

## 2026 AFRM Fellowship Written Examination (General Rehabilitation)

### Paper A – Modified Essay Questions

### General Feedback Report

#### OVERVIEW

The 2026 Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Written Examination Paper A – Modified Essay Questions (MEQ) was held on Tuesday, 3 March 2026. 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 2026, the overall pass mark for this examination was 61%. 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. One sub-question required a level of response specificity that was not reasonably achievable for many candidates and was removed after review. No candidate was disadvantaged by this process.

In 2026, 50 candidates sat the examination, with a pass rate of 50% of candidates.

## EXAMINER FEEDBACK

### QUESTION 1 – POST-POLIO SYNDROME

New Curriculum	
<b>Knowledge Guides</b>	13: Neurological Conditions 19: Rehabilitation of Older People 21: Pain
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care)

PREP Curriculum	
<b>Theme</b>	<b>1.2 Patient Management</b>
<b>Learning Objective</b>	<b>1.2.2</b> Describe, use and coordinate assessments and therapies of the interdisciplinary team.
<b>Theme</b>	<b>2.5 Illness and Injury in Older People</b>
<b>Learning Objective</b>	<b>2.5.2</b> Complete a comprehensive patient assessment that identifies disability resulting from illness and/or injury in old age and evaluate the potential for rehabilitation.
<b>Learning Objective</b>	<b>2.5.3</b> Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner.
<b>Theme</b>	<b>2.9 Neurological Disease</b>
<b>Learning Objective</b>	<b>2.9.7</b> Assess and manage the rehabilitation of a patient with poliomyelitis and post-polio syndrome.

Candidates performed well in the following areas:

- Identifying falls risk factors
- Depression scales well attempted
- Knew good strategies to improve patient participation.

Candidates performed poorly in the following areas:

- Specific muscle symptoms to expect (lacking description of affected versus unaffected muscles)
- Generally inadequate knowledge on poliomyelitis and post-polio syndrome
- Understanding of cognitive behaviour therapy.

Other comments:

- Some answers were too generic
- Some candidates used abbreviations despite specific instructions.

## QUESTION 2 – SPINA BIFIDA/SCI

New Curriculum	
<b>Knowledge Guides</b>	13: Neurological Conditions 14: Spinal Cord Injury 18: Adults with Disabilities Arising in Childhood
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care) EPA 6: Longitudinal care (including end of life care) EPA 7: Communication with patients

PREP Curriculum	
<b>Theme</b>	<b>2.4 Illness and Injury of the Child and Adolescent</b>
<b>Learning Objective</b>	<b>2.4.2</b> Apply basic principles of rehabilitation management for children and adolescents, considering the importance of social, educational and vocational factors.
<b>Theme</b>	<b>2.11 Spinal Cord Injury and Disease</b>
<b>Learning Objective</b>	<b>2.11.1</b> Recall basic knowledge of spinal cord injury and disease.
<b>Learning Objective</b>	<b>2.11.3</b> 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:

- Pressure injury features
- Causes for bowel symptoms
- Components of an off-road occupational therapy driving assessment
- Issues in pregnancy related to spina bifida.

Candidates performed poorly in the following areas:

- Causes for ischial tuberosity pressure injury
- Seating-related interventions to promote healing and prevent further injury
- Bristol stool chart features
- Key principles to guide transition from paediatric to adult services.

Other comments:

- Improve knowledge on pressure care strategies and Bristol stool chart.

### QUESTION 3 – CANCER/AMPUTEE

New Curriculum	
<b>Knowledge Guides</b>	15: Amputation of Limb and Prosthetics 20: Rehabilitation of Other Specific Conditions
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care) EPA 6: Longitudinal care (including end of life care) EPA 7: Communication with patients EPA 8: Procedures

PREP Curriculum	
<b>Theme</b>	<b>2.6 Lower Limb Amputation</b>
<b>Learning Objective</b>	<b>2.6.1</b> Recall basic knowledge of lower limb amputation.
<b>Learning Objective</b>	<b>2.6.3</b> Prescribe appropriate temporary and definitive prostheses.
<b>Learning Objective</b>	<b>2.6.4</b> Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care.
<b>Theme</b>	<b>2.8 Musculoskeletal Medicine</b>
<b>Learning Objective</b>	<b>2.8.2</b> Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation.

Candidates performed well in the following areas:

- Coping strategies for cancer rehabilitation
- Late complications of radiation therapy
- Identification of pressure tolerant and sensitive areas when using hip disarticulation prostheses.

Candidates performed poorly in the following areas:

- MRI interpretation
- Exercise prescription during pre-prosthetic rehabilitation for hip disarticulation
- Advance care planning.

Other comments:

- Keep answers succinct
- Review difference between advance care planning (ACP) and enduring power of attorney (EPOA).

## QUESTION 4 – TBI

New Curriculum	
<b>Knowledge Guides</b>	11: Traumatic Brain Injury
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care) EPA 6: Longitudinal care (including end of life care) EPA 8: Procedures

PREP Curriculum	
<b>Theme</b>	<b>2.12 Traumatic Brain Injury</b>
<b>Learning Objective</b>	<b>2.12.1</b> Outline the epidemiology, pathophysiology, prognostication, acute treatment and prevention of traumatic brain injury.
<b>Learning Objective</b>	<b>2.11.2</b> Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation.
<b>Learning Objective</b>	<b>2.11.3</b> 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:

- Differential diagnoses that present similarly to paroxysmal sympathetic hyperactivity
- Scales used to measure the duration of post-traumatic amnesia
- Internal and external memory strategies.

Candidates performed poorly in the following areas:

- Identification of abnormalities on the CT
- Cognitive communication changes.

Other comments:

- Provide specific medical terminology to describe the pathology shown on CT head
- Read the question carefully – some candidates answered cognitive changes rather than cognitive communication changes.

## QUESTION 5 – INTELLECTUAL DISABILITY/FRACTURE

New Curriculum	
<b>Knowledge Guides</b>	13: Neurological Conditions 16: Musculoskeletal Conditions 18: Adults with Disabilities Arising in Childhood
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 1: Team leadership EPA 4: Clinical assessment and management of function EPA 6: Longitudinal care (including end of life care) EPA 7: Communication with patients

PREP Curriculum	
<b>Theme</b>	<b>2.3 Developmental and Intellectual Disability in Adults</b>
<b>Learning Objective</b>	<b>2.3.1</b> Recall basic knowledge of developmental and lifelong intellectual disability which has arisen in childhood.
<b>Learning Objective</b>	<b>2.3.2</b> Complete a comprehensive assessment of an adult with developmental/intellectual disability.
<b>Learning Objective</b>	<b>2.3.3</b> Form a rehabilitation plan in consultation with persons responsible and carers who are able to facilitate the patient's participation in the plan.
<b>Theme</b>	<b>2.8 Musculoskeletal Conditions</b>
<b>Learning Objective</b>	<b>2.8.1</b> Recall basic anatomy and physiology of the musculoskeletal system.
<b>Learning Objective</b>	<b>2.8.2</b> Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation.
<b>Learning Objective</b>	<b>2.8.3</b> Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment.
<b>Theme</b>	<b>2.9 Neurological Disease</b>
<b>Learning Objective</b>	<b>2.9.1</b> Recall basic knowledge of neurological disease.
<b>Learning Objective</b>	<b>2.11.3</b> 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:

- Contracture definition
- Causes of cognitive decline.

Candidates performed poorly in the following areas:

- Nerve conduction and innervation
- Evidence-based psychological or environmental interventions for agitation and anxiety – some answers given were not evidence-based
- Exercise prescription for osteoporosis – some candidates advised non-weight bearing exercises.

Other comments:

- Need to be clear with prognosis post-nerve injury and more specific with splinting and positioning advice for managing contractures.

## QUESTION 6 – MND

New Curriculum	
<b>Knowledge Guides</b>	13: Neurological Conditions
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care) EPA 6: Longitudinal care (including end of life care)

PREP Curriculum	
<b>Theme</b>	<b>2.9 Neurological Disease</b>
<b>Learning Objective</b>	<b>2.9.3</b> Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment.

Candidates performed well in the following areas:

- Complications of dysphagia in motor neurone disease
- Benefit of riluzole in treating ALS
- Medication classification.

Candidates performed poorly in the following areas:

- Management of dysphagia specific to progressive neurodegenerative disease
- Swallowing management
- Inappropriate terminology for why the Modified Tardieu Scale is considered superior to the Modified Ashworth Scale for assessing spasticity.

Other comments:

- Review management of progressive neurodegenerative diseases. Most answers were in line with stroke rehabilitation and not specific for neurodegenerative disease rehabilitation.

## QUESTION 7 – ARTHRITIS/PAIN

New Curriculum	
<b>Knowledge Guides</b>	16: Musculoskeletal Conditions 21: Pain
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 1: Team leadership EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care) EPA 6: Longitudinal care (including end of life care) EPA 7: Communication with patients EPA 8: Procedures

PREP Curriculum	
<b>Theme</b>	<b>2.2 Chronic Pain</b>
<b>Learning Objective</b>	<b>2.2.2</b> Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment.
	<b>2.2.4</b> Coordinate and review team-based interdisciplinary patient management, including the integration of appropriate physical and psychological interventions.
<b>Theme</b>	<b>2.8 Musculoskeletal Medicine</b>
<b>Learning Objective</b>	<b>2.8.2</b> Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation.

Candidates performed well in the following area:

- Non-pharmacological management plan.

Candidates performed poorly in the following areas:

- Knowledge of inflammatory back pain
- Knowledge of anthropometric measurements
- Radiological findings in rheumatoid arthritis.

Other comments:

- Advise more specific answers rather than generic.

## QUESTION 8 – RESPIRATORY

New Curriculum	
<b>Knowledge Guides</b>	18: Cardiac & Respiratory Conditions 19: Rehabilitation of Older People
<b>Competencies &amp; Entrustable Professional Activities</b>	EPA 1: Team leadership EPA 4: Clinical assessment and management of function EPA 5: Handover of care (including acute care) EPA 6: Longitudinal care (including end of life care) EPA 7: Communication with patients EPA 8: Procedures

PREP Curriculum	
<b>Theme</b>	<b>2.1 Cardiac Disease</b>
<b>Learning Objective</b>	<b>2.1.3</b> Formulate a cardiac rehabilitation program.
<b>Theme</b>	<b>2.5 Illness and Injury in Older People</b>
<b>Learning Objective</b>	<b>2.5.1</b> Outline the basis and management of illness and injury in older people.
<b>Learning Objective</b>	<b>2.5.3</b> Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner.

Candidates performed well in the following areas:

- Evidence-based advantages of pulmonary rehabilitation
- Factors assisting safety for discharge
- Modifications/equipment for the bathroom.

Candidates performed poorly in the following areas:

- Some spelling errors in medication for smoking cessation
- Differentiating delirium and depression
- Defining FIM efficiency, many gave definition for FIM change.

Other comments:

- Review definitions/differences between delirium and depression as well as FIM change and efficiency.