

Guidelines to Content of the Australian Physiotherapy Council 2010 Written Examinations

From the Australian Standards for Physiotherapy Published July 2006

Standards	Element	√ =included X =excluded
1. Demonstrate professional behaviour appropriate to physiotherapy	1.1 Demonstrate practice that is ethical 1.2 Demonstrate strategies to maintain and extend professional competence 1.3 Operate within individual and professional strengths and limitations	X X √
2. Communicate effectively	2.1 Communicate effectively with the client 2.2 Adapt communication style recognising cultural safety and diversity 2.3 Communicate effectively with other service providers 2.4 Prepare and deliver presentations to groups 2.5 Prepare and provide documentation according to legal requirements	X X X X X
3. Access, interpret and apply information to continuously improve practice	3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physio practice* 3.2 Apply contemporary forms of information management 3.3 Apply an evidence based approach to practice 3.4 Acquire and apply new knowledge to continuously improve own practice	√ X √ X
4. Assess the client	4.1 Collect client information 4.2 Form a preliminary hypothesis 4.3 Design and conduct an assessment* 4.4 Conduct assessment safely	√ √ √ √

Standards	Element	√ =included X =excluded
5. Interpret and analyse the assessment findings	5.1 Compare the findings with 'normal'*	√
	5.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses	√
	5.3 Prioritise client needs	√
	5.4 Re-evaluate as required to develop a justifiable and sustainable hypothesis	√
	5.5 Identify areas that are outside skills and expertise and refer clients appropriately	√
6. Develop a physiotherapy intervention plan	6.1 Develop rationale for physiotherapy intervention	√
	6.2 Set realistic short and long term goals with the client	√
	6.3 Select appropriate intervention	√
	6.4 Plan for possible contingencies that may affect intervention plan	√
	6.5 Prioritise intervention plan in collaboration with the client	√
	6.6 Determine plan of evaluation that uses valid and reliable outcome measures	√
7. Implement safe and effective physiotherapy intervention(s)	7.1 Obtain informed consent for the intervention	√
	7.2 Prepare equipment and treatment are appropriate to the intervention	√
	7.3 Implement intervention safely and effectively*	√
	7.4 Manage adverse events	√
	7.5 Provide strategies for client self management	√
	7.6 Implement health promotion activities	√
8. Evaluate the effectiveness and efficiency of physiotherapy intervention(s)	8.1 Monitor the outcomes of the intervention	√
	8.2 Evaluate the outcomes of the intervention	√
	8.3 Determine modifications to intervention	√
9. Operate effectively across a range of settings	9.1 Use a model of service delivery relevant to the practice setting	√
	9.2 Work effectively with a team	√
	9.3 Manage work schedule to maximise safety, efficiency and effectiveness	√
	9.4 Operate within own role and according to responsibilities	√
	9.5 Participate in quality improvement processes	√

Element 3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice

Knowledge and understanding of:

- Theoretical concepts and principles of biomedical sciences relevant to the practice of physiotherapy, for example:
 - Anatomy, neuroanatomy, functional anatomy, physics, pathology, physiology, neurophysiology, pathophysiology, exercise physiology, pharmacology, as they apply to the musculoskeletal, cardiorespiratory and neurological and other systems throughout the life stage
- Common musculoskeletal, cardiorespiratory and neurological and other system disorders [**listed below**] as they relate to presenting patterns, for example
 - The pathological process and possible sequelae
 - Likely impairments and activity limitations
 - Implications of these disorders
 - The findings of the physical examination
 - The likely prognosis
- Presentations that are likely to respond to physiotherapy
- Impact of co-morbidities
- Potential risks in the clients and physiotherapist environments and methods of preventing harm

Musculoskeletal

- Muscle contusions/strains/tears/weakness
- Ligament sprains/tears
- Tendonopathy, tendon ruptures/tears, tendonosis
- Fasciitis
- Joint derangements/dysfunction (e.g., loose bodies, hypermobility, hypomobility)
- Fractures, dislocations, subluxations
- Osteoporosis/osteopenia
- Tumour/pathological fractures
- Degenerative joint disease
- Mechanical spinal abnormalities (e.g., low back pain, scoliosis, postural dysfunction)
- Inflammatory/infectious conditions of the neuromusculoskeletal system (e.g., osteomyelitis)
- Amputations
- Congenital malformations (e.g., talipes equinovarus, hip dysplasia)
- Nerve compression (e.g., Carpal Tunnel Syndrome, radiculopathy, spinal stenosis)
- Peripheral nerve injuries
- Neural tissue dysfunction/neuro-dynamic dysfunction
- Scars

Neurology

- Cerebral Vascular Accident/transient ischemic attack
- Acquired brain injury
- Tumour
- Degenerative neurological/neuromuscular disorders (e.g., muscular dystrophies, amyotrophic lateral sclerosis, Parkinson disease)
- Demyelinating disorders (e.g., multiple sclerosis)
- Inflammatory/infectious conditions of nervous system (e.g., meningitis)
- Cerebellar disorders
- Neuropathies (e.g., peripheral neuropathies)
- Developmental/birth injuries (e.g., cerebral palsy, myelomeningocele, Erb's palsy)
- Dementia, affective and cognitive disorders

Cardiorespiratory

- Heart disease/malformation/injury (e.g., arteriosclerosis, blunt trauma, tamponade, aortic aneurysm)
- Myocardial ischaemia and infarction (including surgical interventions)
- Heart failure, cor pulmonale
- Tumour
- Pneumonia (primary or post-operative/preventive)
- Atelectasis (primary or post-operative/preventive)
- Adult/infant respiratory distress syndrome (e.g., acute lung injury)
- Asthma
- Chronic obstructive pulmonary disease (e.g., emphysema, bronchitis, bronchiectasis)
- Restrictive pulmonary disease (e.g., fibrosis)
- Tuberculosis
- Pleural effusion
- Pulmonary oedema
- Cystic fibrosis
- Peripheral arterial disease
- Venous disorders

Element 4.3 Design and conduct an assessment

Apply knowledge and understanding of the principles, basis and relevant outcome measures of physiotherapy assessment processes, for example:

- The interrelationship of body systems in normal and abnormal function
- The purpose of the tests
- How to select tests and assessment instruments appropriate to the client's presentation, including the level of reliability and validity and the relative accuracy, ease of use and availability
- Sensitivity and specificity of common tests
- How co-morbidities and investigations may influence assessment outcomes
- The influence of impairment on activity and participation

Element 5.1 Compare the findings with 'normal'

Apply knowledge and understanding of:

- The following where relevant to physiotherapy practice
 - Pathology/disorder
 - Physiology
 - Exercise physiology
 - Anatomy
 - Biomechanics
 - Kinesiology
 - Behavioural sciences
 - Cognitive change'
 - Signs of sinister pathology
 - Diagnostic radiological findings such as x-ray, ultrasonography, MRI and CT
 - Blood and respiratory diagnostic measures
 - Neurological measures
- Normal and abnormal patterns of development
- Changes associated with chronic conditions
- Optimal levels of function
- Health through the life stages, including gender specific issues

Element 7.3 Implement intervention safely and effectively

Examples of interventions that maybe selected:

Exercise with or without equipment (e.g., passive, active assisted, active, resisted, neuromuscular, muscle patterning, PNF)

Joint mobilization

Joint manipulation

Soft tissue techniques (e.g., massage, friction, stretching)

Fitness/conditioning/endurance exercise programs

Functional activity training

Posture training

Positioning

Gait/mobility education and training with or without equipment

Neurodynamic techniques (e.g., nerve gliding exercises)

Balance training/proprioceptive training

Sensory training (e.g., desensitization, protective education, sensory integration)

Techniques to optimize oxygen transport and facilitate airway clearance (e.g., positioning, suctioning, secretion clearance, forced expiratory techniques)

Mechanical agents (e.g., traction, continuous passive movement, compression garment and devices)

Conductive thermal agents (e.g., contrast baths, paraffin wax, hot packs, ice/cold)

Electrical agents (e.g., EMG biofeedback, transcutaneous electrical nerve stimulation [TENS], neuromuscular electrical nerve stimulation [NMES], interferential current [IF],)

Electromagnetic energy agents (e.g., shortwave diathermy, ultraviolet)

Acoustic agents (e.g., ultrasound)

Protective, adaptive, or assistive devices (e.g., tape, splints, orthotics, prostheses)

Recognize and respond to the adverse effects of intervention (e.g., pain, deterioration in client status) and/or non-adherence

**ITEMS NOT INCLUDED IN AUSTRALIAN PHYSIOTHERAPY COUNCIL
WRITTEN OR CLINICAL ASSESSMENTS**

Conditions

- HIV/Aids
- Burns
- Spinal cord injuries

Settings

- Intensive care units with patients who are ventilated