

Statement from the Australian Physiotherapy Association on integrating physiotherapy into GLP-1 treatment pathways

October 2026

APA Position

The Australian Physiotherapy Association supports access to glucagon-like peptide-1 receptor agonist (GLP-1) therapies as part of evidence-based care for obesity, diabetes and related chronic conditions.

GLP-1 therapies represent an important advance in chronic disease treatment. As their use grows, treatment should support outcomes beyond weight loss, including the strength, mobility and physical function people need to remain independent and participate in everyday life.

Physiotherapy brings an established and distinct clinical capability to this care, combining musculoskeletal diagnosis and management with rehabilitation and the safe progression of physical activity. This capability is particularly important for patients whose pain, injury, pathology, frailty, falls risk or mobility limitations require clinical assessment before or alongside exercise. This combination of diagnosis, clinical management and rehabilitation is physiotherapy's distinct contribution to GLP-1 treatment pathways and should be explicitly recognised in national clinical guidance and models of care.

The Australian Government should expand the number and flexibility of allied health services available through existing Chronic Condition Management arrangements under the Medicare Benefits Schedule. This would give patients with identified needs access to appropriate multidisciplinary care, without creating a separate GLP-1 pathway or mandating referral to any one profession.

Preamble

Why care must extend beyond the prescription

As the use of GLP-1 therapies grows, some patients will need coordinated, multidisciplinary care to manage changes in body composition, physical capacity, nutritional status and function.

Loss of lean mass can occur during clinically significant weight loss, although estimates vary and lean mass is not the same as skeletal muscle or physical function. Emerging evidence supports monitoring strength, function, nutrition and physical activity alongside changes in weight and body composition. Individual assessment is particularly important for older people and those living with pain, disability, frailty, mobility limitations or multiple chronic conditions.^{1 2 3}

Medication can support weight loss, but it does not assess movement, manage pain, prevent falls, rehabilitate injury or safely rebuild physical capacity. These are established areas of physiotherapy practice.⁴

Reform opportunity

An established capability for functional care

Physiotherapy provides an established pathway for patients who need functional, musculoskeletal or rehabilitation support during GLP-1 treatment.

Function, mobility and frailty

Physiotherapists assess strength, balance, mobility, gait, falls risk and functional capacity. They provide targeted rehabilitation to address deconditioning, functional decline and limitations in everyday activity.

Safe progression to physical activity

Changes in weight, muscle capacity and activity can alter the demands placed on joints, muscles and tendons. Physiotherapists diagnose and manage musculoskeletal pain, injury and pathology, and assess how these affect movement and physical capacity. They can then tailor and progress physical activity to manage changing load tolerance, rebuild strength and support a safe return to activity.⁵

Physiotherapy complements the expertise of general practitioners, medical specialists, dietitians, exercise physiologists, pharmacists, psychologists and other practitioners. GLP-1 pathways should enable referral to practitioners whose expertise meets each patient's clinical and functional needs, rather than applying a uniform referral model.

Continuity and reach

Physiotherapists can support patients before treatment, during active weight loss and when medication is reduced or discontinued. This continuity allows rehabilitation to be tailored and reassessed as patients' body composition, physical capacity, activity levels and clinical needs change.

Physiotherapists are an established part of primary care and work across the health system in communities and throughout Australia. This provides an existing platform for delivering functional and musculoskeletal care at scale.

Policy discussion

Strengthen existing Chronic Condition Management arrangements

Australia does not need a separate MBS process for every medicine or care pathway. Existing chronic condition management arrangements should instead provide sufficient access and flexibility for meaningful multidisciplinary care. GP Chronic Condition Management Plans already support care planning and referral to eligible allied health services, including physiotherapy.

However, eligible patients can generally access only five individual allied health services per calendar year, shared across eligible providers. For a patient managing obesity, diabetes, persistent pain, reduced mobility and nutritional or psychological needs, five shared services will not support meaningful multidisciplinary care.

Creating a parallel referral process would add complexity and risk fragmenting care. Expanding the number and flexibility of services available through existing Chronic Condition Management arrangements would allow GPs and patients to allocate services according to assessed need, while supporting continuity through general practice. Expanded access should be targeted to patients with identified clinical or functional needs, rather than attached automatically to a GLP-1 prescription.

Recommendations

The APA calls on the Australian Government to ensure GLP-1 therapies are supported by accessible, patient-centred and multidisciplinary chronic condition care.

The APA recommends that:

- 1. Access to allied health services under Chronic Condition Management MBS arrangements be expanded.**

Eligible patients should have access to additional services where clinical complexity or functional need cannot be addressed within the current shared annual limit. Reform should strengthen the existing framework rather than create a standalone GLP-1 pathway.

- 2. Physiotherapy be explicitly recognised in national GLP-1 clinical guidance and models of care.**

Guidance should recognise physiotherapy's role in functional assessment, musculoskeletal diagnosis and management, falls and frailty risk, and safe progression to physical activity.

- 3. Referral remain based on individual patient need and practitioner capability.**

GLP-1 prescribing should not trigger mandatory referral to any one profession. Patients should be referred to practitioners whose expertise matches their clinical, nutritional, psychological, functional and physical needs.

- 4. Functional outcomes be incorporated into treatment planning and evaluation.**

Where clinically indicated, monitoring should extend beyond body weight to include strength, mobility, balance, pain, participation, physical capacity and independence. Evaluation should focus on patient outcomes, not only service use.

Conclusion

GLP-1 therapies are changing how Australia manages obesity and chronic disease. The policy response must ensure that improvements in weight and metabolic health are accompanied by better physical health, function and quality of life. Physiotherapy provides established expertise in functional and musculoskeletal care. Strengthening existing Chronic Condition Management MBS arrangements would integrate this capability without creating a separate administrative pathway, while preserving clinical discretion and directing care to patients who need it most.

CITATION

Australian Physiotherapy Association (APA). 2026. *Statement from the Australian Physiotherapy Association on integrating physiotherapy into GLP-1 treatment pathways*. Position Statement. APA. Melbourne.

References

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- ⁵ Ibid.