

Osteopath interview questions

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What to expect

Osteopathy interviews typically combine registration and background checks with clinical reasoning questions, since interviewers need to confirm you can assess safely, choose techniques appropriately and communicate treatment plans clearly to patients.

- **Process:** Questions asking you to walk through how you conduct an assessment or build a treatment plan from start to finish.
- **Behavioural:** Questions about past experience handling patients, adjusting plans or managing a caseload, usually answered with a specific example.
- **Scenario / safety:** Judgement questions about red flag presentations, referral decisions and when manual treatment is not appropriate.
- **Client-facing:** Questions about educating and motivating patients, particularly those reluctant to follow through on advice.
- **Technical:** Questions probing your reasoning for choosing one manipulation technique over another for a given presentation.

Most interviews start by confirming AHPRA registration status and qualifications, move into clinical scenario and technique questions (sometimes with a case study or patient file to discuss), then cover practical logistics such as caseload capacity, hours and how you'd fit into the clinic's existing patient management systems and record-keeping practices.

1. Walk me through how you would conduct an initial assessment for a new patient presenting with lower back pain.

Why they ask

Checks that you follow a structured, safe assessment process rather than jumping straight to treatment.

How to structure your answer

Step-by-step process walkthrough: history taking, physical examination, palpation, working diagnosis, then treatment plan.

Example answer

"I'd start by taking a full history, including how the pain started, what aggravates or eases it, and any red flag symptoms like unexplained weight loss or neurological changes. Then I'd move into a physical examination, checking posture, range of motion and gait, before palpating the lumbar spine and surrounding soft tissue to assess joint mobility and muscle tension. Once I've built a picture of what's driving the presentation, I'd explain my working diagnosis to the patient in plain language and set out a treatment plan, starting conservatively with soft tissue work and articulation before considering anything more direct."

2. Tell me about a time you had to adjust a treatment plan when a patient wasn't responding as expected.

Why they ask

Tests clinical flexibility and whether you monitor progress rather than repeating the same approach regardless of outcome.

How to structure your answer

STAR: situation, task, action, result.

Example answer

"During a placement I treated a patient with shoulder restriction who showed no improvement after two sessions of articulation and soft tissue work. I reassessed and found the restriction was linked more to postural habits from their desk job than to the joint itself. I shifted the plan to include ergonomic advice and a home stretching routine alongside manual treatment. By the following session the patient reported better range of motion and less discomfort through the day, which confirmed the postural link was the main driver."

3. A patient presents with symptoms that could indicate a condition requiring medical referral rather than osteopathic treatment. How would you handle this?

Why they ask

Directly tests safety judgement and willingness to refer on rather than treat beyond scope.

How to structure your answer

Judgement under pressure: identify the risk, explain the decision process, describe the action taken.

Example answer

"If a patient presented with symptoms like unexplained weight loss, night pain that doesn't ease with rest, or neurological signs such as numbness spreading down a limb, I'd treat those as red flags rather than routine musculoskeletal findings. I would stop and explain clearly to the patient why I'm not proceeding with manual treatment that day, and refer them to their GP for further investigation, documenting the reasoning in their file. Patient safety comes before completing a planned treatment session."

4. How do you approach a patient who is reluctant to follow through with posture or exercise advice between sessions?

Why they ask

Client-facing question checking communication skill and whether you can motivate compliance without being pushy.

How to structure your answer

Communication approach: understand the barrier, adapt the advice, check for buy-in.

Example answer

"I try to find out why the advice isn't being followed rather than just repeating it. Sometimes the exercises feel too time-consuming or the patient doesn't see the link between posture and their pain. I'll simplify what I'm asking for, maybe cutting it down to one or two key changes, and explain specifically how it connects to the symptoms they came in for. I find patients are more likely to follow through when they understand the reasoning and the advice fits realistically into their day."

5. What factors do you consider before deciding whether to use a high-velocity thrust technique versus softer articulation?

Why they ask

Technical question testing depth of clinical reasoning around technique selection and risk.

How to structure your answer

Technical reasoning: relevant clinical factors, then how they inform the decision.

Example answer

"I consider the patient's age, bone density risk factors, any history of osteoporosis or recent trauma, and how they've responded to gentler techniques so far. If there's any uncertainty about joint stability or the patient is anxious about a thrust technique, I'll stick with articulation and soft tissue release, since patient comfort and safety matter more than reaching for the most direct technique available. High-velocity thrust is something I'd reserve for cases where I'm confident it's appropriate and the patient understands what to expect."

6. How do you keep your practice and clinical records aligned with AHPRA and Osteopathy Board requirements?

Why they ask

Confirms understanding of regulatory obligations specific to Australian practice, an area interviewers screen for given registration requirements.

How to structure your answer

Process description: ongoing compliance habits, record-keeping practice, CPD tracking.

Example answer

"I keep detailed clinical notes after every session, covering assessment findings, treatment given and any changes to the plan, which supports both continuity of care and AHPRA documentation standards. I track my continuing professional development hours throughout the year rather than leaving it until registration renewal, and I stay current with any updates to the Osteopathy Board's codes and guidelines through Osteopathy Australia updates and practice-based training."