

Exercise physiology assessment report

Prepared for Taylor Example by Mia Torres, Accredited Exercise Physiologist · 18 October 2026

1. Participant and report details

Participant	Taylor Example
NDIS number	430 000 001
Disability this report relates to	Cerebral palsy affecting the left side
Date of assessment	14 October 2026
Date of this report	18 October 2026

2. Plan goals and exercise physiology goals

Plan goal 1: "I want to get to the shops on my own"

Exercise physiology goal: walk from home to the bus stop, about 400 metres, without a rest, by December 2026.

Plan goal 2: "I want to be able to look after myself at home"

Exercise physiology goal: stand up from the couch and the toilet without using the arms, by December 2026.

Plan goal 3: "I want to join a sports group"

Exercise physiology goal: walk for 20 minutes on flat ground, ready to join a community walking group, by September 2027.

3. Previous treatment and results

Physiotherapy through childhood until age 16, focused on calf stretching and walking. Four weeks of hospital rehabilitation after a fall in February 2024, which finished in March 2024: Taylor went from walking with a frame to walking indoors without an aid. No exercise program since then.

4. Functional capacity now

Subjective

Taylor said getting to the shops alone feels out of reach, and that standing up from the low couch at home is the hardest part of the day.

Objective

Taylor walks for about five minutes before needing a rest, needs both arms to stand up from a

chair, and steps onto a kerb only while holding a rail.

Table 1. Assessment results

Measure	Date	Result	Unit
Timed Up and Go	14/10/2026	15.8	seconds
Six-minute walk test	14/10/2026	310	metres
Five times sit to stand	14/10/2026	18.4	seconds

What the tests measure

Timed Up and Go: the time taken to stand up from a chair, walk 3 metres, turn, walk back and sit down.

Six-minute walk test: how far a person can walk in six minutes.

Five times sit to stand: the time taken to stand up from a chair and sit down five times without using the arms.

5. Recommended supports

Table 2. Recommended supports

Support	Hours	How often
Exercise physiology sessions, one to one	46	Weekly for 11 months
Home program review with the support worker	4	Every 3 months
Provider travel for home program reviews	2	Every 3 months
Plan reassessment report	2	Once, before the next reassessment

Supports are requested in hours.

What the sessions will involve

Practising the things Taylor finds hard: standing up from low seats, stepping onto kerbs, and walking on footpaths, with the walk getting longer each week. Taylor will also do a short home program with the support worker on two other days each week.

What these supports should achieve, and how it will be measured

Goal 1: walk to the bus stop without a rest by December 2026. Measured by the six-minute walk test (target 400 metres) and a timed walk to the bus stop.

Goal 2: stand up from the couch and the toilet without using the arms by December 2026. Measured by five times sit to stand (target under 13 seconds) and practice at home.

Goal 3: walk for 20 minutes on flat ground by September 2027. Measured by walking time, once goals 1 and 2 are met.

6. Other supports and referrals

The support worker will run the home program two days a week. Taylor's sister will drive Taylor to sessions. The general practitioner (GP) reviews the tightness in the left calf every six months. A community walking group meets weekly near Taylor's home.

Referrals

No referrals were made.

7. Justification for recommended supports

Related to disability

The weakness, tightness and poor balance on Taylor's left side come from cerebral palsy. These supports target what that stops Taylor doing at home and in the community. They are not for general fitness, weight loss or treatment of an illness.

Why an Accredited Exercise Physiologist

Exercises must be graded against muscle tightness on the left side and changed when it changes, and Taylor has had falls. A personal trainer or support worker is not trained to adjust exercise for cerebral palsy or to manage the falls risk. Hospital rehabilitation finished in 2024, and Taylor's needs now are progressive exercise and community walking practice rather than hands-on treatment.

Purpose: Build capacity

The aim is for Taylor to walk and stand up independently, then keep the gains with the support worker and the community walking group, so supervised sessions can step down in the next plan.

Risks if these supports are not provided

Without supervised exercise Taylor is likely to keep avoiding kerbs and low seats, and the falls risk stays. Needing help to stand up and to get to the shops would mean more support worker hours.

8. Sharing and sign-off

Taylor Example was given a copy of this report on 18 October 2026.

Taylor Example consented on 18 October 2026 to this report being uploaded to the NDIA provider portal.

Mia Torres

Signature

Name

Mia Torres

Title

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Accreditation number

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Date

18 October 2026