Chiropractor interview questions

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What to expect

Chiropractor interviews focus on clinical reasoning, confidence with manual technique, and judgement about when a case sits outside chiropractic scope. Given the registration requirements in this field, expect questions on how you maintain compliance and handle patient volume, alongside the usual behavioural questions about your approach to care.

- **Clinical/process:** Questions asking you to walk through your assessment and treatment process for a common presentation.
- **Scenario/judgement:** Situational questions testing how you'd handle findings or complications outside your usual scope.
- **Behavioural:** Past-experience questions about adapting treatment plans or handling difficult patient interactions.
- **Patient-communication:** Questions on explaining treatment and managing patient anxiety around manual therapy.
- **Compliance/regulatory:** Questions checking your understanding of Ahpra requirements, record-keeping and scope of practice.

Most chiropractic interviews open with background and qualifications, move into a clinical walkthrough or scenario question, then behavioural questions about past patient interactions, and close with compliance and practical questions such as availability, caseload capacity and fit with the clinic's patient base.

1. Walk me through your process when a new patient presents with lower back pain.

Why they ask

Tests whether your clinical reasoning follows a safe, logical sequence from history-taking through to treatment and review.

How to structure your answer

Step-by-step process walkthrough: intake and history, physical examination, red flag screening, imaging decision, treatment plan, review point.

Example answer

“I'd start with a detailed history, including onset, aggravating movements and any red flags like unexplained weight loss or neurological symptoms. Then I'd conduct a physical examination covering range of motion, palpation and orthopaedic tests to narrow down the likely source. If the history or exam raised any concern, I'd order or review imaging before proceeding. Once I'm confident manual therapy is appropriate, I'd start with a conservative treatment plan, typically spinal manipulation combined with soft-tissue work, and set a review point after a few sessions to check progress before adjusting the plan.”

2. A patient's X-ray shows a finding that sits outside chiropractic scope. What do you do?

Why they ask

Checks judgement under pressure and understanding of professional boundaries and patient safety.

How to structure your answer

Judgement-under-pressure structure: immediate priority, escalation path, patient communication, follow-up.

Example answer

“My first priority is the patient's safety, so I wouldn't proceed with manipulation until I understood the finding fully. I'd explain clearly to the patient that I've identified something that needs assessment by a GP or specialist, without causing unnecessary alarm. I'd write a referral with the relevant imaging and clinical notes, and follow up to confirm they'd been seen. I'd also document the decision clearly in their file in case they return to me later.”

3. Tell me about a time you had to change a treatment plan because a patient wasn't responding as expected.

Why they ask

Looks for evidence of clinical flexibility and willingness to reassess rather than persist with an ineffective approach.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“I had a patient with recurring neck pain who wasn't improving after several sessions of manipulation alone. My task was to work out why the plan wasn't working rather than just repeating it. I reassessed and found the pain was linked to their desk setup and posture during long work hours, not just joint restriction. I added ergonomic advice and a specific stretching routine alongside the manual therapy. Within a few weeks, their pain frequency dropped and they were able to go longer between sessions.”

4. How would you explain a treatment plan to a patient who's anxious about spinal manipulation?

Why they ask

Assesses communication skill and ability to build trust with nervous or first-time patients.

How to structure your answer

Communication approach: explain, reassure, check understanding, invite questions.

Example answer

“I'd slow down and explain what I'm going to do before I do it, in plain language rather than clinical terms. I'd describe what the manipulation involves, what sensation they might feel, and why I think it's appropriate for their presentation. I'd also let them know they can ask me to stop at any point. Checking in afterwards, asking how that felt and whether they have questions, usually settles most of the anxiety by the second visit.”

5. How do you stay compliant with Ahpra and Chiropractic Board of Australia requirements, including record-keeping and scope of practice?

Why they ask

Confirms you understand the regulatory obligations that come with chiropractic registration in Australia.

How to structure your answer

Knowledge-check: outline current practice and how you stay updated.

Example answer

“I keep detailed clinical notes for every consultation, including history, examination findings, treatment given and any red flags discussed, in line with Board record-keeping standards. I renew my registration and complete required continuing professional development each cycle, and I stay aware of scope of practice boundaries, particularly around imaging referrals and cases that need medical input. I also keep my professional indemnity insurance current and review Board guidelines whenever they're updated.”

6. This role has strong demand nationally. How do you manage a full caseload without compromising care quality?

Why they ask

Employers want to know you can sustain volume without cutting corners on assessment or documentation.

How to structure your answer

Judgement/prioritisation: describe approach to scheduling, triage and self-management.

Example answer

“I block enough time for new patients to do a proper assessment, even when the schedule is busy, because rushing that step causes problems later. For returning patients, I keep sessions efficient by reviewing notes beforehand so I'm not starting from scratch. If I notice my caseload is affecting the quality of my documentation or review timing, I'd flag it early with the practice rather than let it slide, since that's when errors or missed follow-ups tend to happen.”