

2025 AFRM Fellowship Written Examination (General Rehabilitation)

Paper A – Modified Essay Questions General Feedback Report

OVERVIEW

The 2025 Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Written Examination Paper A – Modified Essay Questions (MEQ) was held on Tuesday, 4 March 2025. The examination was presented using the modified essay format. It covered eight (8) main topic areas based on the RACP AFRM curriculum learning objectives outlined in the *RACP Rehabilitation Medicine Advanced Training Curriculum – Australasian Faculty of Rehabilitation Medicine*.

This document provides feedback for candidates, outlining the characteristics of responses that achieved high marks and the areas for improvement where lower marks were achieved.

The modified essay format assesses candidates' **contextualised knowledge of rehabilitation medicine at a specialist level**. Candidates are examined on their application of knowledge to clinical scenarios in a 'real life' context.

Scenarios

The MEQ scenarios usually include more information than necessary for answering the questions. However, this reflects the discipline of rehabilitation medicine, where important information must be gleaned from the biopsychosocial context of the patient. For examination purposes, every effort is made to present the case succinctly but with sufficient details to allow candidates to make appropriate clinical decisions.

Specialist-level knowledge

Candidates are asked to provide specific knowledge supported by the best available evidence as expected of a minimally competent rehabilitation medicine physician.

Contextualised questions

Candidates are expected to demonstrate an ability to apply their knowledge to the relevant case scenarios in their specific clinical contexts. Candidates must pay close attention to the clinical scenarios for 'real life' assessment and decision making.

Specific responses

Questions are designed to test a candidate's ability to provide specific responses. The marking guides are designed to provide marks for demonstrating specific knowledge, with no marks allocated for generic responses.

Result

To pass the exam, candidates must achieve, at a minimum, a total score equal to, or greater than, the overall pass mark AND must pass at least five (5) of the eight (8) questions. This

minimum requirement for passing ensures that candidates meet the standard regarding the depth of the responses and the breadth of the topics.

In 2025, the overall pass mark for this examination was 59%. The pass mark is set using the Modified Angoff method. Questions where no candidate achieved the maximum allocated score for a question were reviewed to ensure their feasibility. In cases where the number of correct responses required for a question was not achievable, the total allocated mark was decreased, and the Modified Angoff adjusted proportionally. No candidate was disadvantaged by this process. No question was misinterpreted or had wording problems requiring their removal.

In 2025, 51 candidates sat the examination, with a pass rate of 72.5% of candidates.

EXAMINER FEEDBACK

QUESTION 1 – FRACTURE, RESEARCH

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 1.6	Clinical Research
Learning Objective 1.6.1	Apply principles of clinical research.

Theme 2.5	Illness and Injury in Older People
Learning Objective 2.5.1	Outline the basis and management of illness and injury in older people.

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

Candidates performed well in the following areas:

- Identifying nerve at risk in shoulder injury
- Understanding the different options of dressing aids
- Hydrotherapy contraindications.

Candidates performed poorly in the following areas:

- X-ray description and post-total shoulder replacement-related complications
- Post arthroplasty restrictions
- Qualitative and quantitative data.

Other comments:

- Be specific with x-ray description. This could be improved by practicing looking at different imaging to improve their ability to describe imaging.
- Improve knowledge of post-total shoulder replacement-related complications
- The only consistent trend was the knowledge gap outlined above.
- Suggest candidates review research terms and data management.

QUESTION 2 – SPINAL CORD INJURY

Theme 2.8	Musculoskeletal Medicine
Learning Objective 2.8.2	Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation.

Theme 2.11	Spinal Cord Injury and Disease
Learning Objective 2.11.1	Recall basic knowledge of spinal cord injury and disease.
Learning Objective 2.11.2	Complete a comprehensive assessment of a patient with stable spinal cord injury/disease and evaluate potential for rehabilitation.
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:

- Completing the ISNCSCI form provided
- Knowledge of autonomic dysreflexia
- Advantages of SPC over IDC.

Candidates performed poorly in the following areas:

- Bladder management and to a lesser extent shoulder symptoms management
- Some candidates listed signs of autonomic dysreflexia but the question was about symptoms.

Other comments:

- Avoid duplication of answers by stating answers that are too similar.

QUESTION 3 – BURN, LYMPHOEDEMA

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 2.4	Illness and Injury of the Child and Adolescent
Learning Objective 2.4.1	Describe illnesses and injuries that result in disability and activity limitation or participation restriction in childhood and adolescence.

Theme 2.5	Illness and Injury in Older People
Learning Objective 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.
Learning Objective 2.5.3	Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner.

Theme 2.7	Lymphoedema and Related Disorders
Learning Objectives 2.7.3	Formulate a lymphoedema management program.

Theme 2.12	Traumatic Brain Injury
Learning Objective 2.12.2	Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation.
Learning Objective 2.12.3	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:

- Key symptoms or features of PTSD
- Factors affecting compliance for compression garments
- Identifying heterotopic ossification and managing it
- Analysis of factors affecting discharge planning.

Candidates performed poorly in the following areas:

- Definition of STSG
- Parameters for resting splint
- Outcome measures to assess hand function.

Other comments:

- Poor knowledge of hand anatomy
- Poor knowledge of the specifics for resting splint positioning; e.g. degrees of various joints flexion/extension/abduction
- Convoluted/irrelevant answers provided
- Alcohol abuse and risk of self harm were frequently mentioned, but other factors will also need to be considered
- Attempts were made at acknowledging issue with First Nations but not always explained.

QUESTION 4 – OSTEOPOROSIS

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

Theme 2.5	Illness and Injury in Older People
Learning Objective 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.
Learning Objective 2.5.3	Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner.

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

Candidates performed well in the following areas:

- Listing medications contributing to osteoporosis
- Naming first-line classes of medications and mechanism of action
- TLSO disadvantages
- Falls risk factors.

Candidates performed poorly in the following areas:

- Definition of osteoporosis. Most candidates mentioned T-score of less than -2.5 but failed to acknowledge T-score for osteoporosis is inclusive of -2.5 and lower.
- Most candidates did not read the stem properly to identify modifiable risk factors. Many listed smoking and alcohol intake which were not in the stem.
- Evidence of vertebroplasty
- Performance variable on gate leave request and rehab barriers were not considered when exploring factors for leave
- Some failed to appreciate that patient is in rehab and is medically stable.

Other comments:

- Most performed well in the first half of the question

- Sometimes difficulty in deciphering cursive handwriting.

QUESTION 5 – PRESSURE INJURY, FOOT DROP

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 2.5	Illness and Injury in Older People
Learning Objective 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.
Theme 2.9	Neurological Disease
Learning Objective 2.9.1	Recall basic knowledge of neurological disease.
Learning Objective 2.9.3	Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment.
Theme 2.10	Occupational Injury
Learning Objective 2.10.2	Prescribe rehabilitation treatment for occupational injury.

Candidates performed well in the following areas:

- Nutritional strategies
- Naming of pressure injury tool.

Candidates performed poorly in the following areas:

- Describing and staging of pressure area
- Principles of negative pressure wound therapy
- Specific causes of foot drop relevant to clinical case presented as some provided UMN causes of foot drop.

Other comments:

- Provide more specific answers and read the questions properly.

QUESTION 6 – UPPER LIMB AMPUTATION

Theme 1.1	Patient Evaluation
Learning Objective 1.1.2	Determine the nature and extent of disability and activity limitation or participation restriction.

Theme 2.2	Chronic Pain
Learning Objective 2.2.2	Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation.

Theme 2.13	Upper Limb Amputation
Learning Objective 2.13.3	Prescribe appropriate temporary and definitive prostheses.
Learning Objective 2.13.4	Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care.

Candidates performed well in the following areas:

- Concept of graded motor imagery
- Principles of open disclosure
- Risks of osseointegration.

Candidates performed poorly in the following areas:

- Mechanisms of phantom limb pain development
- Upper limb prosthetic prescription
- Benefits of osseointegration when compared with traditional socket prosthesis.

Other comments:

- Poor understanding regarding the mechanism in relation to the development of phantom pain
- Many candidates have poor understanding of upper limbs prosthesis prescription.
- Candidates often kept their answers too general and did not refer to the specific circumstances of the case scenario.
- Knowledge gap in upper limb amputee rehabilitation.

QUESTION 7 – MULTIPLE SCLEROSIS

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 expectation of the patient and family.

Theme 2.9	Neurological Disease
Learning Objective 2.9.5	Assess and manage the rehabilitation of a patient with multiple sclerosis.

Theme 2.10	Occupational Injury
Learning Objective 2.10.2	Prescribe rehabilitation treatment for occupational injury.

Candidates performed well in the following areas:

- Bladder management
- Sexual barriers in MS.

Candidates performed poorly in the following areas:

- Differential diagnosis and prevention of relapse
- Poor knowledge in telehealth-related consultation
- Poor knowledge regarding strategies to assist patient in approaching her children about her MS.

Other comments:

- Many of the answers were not specific
- Need to improve MS-related knowledge, from diagnosis to management.

QUESTION 8 – STROKE, PARKINSON DISEASE

Theme 2.1	Cardiac Disease
Learning Objective 2.1.4	Provide acute/subacute hospital (phase I) care to a patient with cardiac disease.

Theme 2.5	Illness and Injury in Older People
Learning Objective 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.

Theme 2.9	Neurological Disease
Learning Objective 2.9.3	Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment.
Learning Objective 2.9.4	Assess and manage the rehabilitation of a patient with cerebrovascular disease.

Candidates performed well in the following areas:

- Definition of postural hypotension
- Naming a levodopa-related motor complication
- Pharmacological and non-pharmacological management of postural hypotension.

Candidates performed poorly in the following areas:

- Supine hypertension, especially the duration to detect changes
- Transition to residential care. Poor understanding of the residential care pathway. Answers tended to focus mainly on handover rather than being patient focused.

Other comments:

- No other comments from examiners.

General comments

Candidates are encouraged to improve their knowledge of neurological conditions and amputee rehabilitation.

It is best to provide specific responses without the use of non-specific or vague wording.

Candidates are encouraged to check that they use correct or standard terminology, especially in anatomy, pathology, pharmacology and prosthetics/orthotics.

Candidates are encouraged to read the question carefully and give their responses based on the clinical scenarios provided.

It is important to know and demonstrate the current evidence for causes, prognostic factors or therapeutic interventions related to rehabilitation medicine.

Candidates will find it helpful to prepare for many aspects of the examination through appropriate clinical exposures as it is important that candidates build on the depth of their knowledge in rehabilitation medicine.