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Australasian Faculty of
Rehabilitation Medicine

Australasian Faculty of Rehabilitation Medicine (AFRM) 2025 Entry Phase Examination

Examiner Feedback

The 2025 AFRM Entry Phase Examination was conducted at Royal Adelaide Hospital, Adelaide on Sunday, 24 August 2025.

This document provides generic feedback from the examiners about candidate performance in the 2025 AFRM Entry Phase Examination. Candidates were examined across six clinical live stations and four static stations.

As you review your results and consider targeted areas for your development, we hope this feedback supports your continued growth and success in the training program.

Strong candidates demonstrated a clear understanding of foundational rehabilitation medicine concepts and applied these appropriately to the clinical scenarios presented. They engaged effectively with role players and examiners, showing professionalism, empathy and clear communication. Their responses were structured, relevant, and tailored to the specific case, rather than relying on generic lists. Strong candidates also considered the biopsychosocial context of rehabilitation and drew on principles of teamwork and interprofessional practice when formulating their answers. Overall, they approached each station in an organised manner, integrating knowledge, clinical reasoning and professional behaviours at a level expected of a trainee completing the Specialty Entry Phase (or first year) of training.

Conversely, weaker candidates tended to demonstrate soft knowledge base, unstructured examination technique, disorganised clinical reasoning, and provided general to vague answers to questions. Their understanding of biopsychosocial model and roles of other members in the interdisciplinary team also tend to be limited. In general, the weaker candidates need to improve medical and rehabilitation medicine knowledge base (accepting the fact that EPE is designed for first year trainees), structure in physical examination, organisation and reasoning skills in addressing clinical scenarios and understanding of roles played by various members of the interdisciplinary team that rehabilitation medicine physician often work with.

Stations 1, 14, 27 – Concussion (live)

The aim of this station is to assess the candidate's ability to recognise and analyse concussion in the context of traumatic brain injury. Candidates will be required to demonstrate their knowledge related to the neurological impact of trauma and a biopsychosocial approach to holistic patient management.

New Curriculum	
Knowledge Guide	Traumatic brain injury
Clinical tasks Entrustable Professional Activities	Communication and counselling skills EPA 7 and 8 Diagnostic decision making EPA 4, 7 and 8 Use of pharmacological and physical therapies EPA 4 and 8 Clinical reasoning and problem solving EPA 4 and 9 Preventative strategies EPA 3, 4 and 9

PREP Curriculum	
Theme	1.1 Patient evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury.
Theme	2.12 Traumatic brain injury
Learning Objective	2.12.1 Outline the epidemiology, pathophysiology, prognostication, acute treatment and prevention of traumatic brain injury.

Candidates performed well in the following areas:

- GCS meaning
- Melatonin and how it works

Areas for improvement:

- Concussion symptoms
- Therapeutic interventions with a clinical psychologist (were answered more towards mental health rather than concussion)

Other comments:

- Most candidates had good rapport with the role player
- Ensure to read the stem and provide specific answers to the questions
- Ensure to speak clearly and confidently, do not rush.

Stations 2, 15, 28 – Osteoarthritis (static)

The aim of this station is to assess the candidate's ability to identify clinical presentation and features of knee osteoarthritis as part of the musculoskeletal conditions knowledge guide. The candidate will be required to demonstrate understanding of non-pharmacological management strategies of osteoarthritis; knowledge in common medications used for osteoarthritis and their side effect profiles; common interventions for musculoskeletal pain management, and exercise prescription.

New Curriculum	
Knowledge Guides	Musculoskeletal conditions Pain
Clinical tasks Entrustable Professional Activities	Use and interpretation of diagnostic tests EPA 4 and 8 Diagnostic decision making EPA 4, 7 and 8 Use of pharmacological and physical therapies EPA 4 and 8 Clinical reasoning and problem solving EPA 4 and 9 Multi-disciplinary management EPA 1, 3, 5, 6 and 9 Preventative strategies EPA 3, 4 and 9

PREP Curriculum	
Theme	1.1 Patient evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorder or injury.
Theme	1.2 Patient management
Learning Objective	1.2.1 Plan and implement a realistic and appropriate rehabilitation program that is problem-oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family.
Theme	2.8 Musculoskeletal medicine
Learning Objectives	2.8.1 Recall basic anatomy and physiology of the musculoskeletal system.
	2.8.2 Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate potential for rehabilitation.

Candidates performed well in the following areas:

- Naming clinical features in given x-ray
- Side effects for NSAID and opiate medications

Areas for improvement:

- Interventional strategies to help with pain

Other comments:

- Give specific examples of non-pharmacological strategies
- Familiarise yourself with a range of interventional strategies other than surgery.

Stations 3, 16, 29 – Respiratory system examination (live)

The aim of this station is to assess the candidate's ability to recognise and evaluate the respiratory system and conduct a thorough focused examination.

New curriculum	
Knowledge Guide	Cardiac and respiratory conditions
Clinical tasks Entrustable Professional Activities	Physical examination EPA 4 Use and interpretation of diagnostic tests EPA 4 and 8 Diagnostic decision-making EPA 4, 7 and 8 Clinical reasoning and problem-solving EPA 4

PREP curriculum	
Theme	1.1 Patient evaluation
Learning Objectives	1.1.1 Describe the potentially disabling consequences of disease, disorder or injury.
Theme	2.1 Cardiac disease
Learning Objectives	2.1.1 Recall basic knowledge of cardiac disease

Candidates performed well in the following areas:

- Auscultation and examination technique
- Acid base interpretation
- Communication with role player

Areas for improvement:

- Articulating auscultation findings
- Systematic examination technique
- Differential diagnosis

Other comments:

- Review systematic/structured approach to examination.

Stations 5, 18, 31 – Stroke (live)

The aim of this station is to assess the candidate's ability to recognise early stroke and diagnostic imaging studies. The candidate should be familiar with stroke risks associated with atrial fibrillation and other cardiovascular risk factors. The candidate should understand timing of thrombolysis and thrombectomy.

New curriculum	
Knowledge Guide	Stroke management
Clinical tasks Entrustable Professional Activities	Communication and counselling skills EPA 7 and 8 Use and interpretation of diagnostic tests EPA 4 and 8 Diagnostic decision-making EPA 4, 7 and 8 Use of pharmacological and physical therapies EPA 4 and 8 Clinical reasoning and problem-solving EPA 4 and 9 Preventative strategies EPA 3, 4 and 9

PREP curriculum	
Theme	1.1 Patient evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorder and injury.
Theme	2.9 Neurological disease
Learning Objective	2.9.4 Assess and manage the rehabilitation of a patient with cerebrovascular disease.

Candidates performed well in the following areas:

- Indication for non-contrast CT brain
- Guidelines of thrombolysis
- Rapport with role player

Areas for improvement:

- Thrombolysis contraindications

Other comments

- Improve knowledge of imaging
- Improve understanding of brain anatomy
- Review stroke guidelines.

Stations 6, 19, 32 – Wound (static)

The aim of this station is to assess the candidate's ability to recognise, evaluate and identify a pressure injury in the context of a musculoskeletal condition and rehabilitation of other specific condition. Candidates will be expected to demonstrate the knowledge related to anatomy and physiology with general medical knowledge and intersection between rehabilitation medicine physicians and other professions within the interdisciplinary team, including allied health and nursing roles.

New curriculum	
Knowledge Guides	Musculoskeletal conditions Rehabilitation of other specific conditions
Clinical tasks Entrustable Professional Activities	Clinical reasoning and problem-solving EPA 4 and 9 Multi-disciplinary management EPA 1, 5, and 9

PREP curriculum	
Theme	2.8 Musculoskeletal medicine
Learning Objectives	2.8.1 Recall basic anatomy and physiology of the musculoskeletal system. 2.8.2 Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation.
Theme	2.9 Neurological disease
Learning Objective	2.9.3 Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment.
Theme	2.11 Spinal cord injury and disease
Learning Objective	2.11.3 Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings.

Candidates performed well in the following areas:

- Risk factors leading to development of pressure wound
- Medical reasons for delayed wound healing

Areas for improvement:

- Features of the given wound (some stated incorrect stage)
- Involvement of occupational therapist

Other comments

- Improve knowledge of stages of pressure injury.

Stations 7, 20, 33 – Heart failure (live)

The aim of this station is to assess the candidate's ability to take a focused history in the context of cardiology on the background of heart failure. Candidates will be expected to demonstrate the knowledge related to typical symptoms and causes of heart failure, appropriate initial medical management and return to functional tasks.

New curriculum	
Knowledge Guides	Cardiac and respiratory conditions Rehabilitation of older people
Clinical tasks Entrustable Professional Activities	Communication and counselling skills EPA 7 History taking EPA 4 Use of pharmacological and physical therapies EPA 4

PREP curriculum	
Theme	1.1 Patient Evaluation
Learning Objective	1.1.2 Determine the nature and extent of disability and activity limitation or participation restriction.
Theme	1.2 Patient Management
Learning Objective	1.2.1 Plan and implement a realistic and appropriate rehabilitation program that is problem-oriented, goal-driven, time-limited and directly addresses the needs and expectations of the patient and family.
Theme	2.1 Cardiac disease
Learning Objectives	2.1.2 Complete a comprehensive assessment of a patient presenting with cardiac disease and evaluate potential for rehabilitation. 2.1.3 Formulate a cardiac rehabilitation program. 2.1.5 Provide post-discharge (phase II) care to a patient with cardiac disease.

Candidates performed well in the following areas:

- Functional impacts
- Focused cardiac history taking
- Communication and rapport with role player

Areas for improvement:

- Return to sexual activity
- Structured template for history taking

Other comments:

- Review/create a standard history taking template, consider terminology used in communication with patients

- Read the stem carefully to provide specific answers, listen carefully to the whole question and/or ask role player/examiner to repeat.

Stations 9, 22, 35 – High-risk foot (live)

The aim of this station is to assess the candidate's ability to assess a high-risk, diabetic and dysvascular limb. The candidates are expected to recognise diabetic complication (e.g., peripheral neuropathy) and an acutely ischaemic limb, interpret investigation findings and formulate management. The candidate will be expected to demonstrate knowledge of basic pathophysiology of peripheral vascular disease and diabetic complications.

New curriculum	
Knowledge Guide	Amputation of limb and prosthetics
Clinical tasks Entrustable Professional Activities	Communication and counselling skills EPA 7 and 8 Physical examination EPA 4 Use and interpretation of diagnostic tests EPA 4 and 8 Clinical reasoning and problem-solving EPA 4 and 9 Multi-disciplinary management EPA 1, 3, 5, 6 and 9 Preventative strategies EPA 3, 4 and 9

PREP curriculum	
Theme	2.6 Lower limb amputation
Learning Objectives	2.6.1 Recall basic knowledge of lower limb amputation. 2.6.4 Describe investigations in the management of peripheral vascular disease.

Candidates performed well in the following areas:

- Recognising critical limb ischemia
- Good communication and rapport with role player
- Thorough examination

Areas for improvement:

- Some candidates did not recognise urgency of risk
- Some candidates did not prioritise vascular nor perform completely
- Familiarisation with tuning fork
- Technique to assess proprioception and use of monofilament.

Other comments

- Some candidates examined foot joints which was not relevant
- Review difference between high-risk foot exam and lower limb neuro/musculoskeletal exam.

Stations 10, 23, 36 – Multi-trauma/delirium (static)

The aim of this station is to assess the candidate's ability to demonstrate their knowledge of multi-trauma, recognise the potential causes of delirium and injury-related important complications in the context of poly-trauma, medical management and rehabilitation on a background of a healthy, working patient. Candidates will be expected to demonstrate the knowledge related to potential causes of acute delirium and the need for investigations, and management of medical complications, including particularly hyponatraemia.

New curriculum	
Knowledge Guides	Traumatic brain injury Rehabilitation of other specific conditions
Clinical tasks Entrustable Professional Activities	Diagnostic decision-making EPA 4, 7 and 8 Use of pharmacological and physical therapies EPA 4 and 8 Clinical reasoning and problem-solving EPA 4 and 9 Multi-disciplinary management EPA 1, 3, 5, 6 and 9 Preventative strategies EPA 3, 4 and 9

PREP curriculum	
Theme	1.1 Patient Evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury.
Theme	1.2 Patient Management
Learning Objective	1.2.1 Plan and implement a realistic and appropriate rehabilitation program and that is problem-oriented, goal driven, time-limited and directly addresses the needs and expectation of the patient and family.
Theme	2.9 Neurological disease
Learning Objectives	2.9.2 Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation.

Candidates performed well in the following areas:

- Causes for confusion
- Understanding of delirium assessment tools

Areas for improvement:

- Features of delirium
- Nonpharmacological management of delirium

Other comments

- No other comments.

Stations 11, 24, 37 – Fall on ward (live)

The aim of this station is to assess the candidate's ability to communicate to relatives and colleagues in the context of an acute fall in a rehabilitation ward on background of atrial fibrillation and anticoagulants. Candidates will be expected to demonstrate the knowledge related to pharmacology, pathophysiology and an understanding of issues relating to the presentation and management of Parkinson's disease, as well as poor postural reflexes and the concept of relative risk of falls in a rehabilitation ward environment. A deteriorating patient on a rehabilitation ward with a head injury (subdural haematoma).

New curriculum	
Knowledge Guides	Neurological conditions Traumatic brain injury
Clinical tasks Entrustable Professional Activities	Use and interpretation of diagnostic tests EPA 4 and 8 Communication and counselling skills EPA 7 and 8 Diagnostic decision making EPA 4, 7 and 8 Clinical reasoning and problem solving EPA 4 and 9

PREP curriculum	
Theme	1.1 Patient Evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury.
Theme	1.4 Prevention
Learning Objective	1.4.1 Promote preventive strategies with regard to disease and injuries that may cause significant disability.
Theme	2.5 Illness and Injury in Older People
Learning Objectives	2.5.1 Outline the basis and management of illness and injury in older people. 2.5.2 Complete a comprehensive patient assessment that identifies disability resulting from illness and / or injury in old age and evaluate the potential for rehabilitation.

Candidates performed well in the following areas:

- Interpretation of brain CT
- Causes of peripheral neuropathy
- Communication and rapport with role player

Areas for improvement:

- Factors determining ongoing anti coagulation
- More elaboration of information (not using acronyms)

Other comments

- Review for ongoing anticoagulation: patient preference and psychosocial elements of decision making (e.g. goals of care, level of function)
- Listen carefully to the whole question and/or ask role player/examiner to repeat – ensure response tailored specifically (medical student in this case).

Stations 12, 25, 38 – Rehabilitation of older persons (static)

The aim of this station is to assess the candidate's ability to recognise types of common hip fractures and the surgical intervention, analyse and evaluate the causes for acute delirium following surgery, identify factors that may affect a person to be discharged home using ICF model, assess the frailty in older persons in the context of rehabilitation of older people on background of recurrent falls and cognitive impairment. Candidates will be expected to demonstrate the knowledge related to functional anatomy, basic knowledge of falls prevention, sleep hygiene and frailty assessment and foundational rehabilitation concepts in older people.

New curriculum	
Knowledge Guides	Rehabilitation of older people Musculoskeletal conditions Cardiac and respiratory conditions
Clinical tasks Entrustable Professional Activities	Use and interpretation of diagnostic tests EPA 4 and 8 Diagnostic decision-making EPA 4, 7 and 8 Use of pharmacological and physical therapies EPA 4 and 8 Clinical reasoning and problem-solving EPA 4 and 9 Multi-disciplinary management EPA 1, 3, 5, 6 and 9

PREP curriculum	
Theme	2.5 Illness and injury in older people
Learning Objectives	2.5.1 Outline the basis and management of illness and injury in older people. 2.5.2 Complete a comprehensive patient assessment that identifies disability resulting from illness and/or injury in old age and evaluate the potential for rehabilitation. 2.5.3 Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner.

Candidates performed well in the following areas:

- Nonpharmacological and pharmacological management strategies
- Time management

Areas for improvement:

- Understanding of Trendelenburg sign
- Review x-ray interpretation (specific to osteoarthritis)

Other comments

- Review the difference between Trendelenburg sign versus other gait patterns.