Physiotherapist interview questions

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What to expect

Physiotherapist interviews mix clinical reasoning with patient-facing communication, since the role involves both hands-on treatment and ongoing education of patients about their own care. Panels typically include a senior physiotherapist and sometimes a practice manager or team lead, and they will probe how you assess, plan and adjust treatment as much as what techniques you know.

- **Clinical reasoning:** Questions about how you assess a presenting condition, form a diagnosis, and choose an appropriate treatment approach.
- **Scenario/judgement:** Hypothetical patient situations testing how you'd handle deterioration, non-compliance, or conflicting clinical signs.
- **Behavioural:** Past-experience questions about patient education, teamwork with other allied health professionals, or managing a difficult case.
- **Client-facing communication:** How you explain treatment plans and motivate adherence to home exercise programs, especially with patients who are anxious or sceptical.
- **Compliance and safety:** Questions on AHPRA obligations, informed consent, and safe use of equipment such as electrotherapy units.

Expect an introduction to the role and team, then a run of clinical scenario and reasoning questions, followed by behavioural questions about past patient interactions, and time at the end for your questions about caseload, supervision and professional development support.

1. Walk me through how you'd assess a new patient presenting with lower back pain.

Why they ask

Tests your clinical process and whether you follow a structured, evidence-based assessment rather than jumping to treatment.

How to structure your answer

Describe the assessment step by step: subjective history, physical and functional movement tests, red flag screening, then how you'd form a working diagnosis and initial plan.

Example answer

"I'd start with a subjective history covering onset, aggravating and easing factors, and any red flags like unexplained weight loss or neurological symptoms. Then I'd move to objective assessment: observing posture, testing range of motion, and running functional movement tests to identify movement patterns contributing to the pain. Based on those findings I'd form a working diagnosis, explain it to the patient in plain terms, and set an initial treatment plan combining manual therapy for immediate relief with a graded exercise program, reviewing progress at the next session."

2. Tell me about a time a patient wasn't following their home exercise program and it was affecting their recovery.

Why they ask

Assesses your patient education and motivation skills, since adherence outside the clinic is central to outcomes.

How to structure your answer

Use STAR: situation, task, action, result, focusing on how you identified the barrier and adjusted your approach.

Example answer

“I had a patient recovering from a knee injury who kept missing exercises, and progress had stalled. I asked open questions about what was getting in the way, and found the program felt too time-consuming alongside their work schedule. I simplified it to three key exercises they could do in ten minutes, and set a small, achievable goal for the following week. Adherence improved, and their range of motion progressed steadily over the following sessions.”

3. A patient reports increased pain after a session of manual therapy. What do you do?

Why they ask

Tests clinical judgement under pressure and understanding of when to modify, stop or escalate treatment.

How to structure your answer

Explain your immediate response, how you'd reassess, and when you'd involve the referring doctor or another allied health professional.

Example answer

“I'd stop and reassess straight away, checking for any signs of a more serious issue rather than assuming it's normal post-treatment soreness. If the pain is consistent with an expected response, I'd explain that to the patient and adjust the next session's intensity. If something seems off, like sharp or radiating pain, I'd hold off further manual therapy, document the finding, and contact the referring GP or specialist for guidance before continuing.”

4. How do you decide when to progress or modify a patient's rehabilitation program?

Why they ask

Probes your ongoing clinical decision-making, since treatment plans need to adapt to actual patient response rather than following a fixed template.

How to structure your answer

Describe the criteria and data points you use to judge progress, and how you balance patient feedback with objective measures.

Example answer

“I look at both objective measures, like range of motion via goniometer readings and functional test results, and the patient's own reported pain and confidence levels. If they're meeting the milestones we set and pain is stable or reducing, I'll progress the exercises in load or complexity. If they're plateauing or pain is increasing, I'll step back, review technique, and consider whether the diagnosis needs revisiting.”

5. How do you keep your clinical documentation and AHPRA compliance up to date in a busy caseload?

Why they ask

Checks awareness of regulatory obligations and practical time management around administrative work.

How to structure your answer

Give a straightforward account of your documentation habits and how you fit them around clinical time.

Example answer

“I document notes on our patient management software directly after each session while the details are fresh, rather than batching them at the end of the day. I keep my continuing professional development log updated as I complete courses, and I review AHPRA's Physiotherapy Board standards periodically to make sure my consent and record-keeping practices are current.”

6. Describe a time you worked with another allied health professional or doctor on a shared patient's care.

Why they ask

Physiotherapists regularly coordinate with GPs, occupational therapists and other allied health staff, so this tests collaboration and communication across disciplines.

How to structure your answer

Use STAR, with emphasis on how you communicated clinical information clearly to a non-physiotherapy colleague.

Example answer

“I worked with an occupational therapist on a patient recovering from a stroke who needed both mobility work and home modifications. We met briefly each week to compare notes on the patient's functional progress, so our goals stayed aligned. I made sure my updates focused on what was practically relevant to their work, like changes in balance or transfer ability, rather than physiotherapy-specific jargon. The coordinated approach meant the patient's home setup and therapy plan progressed together rather than working against each other.”