

We do not exist for general fitness. (although a few people attend for fitness with no ailments- but they do not claim with their health fund- to the best of my knowledge). This service was set up to assist people with therapeutic exercise and rehab. Period.

It was proposed by the auditor that we are a gym:

A gym usually signs people up for 12 months.

Gyms have attendance whenever you want

Gyms are large

Gyms do not have a Physio doing groups

Physiotherapy Uni students do NOT do student placements at a gym

I know we are called "M [REDACTED]" what else would you call a medical orientated, therapeutic exercise rehab facility

We are NOT insured as a gym

Gyms do not have Uni qualified staff

Gym clients are for healthy people.

Gyms are mostly the domain of younger people

Gyms have an array of classes eg pump

**We are a therapeutic Exercise/ Rehab facility**

We do three month programs.

We have supervised appointments only

We are small and supervised

We have a Physio and an Exercise Physiologist

We have regular students from Sydney University, NSW University, Western Sydney University.

Students are studying Physiotherapy (including Masters) and Exercise Physiology.

We are a therapeutic exercise and rehab facility

We are insured as a Physio practice that does therapeutic exercise and rehab

We have university trained staff

Doctors refer to us specifically for rehab Programs

99% of our patients/ clients are 50+.

Each patient/ client gets an individual program which is reassessed and rewritten every 3 months

**WE DO NOT DO CLASSES** - and challenge [REDACTED] on how they allow claiming for classes- I believe this is NOT a clinical model. As a compliance officer how does Ms [REDACTED] justify this point?

Gyms have basic standard equipment

We have special adaptations to our equipment- eg bells for service and safety, Timers for cognitive impairment, rowing machine on supports for arthritic knees and TKR's, clear instruction signs, safety instructions on how to use the equipment correctly, supplementary resistance weights for a slow graded progression.

Gyms have minimal rehab equipment

We have plenty of rehab equipment (vibration therapy-for osteoporosis, circulation and stretching), wobble board, theratubing, theraband, balance equipment, stoke equipment (I was involved with some research with Sydney Uni for stoke recovery in the community), posture braces, medicine balls, swiss balls, TRX, balance discs, domes, cones, balance discs. Plus all the regular physio equipment- interferential, ultrasound, physio/ rehab gadgets etc

Gyms have mirrors

We do not (although we have been looking for a portable one for posture and technique for the patient)

Gyms have clients

We have patients

It would be very easy for someone to walk in and think it was a gym. In a brief audit, lack of time and understanding can be forgiven for this.