build capability, support advanced practice roles and ensure that physiotherapists can deliver safe, high-quality care wherever it is needed.

The APA calls for targeted federal investment to expand and stabilise the physiotherapy workforce through improved supply, stronger retention, better distribution and enhanced capability development.

### **A. Invest in physiotherapy workforce growth, distribution and retention across all care systems:**

- 1.1 Fund the National Allied Health Workforce Strategy to drive coordinated national planning and workforce expansion.
- 1.2 Embed physiotherapy workforce modelling into all major reform agendas to ensure adequate supply across sectors.
- 1.3 Ensure aged care reforms are supported by clear pathways for recruitment, training and retention.
- 1.4 Coordinate planning across federal and state systems to ensure that physiotherapists are available where demand is growing fastest.

### **B. Create stronger, better-targeted rural and remote incentives:**

- 2.1 Expand rural and remote incentives, relocation support and housing subsidies to attract and retain physiotherapists.
- 2.2 Boost the aged care physiotherapy workforce in rural and regional areas through targeted recruitment programs and long-term workforce incentives.
- 2.3 Provide structured professional support such as supervision, mentoring and funded CPD to ensure that clinicians can maintain skills regardless of location.

### **C. Build capability through training and skill acquisition support:**

- 3.1 Invest in a national training pipeline that supports capability development at every career stage.
- 3.2 Implement Scope of Practice Review recommendations to expand advanced practice roles and enable full-scope physiotherapy.
- 3.3 Fund interdisciplinary training programs that prepare physiotherapists for integrated primary, community and aged-care models.
- 3.4 Expand advanced practice physiotherapy roles to improve access to non-surgical, evidence-based care and reduce pressure on medical and hospital systems.

### **D. Strengthen student placement capacity and supervised practice arrangements:**

- 4.1 Amend legislation to allow billing for services delivered by physiotherapy students under supervision, as recommended in the Scope of Practice Review (Recommendation 5).
- 4.2 Expand the Commonwealth Prac Payment initiative to include physiotherapy and other allied health professions, ensuring equitable financial support for placements.
- 4.3 Invest in placement capacity across all settings, including incentives to keep practices viable while hosting students.

### **E. Align workforce planning with program reforms to ensure that supply meets growing demand:**

- 5.1 Establish training pipelines and transition-to-practice programs, including aged-care transition programs and structured early-career support to improve retention.
- 5.2 Provide funded opportunities for early-career physiotherapists to undertake postgraduate gerontology qualifications to build capability in high-demand sectors.

## ABOUT THE APA

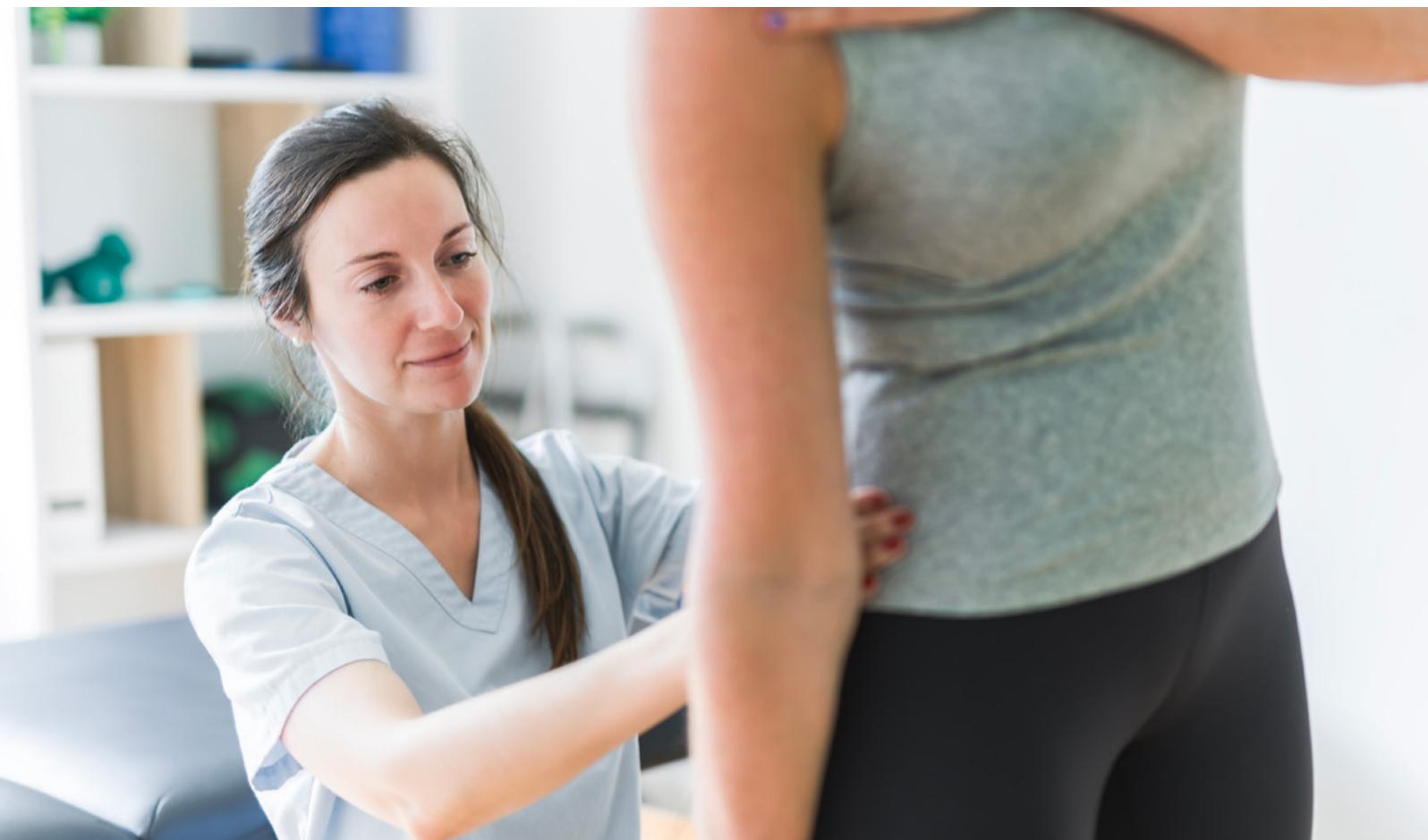
The APA is the national peak body for physiotherapy, representing more than 35,000 members across Australia. We advocate for the profession across the full care continuum, ensuring that physiotherapy is recognised and influential in national policy, reform and system design.

Our purpose is to champion excellence in physiotherapy and ensure that every Australian can access high-quality, evidence-based care when and where it is needed. We work to strengthen the profession's identity, demonstrate its impact and advance physiotherapy's contribution to prevention, recovery and lifelong health.

Our membership, education programs and professional networks support physiotherapists at every career stage to stay connected, informed and ready for the future. We invest in leadership development, advanced skills and continuous professional growth to build a capable and confident workforce.

The APA is a national organisation with state and territory branches and a governance structure led by a board of directors elected from across the profession. We are committed to strong governance, collaboration and accountability in everything we do.

We are proud to represent a profession that plays a critical role in modernising Australia's health system and delivering better care across the life span.



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