Australasian Faculty of Rehabilitation Medicine (AFRM)
2025 Fellowship Clinical Examination

Examiner Feedback

The 2025 AFRM Fellowship Clinical Examination was conducted at Royal North Shore Hospital, Sydney on Saturday, 3 May 2025.

This document provides generic feedback from the examiners about candidate performance in the 2025 AFRM Fellowship Clinical Examination. Candidates were examined across 10 clinical live stations.

Most of the 2025 AFRM Fellowship Clinical Examination questions were based on real patients. Strong candidates demonstrated empathy and rapport with the role player, linked the stem to the specific patient to provide individualised answers, answered the questions with as many relevant answers as possible and did not provide generic lists. They also considered a biopsychosocial model, had exposure to learning from the whole multidisciplinary rehabilitation team and had obviously experienced a wide range of rehabilitation settings, and were structured and organised in their responses.

Stations 1, 13, 25 – Respiratory

Theme	1.1 Patient evaluation
Learning Objectives	**1.1.2** Determine the nature and extent of disability and activity limitation or participation restriction
	1.1.3 Predict the degree of functional improvement that may be achieved with appropriate rehabilitation

Theme	1.2 Patient management
Learning Objectives	**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.
	1.2.2 Describe, use and coordinate assessments and therapies of the interdisciplinary team

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
	2.5.3 Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner

Theme	2.8 Musculoskeletal medicine
Learning Objective	**2.8.3** Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment

Candidates performed well in the following areas:

- Understanding and explaining home visit recommendations and the role of a social worker.
- Clear and appropriate communication.
- Occupational therapist home visit.

Candidates performed poorly in the following areas:

- Explanation of the purpose of the 6-minute walk test with high level of detail.
- Some answers were too generic.
- Need to answer for both COPD and hip pain.

Other comments

- Address all areas of patient presentation.

Stations 2, 14, 26 – MND

Theme	**2.9 Neurological disease**
Learning Objective	**2.9.6** Assess and manage the rehabilitation of a patient with motor neurone disease

Candidates performed well in the following areas:

- Case planning.
- Knowledge of alternative communication devices, meal planning assistance and respiratory symptoms.

Candidates performed poorly in the following areas:

- Diagnosis.
- Knowledge of upper and lower motor neuron syndrome.
- Genetics and risk of inheritance.
- Some candidates had poor empathy.
- Candidates spent too long discussing alternative meal planning assistance.
- Candidates discussed legal issues but there was reduced focus on case planning.

Other comments

- Candidates lacked specific knowledge of MND.

Stations 3, 15, 27 – Cervical spine

Theme	**1.1 Patient evaluation**
Learning Objectives	**1.1.1** Describe the potentially disabling consequences of disease, disorders and injury
	1.1.2 Determine the nature and extent of disability and activity limitation or participation restriction

Theme	**2.2 Chronic pain**
Learning Objectives	**2.2.1** Recall basic knowledge of chronic pain
	2.2.3 Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment

Theme	**2.8 Musculoskeletal medicine**
Learning Objectives	**2.8.1** Recall basic anatomy and physiology of the musculoskeletal system

Candidates performed well in the following areas:

- Examination technique.
- Clinical interaction and rapport building.

Candidates performed poorly in the following areas:

- Candidates were thrown off when informed not to examine passive range of motion.
- Chronic pain question – many talked about multidisciplinary team management, explained each discipline and role; did not provide good description, definition and nature of chronic pain.
- Reporting findings throughout the physical examination, systematic approach to reporting examination finding.

Other comments

- Ensure answers are communicated at fellowship level.

Stations 4, 16, 28 – Stroke and aphasia

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:

- Discussing speech pathologist/language therapist report.
- Time management.
- Language impairment and its impact on function in community.

Candidates performed poorly in the following areas:

- Interpretation of imaging findings pre and post procedures.
- Neuroplasticity and its role in rehabilitation generally poorly conceptualised.
- Communication strategies – many focused on generic terms.
- Impairment impact – often didn't relate to premorbid activities in stem.

Other comments

- Would be advantageous to learn FIM.

Stations 5, 17, 29 – Cerebral palsy

Theme	1.2 Patient management
Learning Objectives	**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.
	1.2.2 Describe, use and coordinate assessments and therapies of the interdisciplinary team

Theme	Theme 2.4 Illness and injury of the child and adolescent
Learning Objectives	**2.4.1** Describe illnesses and injuries that result in disability and activity limitation or participation restriction in childhood and adolescence

Candidates performed well in the following areas:

- Consent – description of process of botulinum toxin injection.
- Integration into university life.

Candidates performed poorly in the following areas:

- No mention of benefits of botulinum toxin injection; particularly no mention of benefit for subsequent physiotherapy stretching program.
- Poor understanding and ability to discriminate for spasticity.
- Incorrect diagnosis of patella alta.
- Poor eye contact.
- Dystonia.

Other comments

- Consider being more organised in systematic approach to describing imaging findings.
- Ensure focus on benefits and possible side effects when discussing consent.
- Remember psychosocial aspects of issues and its role in management plan.

Stations 7, 19, 31 – Spinal cord injury

Theme	1.4 Prevention
Learning Objective	1.4.1 Promote preventive strategies with regard to diseases and injuries that may cause significant disability

Theme	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:

- Knowledge of detrusor sphincter dyssynergia.
- Environmental considerations of patients with spinal cord injury patient.

Candidates performed poorly in the following areas:

- Mobility and assistive aids in paraplegic spinal cord injury patient.
- UTI prevention – candidates seemed to rush through initial questions given there were six to answer.

Other comments

- No other comments.

Stations 8, 20, 32 – Administration

Theme	Theme 1.3 Administration and leadership
Learning Objective	**1.3.4** Design, implement and monitor service delivery

Theme	Theme 1.7 Quality management
Learning Objective	**1.7.1** Monitor the quality of processes and outcomes of rehabilitation and undertake quality activities to improve service delivery and clinical management

Candidates performed well in the following areas:

- Interpretation of data.
- Service and monitoring improvement of service.

Candidates performed poorly in the following areas:

- Poor understanding of concussion and post-concussion syndrome.
- Poor understanding of role of rehab physician.
- Some tangential and non-specific responses.
- Understanding of difference between administrative outcomes vs clinical outcomes.

Other comments

- Candidates require better understanding of service planning and development.

Stations 9, 21, 33 – Amputee

Theme	**1.4 Prevention**
Learning Objective	**1.4.1** Promote preventive strategies with regard to diseases and injuries that may cause significant disability

Theme	**Theme 2.6 Lower limb amputation**
Learning Objectives	**2.6.1** Recall basic knowledge of lower limb amputation
	2.6.2 Complete a comprehensive patient assessment that identifies the type of lower limb amputation and any medical factors relevant to prosthetic rehabilitation

Candidates performed well in the following areas:

- Parts of examination performed well, e.g., inspection and palpation.
- Clinical interaction and rapport building with patient.

Candidates performed poorly in the following areas:

- Gait examination.
- Some candidates did not use cotton tip on stump examination to test for sensation.
- Some candidates did not measure stump.
- Microprocessor ankle question.
- Some superficial responses.

Other comments

- Avoid using abbreviations.

Stations 10, 22, 34 – Swallow/cancer

Theme	1.1 Patient evaluation
Learning Objectives	**1.1.1** Describe the potentially disabling consequences of disease, disorders and injury
	1.1.3 Predict the degree of functional improvement that may be achieved with appropriate rehabilitation

Theme	1.2 Patient management
Learning Objective	**1.2.2** Describe, use and coordinate assessments and therapies of the interdisciplinary team

Theme	2.5 Illness and Injury in Older People
Learning Objectives	**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

Theme	2.9 Neurological disease
Learning Objective	**2.9.8** Assess and manage the rehabilitation of a patient with myopathy and neuropathy

Candidates performed well in the following areas:

- Clinical interaction and rapport building.
- Strategies to improve sleep.
- Speech compensatory strategies.

Candidates performed poorly in the following areas:

- Time management.
- Use of medical jargon.
- Lack of specific knowledge – knowledge of fluid consistency.
- Limited differentials for dysphagia and specifically for patient in stem.
- Few candidates mentioned blood tests and weight remaining stable before jejunostomy tube can be removed.

Other comments

- Candidates may benefit from attending a session with a speech therapist.
- Practice organising time management.
- Focus on basic specific answers first, think more broadly about differential diagnosis.

Stations 11, 23, 35 – Trauma

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	Theme 1.3 Administration and leadership
Learning Objective	**1.3.1** Discuss the global organisation of health services at national and state level, and the impact of government policy on the provision of rehabilitation medicine services and services for people with disabilities

Theme	Theme 2.8 Musculoskeletal medicine
Learning Objectives	**2.8.2** Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation
	2.8.3 Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment

Candidates performed well in the following areas:

- Communication and rapport.
- Explaining nerve conduction study results.

Candidates performed poorly in the following areas:

- Time management – most answered questions quickly and had time leftover.
- Eversion and sensory impact largely missed.
- More focus on medical issues rather than functional implications.
- Wheelchair prescription question lacked specifics and awareness of measurements.
- Pivot transfer using walking frame – answers lacked specifics and some candidates mentioned unsafe technique.

Other comments

- Consider broadening knowledge by liaising with allied health professionals.
- Some candidates failed to mention rehabilitation goals at a fellowship level.