

SUBMISSION TO THE DEPARTMENT OF HEALTH,  
DISABILITY AND AGEING



# Getting It Right: A New Definition for NDIS Providers

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Consultation on the  
Definition of an NDIS Provider

February 2026

# Contents

Executive Summary	3	<b>Question 4: Additional factors</b>	<b>13</b>
Key recommendations	3	Qualification requirements	13
About the Association of Massage Therapists	5	Further safeguards	13
The current policy gap	6	Ongoing competency	14
Response to consultation questions	7	<b>Question 5: Potential disruptions or impacts</b>	<b>15</b>
<b>Question 1: Missing supports or services</b>	<b>7</b>	<b>Question 6: Productivity and sustainability</b>	<b>17</b>
Rationale	7	Cost effectiveness	17
Current barriers to access	8	Workforce development and utilisation	18
Professional standards and qualifications	9	Market competition and innovation	19
Alignment with graduated risk-proportionate model	9	Implementation considerations	19
Participant voice	9	Conclusion	22
<b>Question 2: Services to exclude</b>	<b>10</b>		
<b>Question 3: Flexibility and responsiveness</b>	<b>11</b>		
Participant choice and control	11		
Geographic and service availability	11		
Value for money and sustainability	12		
Future proofing	12		

## Executive Summary

The Association of Massage Therapists (AMT) welcomes the opportunity to contribute to the consultation on the definition of an NDIS provider. This submission advocates for the explicit inclusion of qualified remedial massage therapists and myotherapists within the amended definition of 'an NDIS provider' under the National Disability Insurance Scheme Act 2013.

### Key recommendations

**1**

**Include remedial massage therapists and myotherapists in the amended definition of 'an NDIS provider'**

**2**

**Establish registration requirements appropriate to the risk profile of massage therapy services**

**3**

**Align NDIS provider recognition with other Commonwealth schemes that already recognise remedial massage therapists and myotherapists.**

Currently, NDIS participants can only access massage therapy through registered allied health practitioners, such as physiotherapists and chiropractors. This creates unnecessary barriers, increases costs, limits participant choice and control, and represents an inefficient use of NDIS funding.

Remedial massage therapists and myotherapists hold nationally recognised qualifications through the Australian Qualifications Framework. They are recognised through the Support at Home program and by all private health insurers. They also provide services through workers' compensation bodies in NSW, Victoria and South Australia.

Remedial massage therapists and myotherapists are well-positioned to provide safe and effective services to NDIS participants.

## About the Association of Massage Therapists

- The Association of Massage Therapists (AMT) is a national not-for-profit professional association of more than 3600 massage therapists and massage therapy students. Established in 1966, AMT is the oldest association in Australia to represent massage therapists and the premier representative body for qualified therapists.
- National Competency Standards for massage therapy were introduced in 2002. AMT takes a leading role in the review of training package qualifications to ensure currency and relevance. In addition, AMT's commitment to the continuing professional development of members is evidenced by its mandatory CPD program, which has been in place for 30 years.
- AMT released a comprehensive [Massage Therapy Code of Practice in 2013](#). It sets the benchmark for the safe and ethical practice of massage therapy in Australia.
- AMT requires all practitioner members to undergo a National Police Check every three years.
- AMT established a [database of massage therapy research](#) using the NHMRC evidence hierarchy. AMT created an [updated research resource in 2023](#), with systematic reviews graded according to the reliability of findings.
- AMT was at the forefront of the massage therapy industry's COVID-19 pandemic response, both globally and locally within Australia. AMT's extensive suite of COVID resources can be viewed [here](#).

## The current policy gap

Under current NDIS policy, massage therapy is recognised as a valid and fundable treatment modality. However, only registered allied health practitioners are permitted to provide this service to NDIS participants. Despite holding nationally recognised qualifications and having extensive clinical expertise in massage therapy, qualified remedial massage therapists and myotherapists cannot register as NDIS providers.

This policy creates a significant inconsistency. Remedial massage therapists and myotherapists can provide services under:

### **Private Health Insurance:**

**All major private health insurers provide rebates for remedial massage services.**

### **Support at Home Packages:**

**The Commonwealth's aged care program recognises and funds massage therapy provided by remedial massage therapists and myotherapists.**

### **Workers' Compensation:**

**The New South Wales, Victorian and South Australian Workers' Compensation schemes recognise remedial massage therapists.**

The exclusion of remedial massage therapists and myotherapists from the NDIS is an anomaly that disadvantages NDIS participants and contradicts the Scheme's principles of choice and control.

# Response to consultation questions

## Question 1: Missing supports or services

**Services provide by qualified remedial massage therapists and myotherapists should be explicitly included in the amended definition of a provider.**

While 'Allied health and therapeutic services' are recognised support types in the draft list proposed by the Task Force, remedial massage therapists and myotherapists should be recognised as providers of massage therapy.

## Rationale

### Therapeutic benefits and evidence

The evidence-based therapeutic benefits of massage are highly relevant to NDIS participants, including:

- **Spasticity:** Effective treatment for pain and spasticity associated with cerebral palsy.<sup>1,2</sup>
- **Pain management:** Systematic reviews demonstrate that massage therapy should be strongly recommended as a pain management option, with effect sizes indicating clinically significant improvements.<sup>3</sup>

<sup>1</sup> Mahmood Q, Habibullah S, Babur MN. Potential effects of traditional massage on spasticity and gross motor function in children with spastic cerebral palsy: A randomized controlled trial. *Pak J Med Sci*. 2019 Sep-Oct;35(5):1210-1215. doi: 10.12669/pjms.35.5.478. PMID: 31488980; PMCID: PMC6717488.

<sup>2</sup> Rasool F, Memon AR, Kiyani MM, Sajjad AG. The effect of deep cross friction massage on spasticity of children with cerebral palsy: A double-blind randomised controlled trial. *J Pak Med Assoc*. 2017 Jan;67(1):87-91. PMID: 28065961.

<sup>3</sup> Boyd C, Crawford C, Paat CF, Price A, Xenakis L, Zhang W; Evidence for Massage Therapy (EMT) Working Group. The Impact of Massage Therapy on Function in Pain Populations-A Systematic Review and Meta-Analysis of Randomized Controlled Trials: Part III, Surgical Pain Populations. *Pain Med*. 2016 Sep;17(9):1757-1772. doi: 10.1093/pm/pnw101. Epub 2016 May 10. PMID: 27165970; PMCID: PMC5013820.

- **Mobility and function:** Reduction of muscle tension, spasticity, and contractures; improved range of motion and functional capacity.<sup>4</sup>
- **Mental health and wellbeing:** Reduction of stress, anxiety, and depression; improved sleep quality.<sup>5</sup>

## Current barriers to access

The current policy around provision of massage therapy creates significant barriers for NDIS participants:

- **Cost barriers:** Participants pay significantly higher rates when accessing massage therapy through physiotherapists or other allied health practitioners. This reduces the number of sessions participants can afford within their plan budgets.
- **Limited choice:** Participants cannot choose appropriately qualified practitioners who have specialised expertise, cultural competency, or established therapeutic relationships.
- **Access issues:** Allied health practitioners do not specialise in massage therapy or allocate significant time to massage in their practice. In regional and rural areas, the shortage of allied health professionals exacerbates access problems.<sup>6</sup>
- **Expertise mismatch:** Remedial massage therapists and myotherapists receive more extensive and [specialised training](#) in massage therapy practice than is typically included in any allied health qualification.

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<sup>4</sup> Güçhan Topcu Z, Tomaç H. The Effectiveness of Massage for Children with Cerebral Palsy: A Systematic Review. *Adv Mind Body Med*. 2020 Spring;34(2):4-13. PMID: 32822329.

<sup>5</sup> Moyer CA, Rounds J, Hannum JW. A meta-analysis of massage therapy research. *Psychol Bull*. 2004 Jan;130(1):3-18. doi: 10.1037/0033-2909.130.1.3. PMID: 14717648.

<sup>6</sup> National Rural Health Commissioner. *Final Report: Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*. Australian Government Department of Health; 2020. <https://www.health.gov.au/sites/default/files/documents/2021/04/final-report-improvement-of-access-quality-and-distribution-of-allied-health-services-in-regional-rural-and-remote-australia.pdf>, accessed 20 February 2025.

## Professional standards and qualifications

Remedial massage therapists and myotherapists hold nationally recognised qualifications and maintain professional standards:

- **Qualifications:** The [Diploma of Remedial Massage](#) and [Advanced Diploma of Myotherapy](#) are nationally accredited qualifications under the Australian Qualifications Framework.
- **Professional associations:** Associations such as AMT maintain professional standards, codes of conduct, continuing professional development requirements, and complaint handling processes. The [National Code of Conduct for health care workers \(Code\)](#) sets minimum standards of conduct and practice for all unregistered health care workers who provide a health service, including remedial massage therapists and myotherapists.
- **Insurance:** Professional indemnity and public liability insurance are mandatory for practising remedial massage therapists and myotherapists.

## Alignment with graduated risk-proportionate model

Massage therapy services align well with the proposed graduated, risk-proportionate regulatory model. Massage therapy involves 1:1 contact but in a controlled, professional environment with established safeguards.

## Participant voice

NDIS participants have consistently expressed frustration that they are unable to access funding for massage therapy provided by their trusted therapist.

## Question 2: Services to exclude

AMT does not propose excluding any services currently listed in Table 2. The list appears comprehensive and appropriately captures services where registration requirements would support participant safety and service quality.

## Question 3: Flexibility and responsiveness

AMT recommends the Government consider the following issues:

### Participant choice and control

The amended definition must support the NDIS principle of participant choice and control. This means:

- ensuring that participants can choose between different types of qualified providers for the same service (e.g. choosing between a physiotherapist or a remedial massage therapist for massage therapy)
- avoiding unnecessarily restrictive definitions that limit who can provide a service when multiple pathways to competency exist
- recognising that participants may have established therapeutic relationships with providers and should be able to continue these relationships.

### Geographic and service availability

The definition should support access to services in regional, rural, and remote areas. Remedial massage therapists are more widely distributed geographically than some allied health professions, improving access in underserved areas.<sup>7</sup> Research demonstrates that massage therapists are an important part of the healthcare setting in rural and regional Australia, with high levels of referral from general practitioners in these areas.<sup>8</sup>

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<sup>7</sup> Wardle JL, Barnett R, Adams J. Practice and research in Australian massage therapy: a national workforce survey. *Int J Ther Massage Bodywork*. 2015 Jun 9;8(2):2-11. doi: 10.3822/ijtmb.v8i2.258. Erratum in: *Int J Ther Massage Bodywork*. 2015 Dec 07;8(4):19. doi: 10.3822/ijtmb.v8i4.313. PMID: 26082824; PMCID: PMC4455611.

<sup>8</sup> Wardle JL, Sibbritt DW, Adams J. Referral to massage therapy in primary health care: a survey of medical general practitioners in rural and regional New South Wales, Australia. *J Manipulative Physiol Ther*. 2013 Nov-Dec;36(9):595-603. doi: 10.1016/j.jmpt.2013.09.003. Epub 2013 Oct 22. PMID: 24161388.

A broader provider base increases market competition, service availability, and responsiveness to local needs.

### **Value for money and sustainability**

The definition should support efficient use of NDIS funding. Direct access to remedial massage therapists and myotherapists would reduce per-hour costs, allowing participants to receive more treatment within their plan budgets. This would also support more efficient allocation of allied health professionals' time to services requiring their specific scope of practice.

### **Future proofing**

The definition should be drafted to accommodate:

- evolution in professional qualifications and scopes of practice
- emerging evidence about effective interventions for people with disability
- new or emerging professions that may develop in the disability support sector.

## Question 4: Additional factors

The following factors should be considered for remedial massage therapists and myotherapists:

### Qualification requirements

Registration as a provider should require:

- Minimum qualification of a Diploma of Remedial Massage
- Current professional indemnity and public liability insurance
- Membership with a recognised professional association that meets the Rule 10 provisions in the [Private Health Insurance \(Accreditation\) Rules 2011](#).

### Further safeguards

All remedial massage therapist and myotherapist NDIS providers should be required to:

- complete NDIS Worker Screening Checks
- adhere to the NDIS Code of Conduct
- implement appropriate complaint handling mechanisms
- report incidents in accordance with NDIS Commission requirements
- demonstrate understanding of human rights, dignity of risk, person-centred practice and evidence-informed care.

## Ongoing competency

Registration should be conditional on:

- maintenance of professional association membership with an Association that meets the Rule 10 provisions in the Private Health Insurance (Accreditation) Rules 2011
- ongoing professional indemnity and public liability insurance
- compliance with periodic re-registration processes.

## Question 5: Potential disruptions or impacts

AMT's primary concern relates to the exclusion of remedial massage therapists and myotherapists from the amended definition. This will:

- **Perpetuate inequity:** Continue to deny NDIS participants access to qualified therapists when other comparable schemes, for example Support at Home, recognise remedial massage therapists and myotherapists.
- **Limit therapeutic options:** Force participants to forgo beneficial therapy due to cost barriers or availability issues.
- **Increase scheme costs:** Maintain a system where participants can only access massage at higher rates through allied health practitioners, increasing overall scheme expenditure.
- **Reduce workforce efficiency:** Continue inefficient allocation of allied health professionals' time and expertise.

Including remedial massage therapists and myotherapists as providers within the NDIS would have predominantly positive impacts.

The following transitional implications would need to be considered:

- **Clinical hand over:** Some participants currently receiving massage therapy through an allied health practitioner may wish to transition to a remedial massage therapist or myotherapist. This would require communication and coordination between providers to ensure continuity of care.
- **Market adjustment:** There may be a period of market adjustment as therapists register and establish NDIS practices. However, many remedial massage therapists and myotherapists already work with people with disability and are well-positioned to transition quickly.
- **Education and awareness:** Support coordinators, plan managers, and participants will require education about the availability of remedial massage therapists and myotherapists as registered providers.

AMT notes that these impacts are manageable and significantly outweighed by the benefits of inclusion. AMT is committed to working with the NDIS Commission and NDIA to support smooth implementation.

## Question 6: Productivity and sustainability

Including remedial massage therapists and myotherapists in the NDIS provider definition would support productivity and sustainability in several significant ways:

### Cost effectiveness

- **Better value for money:** Participants would receive services from professionals whose core expertise is massage therapy, ensuring high-quality, specialised care.
- **Scheme sustainability:** More efficient allocation of funding would support long-term scheme sustainability while maintaining or improving participant outcomes.
- **Reduced hourly rates:** Direct access to remedial massage therapists and myotherapists would reduce typical costs, allowing participants to receive more treatment within existing plan budgets.

## Workforce development and utilisation

- **Efficient resource allocation:** Enables allied health practitioners to focus on services requiring their specific scope of practice, while remedial massage therapists and myotherapists provide specialised massage therapy services.
- **Geographic distribution:** Remedial massage therapists are more widely distributed across metropolitan, regional, and rural areas than allied health practitioners, addressing skills shortages, improving service availability and reducing gaps. Studies confirm that massage is the largest complementary medicine profession in Australia in terms of practitioner distribution, with significant presence in rural and regional areas where allied health workforce shortages are the most acute.<sup>9</sup> This geographic distribution pattern contrasts with many other allied health professions, which show marked maldistribution toward metropolitan areas.<sup>10</sup>
- **Existing workforce capacity:** According to Jobs and Skills Australia data, there are nearly 20,000 massage therapists in Australia.
- **Career pathways:** Creates meaningful career pathways for remedial massage therapists and myotherapists in the disability sector, supporting workforce growth and retention.

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<sup>9</sup> Wardle JL, Barnett R, Adams J. Practice and research in Australian massage therapy: a national workforce survey. *Int J Ther Massage Bodywork*. 2015 Jun 9;8(2):2-11. doi: 10.3822/ijtmb.v8i2.258. Erratum in: *Int J Ther Massage Bodywork*. 2015 Dec 07;8(4):19. doi: 10.3822/ijtmb.v8i4.313. PMID: 26082824; PMCID: PMC4455611.

<sup>10</sup> National Rural Health Commissioner. *Final Report: Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*. Australian Government Department of Health; 2020. <https://www.health.gov.au/sites/default/files/documents/2021/04/final-report-improvement-of-access-quality-and-distribution-of-allied-health-services-in-regional-rural-and-remote-australia.pdf>, accessed 20 February 2025.

## Market competition and innovation

- **Increased competition:** A broader provider base would increase market competition, potentially driving quality improvements and innovation in service delivery.
- **Service innovation:** Specialised massage therapy practices could develop expertise in particular disability types or participant groups, improving service quality and outcomes.
- **Small business growth:** Many remedial massage therapists and myotherapists operate small businesses or work as sole practitioners, supporting local economies and entrepreneurship in the care sector.

## Implementation considerations

AMT recognises that including remedial massage therapists in the NDIS provider definition will require thoughtful implementation. We offer the following recommendations:

### Registration process

- Develop clear, streamlined registration processes for remedial massage therapists and myotherapists that are proportionate to the risk profile of massage therapy.
- Provide clear guidance materials and application support to assist therapists in meeting registration requirements.

## **Professional development and support**

- Develop or endorse NDIS-specific training modules for remedial massage therapists and myotherapists covering disability awareness, the NDIS framework, person-centred practice, and safeguarding.
- Work with professional associations like AMT to develop and deliver appropriate professional development opportunities.
- Create resources to support remedial massage therapists and myotherapists to understand their obligations as NDIS providers.

## **Communication and education**

- Educate participants, families, and carers about the availability of remedial massage therapists and myotherapists as registered providers.
- Provide guidance to support coordinators and plan managers about appropriate use of massage therapy services.
- Develop clear pathways for participants to find and engage registered remedial massage therapists and myotherapists.

## **Monitoring and evaluation**

- Establish mechanisms to monitor uptake, outcomes, and any emerging issues.
- Collect data on cost impacts, participant satisfaction, and service quality.
- Review implementation periodically and adjust as needed.

## **Partnership approach**

AMT is committed to working collaboratively with the Department of Health, Disability and Ageing, the NDIS Quality and Safeguards Commission, and the National Disability Insurance Agency to support successful implementation. We offer our expertise, networks, and resources to assist with:

- development of registration criteria and processes
- design and delivery of NDIS-specific training for massage therapists
- communication and education strategies
- ongoing quality improvement and professional standards.

## Conclusion

The consultation on the NDIS provider definition presents a critical opportunity to address a long-standing inequity in the NDIS framework. Currently, NDIS participants face unnecessary barriers to accessing massage therapy which is already widely recognised, evidence-based, and effective for managing many disability-related symptoms and conditions.

The exclusion of qualified remedial massage therapists and myotherapists from the NDIS is inconsistent with their recognition in other Commonwealth programs, such as Support at Home, by private health insurers, and in workers' compensation schemes. It limits participant choice and control, increases costs, restricts access to care, and represents an inefficient use of NDIS funding and the broader health workforce.

Remedial massage therapists and myotherapists hold nationally recognised qualifications, maintain professional standards, carry appropriate insurance, and are already experienced in providing services to people with disability. The proposed graduated, risk-proportionate regulatory model provides an ideal framework for integrating remedial massage therapists and myotherapists into the NDIS, with registration requirements proportionate to the risk profile of these services.

Including remedial massage therapy in the amended definition of an NDIS provider would:

- enhance participant choice and control over their supports
- improve value for money and scheme sustainability
- expand access to therapeutic services, particularly in regional and rural areas
- support more efficient use of the disability support workforce
- support the productivity and sustainability of the care and support economy.

**AMT strongly urges the Australian Government to include massage therapy services delivered by qualified remedial massage therapists and myotherapists in the amended definition of an NDIS provider. AMT is ready to work collaboratively with Government to support effective implementation of this reform.**

**This is an opportunity to get it right: to ensure the NDIS provider definition reflects the reality of effective disability support services, respects participant choice, and delivers value for participants and the broader community.**



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