

Ridgeline Exercise Physiology

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Plan reassessment report: exercise physiology

Prepared for Taylor Example by Mia Torres, Accredited Exercise Physiologist.

1. Participant and report details

Participant	Taylor Example
NDIS number	430 000 001
Disability this report relates to	Cerebral palsy affecting the left side
Reporting period	20 January 2026 to 8 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. Supports provided this period

Type of service	One-to-one sessions at the clinic, with a home program run by the support worker
Sessions	44 sessions from 20 January 2026 to 8 October 2026
Frequency	Once a week, with the home program on two other days

Therapeutic approach and therapies tried

Graded strength and balance training, practised in the situations Taylor finds hard: standing up from low seats, stepping onto kerbs and walking on footpaths. Each session ended with a walk that grew longer over the year. Walking poles were tried in March and stopped in April, because Taylor found them harder to manage than walking without them.

4. Functional capacity at the start of the plan period

At the start of the plan period Taylor walked for about five minutes before needing a rest, needed both arms to stand up from a chair, and stepped onto a kerb only while holding a rail. Taylor said getting to the shops alone felt out of reach.

Table 1. Assessments at the start of the plan period

Measure	Date	Result	Unit
Timed Up and Go	20/1/2026	15.8	seconds
Six-minute walk test	20/1/2026	310	metres
Five times sit to stand	20/1/2026	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. Progress towards goals

Table 2. Assessment results

Measure	Baseline (20/1/2026)	Current (8/10/2026)	Unit	Change
Timed Up and Go	15.8	11.2	seconds	-4.6
Six-minute walk test	310	420	metres	+110
Five times sit to stand	18.4	12.9	seconds	-5.5

Change is the current result minus the baseline result.

Goal 1: walk from home to the bus stop, about 400 metres, without a rest, by December 2026.

Status: Achieved. Taylor now walks to the bus stop without a rest and has caught the bus to the local shops twice, with the support worker nearby. The six-minute walk distance rose from 310 to 420 metres.

Goal 2: stand up from the couch and the toilet without using the arms, by December 2026.

Status: Partly achieved. Taylor stands up from a standard chair and the toilet

without using the arms, but still uses one arm on the low couch. The five times sit to stand time fell from 18.4 to 12.9 seconds.

Goal 3: walk for 20 minutes on flat ground, ready to join a community walking group, by September 2027.

Status: Not started. Goals 1 and 2 came first, because walking to the bus stop and standing safely are needed before group walking. This goal is planned for the next plan period.

6. Barriers and changes to the therapy approach

A hospital stay for a chest infection caused a six-week gap in June (goals 1 and 2). Sessions restarted at a lower level and were back to the earlier level by August.

Three steps at the front door with no rail limit practice at home (goal 2). A rail is being arranged through the home modifications budget.

Worry about falling on uneven ground limits walking on grass and gravel (goal 1). Practice on uneven ground was added in September, starting on the grass area at the clinic. The therapy approach was otherwise unchanged.

7. Risks during service delivery

Falls on kerbs during community walks. This was managed by practising kerbs at the clinic first, walking on Taylor's left side, and starting community walks only once Taylor could step onto a kerb safely without a rail. No falls occurred during sessions.

8. Other supports and referrals

The support worker runs the home program two days a week. Taylor's sister drives 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, and Taylor plans to join it.

Referrals

Referred to the occupational therapist in July 2026 for a rail at the front door.

9. Recommended supports for the next plan period

Table 3. Recommended supports

Support	Hours for the next plan period	How often
Exercise physiology sessions, one to one	39	Weekly for 6 months, then fortnightly for 6 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 these supports should achieve, and how it will be measured

Goal 1: walk to the local shops, about 800 metres, and back with one rest, by June 2027. Measured by the six-minute walk test (target 480 metres) and a timed walk to the shops.

Goal 2: stand up from the low couch without using the arms, by March 2027. Measured by five times sit to stand (target under 11 seconds) and practice on the couch at home.

Goal 3: walk with the community walking group for 20 minutes on flat ground, by September 2027. Measured by attendance and walking time.

10. 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. Physiotherapy was considered; Taylor's current needs are progressive exercise and community walking practice rather than hands-on treatment.

Purpose: Build capacity

Sessions step down from weekly to fortnightly, and the home program moves to the support worker, so Taylor will need less supervised exercise physiology

over time. Walking independently in the community should also reduce the support worker time needed for outings.

Risks if these supports are not provided

The strength and balance gained this year are likely to fade. That would raise the chance of a fall on kerbs and a return to needing help to stand up and to get to the shops.

11. 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.

<i>Mia Torres</i> Signature	Name	Mia Torres
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	Date	18 October 2026