AUSTRALIAN PHYSIOTHERAPY COUNCIL

WRITTEN ASSESSMENT INFORMATION BOOKLET

WHAT IS THE WRITTEN ASSESSMENT?

The Written Assessment assesses the knowledge, problem-solving and decision-making skills required for safe and competent practice of physiotherapy as defined by the Physiotherapy Practice Thresholds.

WHEN IS THE WRITTEN ASSESSMENT SCHEDULED?

When and Where Are the Sessions Held?

Written Assessment sessions are held four times a year – March, June, September and December. Normally, on the first or second week of the session month and usually on a Thursday.

All four sessions are available to be completed by remote invigilation or in-person.

Remote invigilation – Two time zones are offered: London local time, and Perth local time.

March

Registration Deadline 1 December

- 9.00am Remote (London time)
- 9.00am Remote (Perth time)
- Melbourne venue
- Sydney Venue

September

Registration Deadline 1 June

- 9.00am Remote (London time)
- 9.00am Remote (Perth time)
- Melbourne venue
- Sydney Venue

June

Registration Deadline 1 March

- 9.00am Remote (London time)
- 9.00am Remote (Perth time)
- Melbourne venue
- Sydney Venue

December

Registration Deadline 1 September

- 9.00am Remote (London time)
- 9.00am Remote (Perth time)
- Melbourne venue
- Sydney Venue

WHAT IS THE FORMAT OF THE WRITTEN ASSESSMENT?

The Written Assessment is delivered online and consists of two papers (Paper 1 and Paper 2). Each paper is two hours in duration - one conducted in the morning (Paper 1) and one in the afternoon (Paper 2) of the same day.

Each paper has 15 cases totalling 30 cases across both papers. The cases are drawn from the key areas of clinical practice, across the lifespan including paediatrics, and across health care settings. Further information on the assessment content is included in this package.

Each case has 4 multiple-choice items. You are required to choose the one correct response to each item from a list of 4 possible responses. There are 60 multiple-choice items on each paper.

HOW WILL THE RESPONSE BE SCORED?

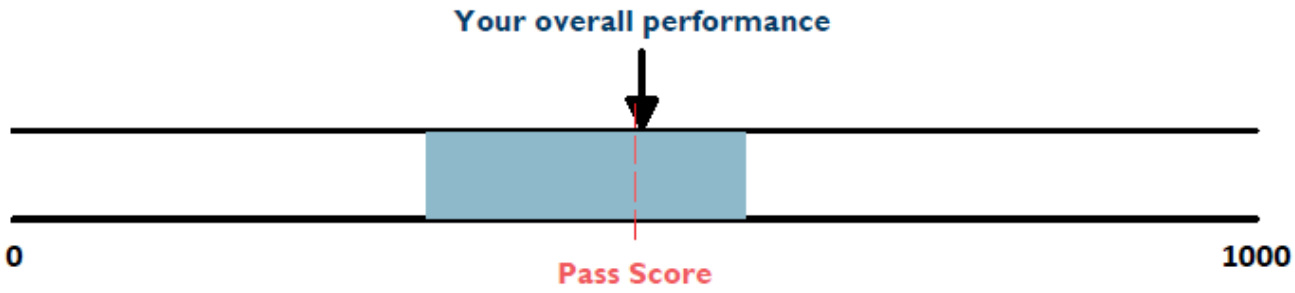
The multiple-choice answer sheets are marked electronically. You will receive marks for selecting correct responses, and will not receive marks for incorrect responses and items you do not attempt. It is important that candidates choose the best or most appropriate response to each question.

Your marks will be accumulated across both papers, and an indication of your performance in each paper will be provided.

WHAT HAPPENS TO YOUR RESULTS?

You will receive your results expressed as a **scaled score** and a **result** (Pass or Fail), based on your overall performance.

The lowest and the highest scores achieved by all candidates in this session are represented by the blue shaded area and shown on a scale set between 0 and 1000 respectively. On the scale, the pass mark (cut-score) for all Council Written Assessment sessions is set at 500 for each Paper. This is represented by the red line in the Figure below. Your performance will be represented by an arrow in the following format:



You will receive a 'Pass' if your combined result is 500 or above. You will receive a 'Fail' if your combined result is below 500, and you will receive an 'N/A' if you did not sit that Paper in the current examination period.

Analysis will be completed by an independent organisation, Excel Psychological and Educational Consultancy (EPEC) and ratified and confirmed by the Council's Assessment Committee. The analysis will be undertaken in the Rasch measurement framework, a well-established measurement theory implemented by medical councils and colleges, and high stakes examination bodies around the world.

The use of a scaled score in the Written Assessment enables assessment results across multiple versions of the exam to be placed on the same scale. This accounts for the level of difficulty of each paper sat, irrespective of the year or assessment session, and allows for a fair, equivalent score to be provided to each candidate. The cut-score of 500 on the scale represents the level of performance to pass a Paper as confirmed by the Assessment Committee and ensures that this standard is maintained over Written Assessment sessions – irrespective of differences between papers and/or cohorts of candidates.

The scaled score reflects performance more accurately than a percentage since the percentage score does not take into account the level of difficulty of an individual assessment paper. As such, the percentage of questions candidates answered correctly will not be reported.

It is important to note that your scaled score is not an indication of how you performed on your assessment against your peers. It is instead an accurate representation of your individual performance against the standard to pass the Written Assessment.

BEFORE THE TEST

You can prepare for the Written Assessment. You should:

- Know the competencies that you will be assessed against.
- Know the content areas being assessed.
- Know the procedures for the test.
- Prepare yourself mentally and physically.

To assist candidates in familiarising themselves with the online format of the exam, a free practice test will be provided to registered candidates.

WHAT TO EXPECT ON THE DAY

The Written Assessment is administered by Excel Psychological and Educational Consultancy (EPEC) Pty Ltd. You must ensure you are familiar with all the information provided to you about the venue, identification checks and conduct of the assessment.

At each venue, there will be a supervisor who will provide you with specific instructions for each session. There may be candidates from several other disciplines at the same venue who receive different instructions to you. Please ensure you follow the instructions for the Australian Physiotherapy Council Written Assessment.

You will receive a unique Test Code at the start of each session. You should not take any material into the examination. At the completion of the assessment, follow the instructions of the supervisor. You must not remove any material from the room.

ASSESSMENT PAPERS

There are 15 cases on each paper. The format of some cases will include the description of a patient by name (e.g. Mrs X or by first name if a child), gender and age and identifies the clinical setting in which the physiotherapist is seeing the patient. In these cases, the presentation of the patient at a particular point is identified.

Cases addressing professional issues will also be included.

Some cases contain very detailed information about clinical assessment findings while others describe only a small amount of information. The amount of information presented is relevant to the items (questions) for the case.

There are 4 items for each case. Each item poses a problem which requires you as the physiotherapist to identify the correct response (answer). The language of each item reflects the specific nature of the problem and how it should be addressed. The items consider knowledge, actions, decisions and responses that a physiotherapist would demonstrate in the clinical setting.

The 4 items for each case are arranged in a sequence to reflect the order in which the problems would be addressed by a physiotherapist during their interaction with that patient. The interaction with the patient may occur within one time period or the case may extend across a specified period. Where the case is extended, additional information may be added and the application of the information for the subsequent items is clearly indicated. There are 2 sample cases on the following pages.

APC Practice test

Sonya Davis

Time Left - **00:15:29**

1 2 3 4 5 6 7 8

Lachie is a 4-year-old boy who is attending a follow-up outpatient appointment at a Regional Hospital following an acute episode of asthma which occurred after playing at a friend's place. Lachie received medication to relieve the acute episode which was effective. The doctor prescribed a home management program to Lachie's mother and asked her to return for outpatient physiotherapy. It is now one week since the initial episode and Lachie's mother has some questions about Lachie's condition.

1. Lachie's mother asks the physiotherapist "*Can you tell me what asthma is?*"

   Which of the following responses would be MOST appropriate for the physiotherapist to give?

   - ◯ "The airways in the lungs are less sensitive than normal."
   - ◯ "The airways in the lungs are more sensitive than normal."
   - ◯ "There is an infection in the lungs."
   - ◯ "The muscles of the airways are weak."

2. Lachie's mother asks the physiotherapist "*What is the advantage of the spacer?*"

   Which response is the BEST response for the physiotherapist to give?

   - ◯ "It makes the medication spread better in the airways."
   - ◯ "It allows faster administration of the medication."
   - ◯ "It prevents coughing while taking the medication."
   - ◯ "It prevents candida infection in the throat."

3. Lachie's mother wants to know how she will be able to tell if the asthma is under control.

   The MOST likely complaint or symptom that would represent poor asthma control in Lachie would be:

   - ◯ He will sleep more than usual.
   - ◯ He will struggle with normal activity.
   - ◯ He will complain of feeling nauseous.
   - ◯ His pulse will slow down.

4. The childcare worker at Lachie's day care has asked for specific information about his medications and how they are to be administered.

   Which communication method is the MOST appropriate for the physiotherapist to use to provide information to the day care?

   - ◯ Email.
   - ◯ Telephone call.
   - ◯ Written management plan.
   - ◯ Face to face appointment.

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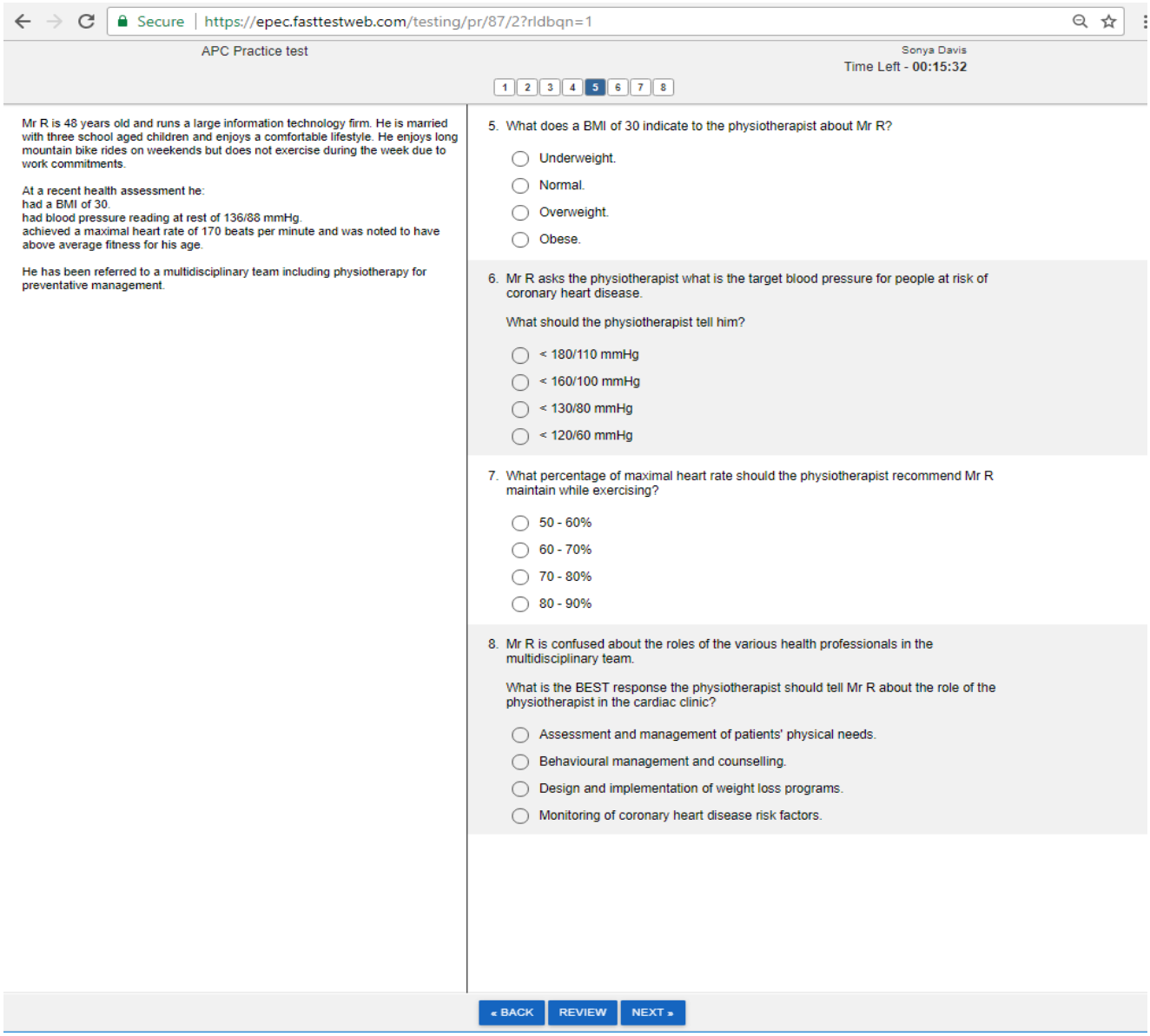

STUDY GUIDANCE

1. COMPETENCIES ASSESSED

The items in the Written Assessment are designed to assess the competencies identified in the Physiotherapy Practice Thresholds below. These competencies should be read in conjunction with the Physiotherapy Practice Thresholds document published by the Physiotherapy Board of Australia.

COMPETENCIES	
1.1	plan and implement an efficient, effective, culturally responsive and client-centred physiotherapy assessment
1.2	involve the client and relevant others in the planning and implementation of safe and effective physiotherapy using evidence-based practice to inform decision-making
1.3	review the continuation of physiotherapy and facilitate the client's optimal participation in their everyday life
2.1	comply with legal, professional, ethical and other relevant standards, codes and guideline
2.2	make and act on informed and appropriate decisions about acceptable professional and ethical behaviours
4.3	efficiently consume and effectively apply research and commit to practice informed by best available research evidence and new knowledge
4.4	proactively apply principles of quality improvement and risk management to practice
4.5	recognise situations that are outside their scope of expertise or competence and take appropriate and timely action
7.1	organise and prioritise their workload and resources to provide safe, effective and efficient physiotherapy autonomously and, where relevant, as a team member

2. ASSESSMENT CONTENT

You will be assessed in your knowledge, and application of knowledge across the following clinical areas, lifespan and settings:

Clinical Areas	Lifespan	Settings	Professional Practice
• Cardiorespiratory • Neurolgoical • Musculoskeletal	• Gerontology • Paediatric • Gender Health	• Acute • Community • Subacute/Rehab • Remote/Rural • Private Practice	• Evidence-based Practice • Ethical Practice • Quality Assurance • Risk Management • Health promotion

The following provides additional guidance to conditions that may be covered in the Clinical Areas.

Musculoskeletal

- Muscle contusions/strains/tears/weakness
- Ligament sprains/tears
- Tendinopathy, tendon ruptures/tears, tendinosis
- 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
- 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

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
- Post abdominal/thoracic surgery

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)
- Dementia, affective and cognitive disorders

You are also expected to know the following about pharmacology:

- Basic principles of pharmacology
- The names of commonly used drugs, mechanism of action, uses/indications, dosage, side effects, contra-indications of the drug groups listed below in the context of physiotherapy in Australia;
- Methods of drug administration including iontophoresis, injection, inhalation, etc.

Commonly used drugs in the context of physiotherapy practice in Australia:

Autonomic nervous system

- Adrenergics
- Adrenergic blockers
- Cholinergics
- Cholinergic blockers

CNS

- Anti-Parkinsonian drugs
- Anticonvulsants
- Opioid analgesics
- Non-opioid analgesics

Cardiovascular

- Antiarrhythmic
- Antihypertensive drugs
- Anticoagulant drugs
- Anti anginal drugs

Respiratory

- Bronchodilators
- Corticosteroids
- Mucolytics and expectorants
- Asthma prophylaxis

Musculoskeletal and anti-inflammatory

- Skeletal muscle relaxants
- Anti-inflammatory drugs (including non-steroidal)
- Osteoporosis therapy
- Neuromuscular paralytic agent (Botulinum Toxin)

Urinary system

- Diuretics

Other

- Classes of antibiotics

3. RESOURCES

We are **not able to recommend** an exhaustive list of resources to cover all topics in the Written Assessment. However, we have compiled a list of some of the materials typically referenced by physiotherapy students in Australia, which you may find helpful in your preparation and study too.

Musculoskeletal

Brukner, P, Clarsen, B, Cook, J, Cools, A, Crossley, K, Hutchinson, M, McCrory, P, Bahr, R & Khan, K 2017, *Brukner & Khan's Clinical Sports Medicine: Injuries*, 5th edn, McGraw-Hill Education, North Ryde, New South Wales.

Jull, G, Moore, A, Falla, D, Lewis, J, McCarthy, C & Sterling, M 2015, *Grieve's Modern Musculoskeletal Physiotherapy*, 4th edn, Elsevier Health Sciences, London.

Magee, DJ 2013, *Orthopedic Physical Assessment*, 6th edn, Elsevier Health Sciences, London.

Petty, NJ (eds) 2012, *Principles of Neuromusculoskeletal Treatment and Management*, 2nd edn, Elsevier Health Sciences, London.

Petty, NJ & Ryder, D (eds) 2018, *Neuromusculoskeletal Examination and Assessment*, 5th edn, Elsevier Health Sciences, London.

Cardiorespiratory

Bronchiectasis Toolbox n.d., <http://bronchiectasis.com.au>.

Lung Foundation Australia n.d., *Pulmonary Rehabilitation Toolkit*, Lung Foundation Australia, <https://lungfoundation.com.au/health-professionals/clinical-resources/copd/pulmonary-rehabilitation-toolkit/>.

Main, E & Denehy, L (eds) 2016, *Cardiorespiratory Physiotherapy: Adults and Paediatrics*, 5th edn, Elsevier Health Sciences, London.

National Heart Foundation of Australia 2018, *Cardiac Rehabilitation & Heart Failure Management,* National Heart Foundation of Australia, <www.heartonline.org.au>.

NSW Government 2018, *Collaboration. Innovation. Better Healthcare.*, Agency for Clinical Innovation, <http://www.aci.health.nsw.gov.au>.

Neurology

Association of Physiotherapists in Parkinson's Disease Europe n.d., *European Physiotherapy Guideline for Parkinson's Disease*, Association of Physiotherapists in Parkinson's Disease Europe, <www.appde.eu/european-physiotherapy-guidelines.asp

Carr, J & Shepherd, R 2010, *Neurological Rehabilitation – Optimizing Motor Performance,* 2nd edn, Elsevier Health Sciences, London.

Hill, K, Denisenko, S, Miller, K, Clements, T & Batchelor, F 2010, *Clinical Outcome Measurement in Adult Neurological Physiotherapy*, 4th edn, Australian Physiotherapy Association, Melbourne.

International Spinal Cord Society n.d., *elearnSCI*, International Spinal Cord Society, <http://www.elearnsci.org/>.

Morgan, P, Bernhardt, J, Campagna, E, Gilmore, S 2011, *Physiotherapy in Acute Neurological Practice: An Introductory Guide for the Clinician*, Australian Physiotherapy Association, Melbourne.

MS Australia 2017, *MS Practice – For Health Professionals*, MS Australia, <www.msaustralia.org.au/about-ms/ms-practice>.

Shirley Ryan AbilityLab 2018, *Rehabilitation Measures Database*, Shirley Ryan AbilityLab, <https://www.sralab.org/rehabilitation-measures>.

Stroke Foundation 2018, *InformMe*, Stroke Foundation, <https://informme.org.au/>.

Shumway-Cook, A & Woollacott, M 2016, *Motor Control: Translating Research into Clinical Practice*, 5th edn, Lippincott Williams and Wilkins, Philadelphia.