Exercise Physiologist interview questions

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What to expect

Interviews for Exercise Physiologist roles usually test clinical reasoning alongside communication skills, since the job involves both assessment work and coaching clients who may be unmotivated, in pain or anxious about exercise. Expect a mix of process questions about assessment and prescription, scenario questions about managing risk during sessions, and behavioural questions about working with other clinicians.

- **Process:** Questions asking you to walk through how you'd run an assessment or build a program, testing whether you follow a structured, evidence-based approach.
- **Behavioural:** Questions about past experiences with clients, teams or setbacks, used to see how you actually handle the day-to-day realities of the role.
- **Scenario / safety:** Hypothetical situations involving an adverse response during a session, testing judgement and adherence to safety protocols.
- **Client-facing / communication:** Questions about explaining clinical concepts, motivating reluctant clients or handling difficult conversations.
- **Technical:** Questions about specific outcome measures, testing equipment or program design choices for particular conditions.

Most interviews start with a short screening conversation about registration status with ESSA and general background, then move into a panel or one-on-one interview covering process and behavioural questions. Many services also run a case-based discussion or practical component, where you're given a client scenario and asked to talk through assessment, prescription and progression decisions on the spot.

1. Walk me through how you'd run an initial assessment for a new client referred under a chronic disease management plan.

Why they ask

This checks whether you follow a structured, evidence-based assessment process rather than jumping straight to exercise prescription.

How to structure your answer

Answer as a step-by-step walkthrough: intake and medical history review, physical and functional testing, risk stratification, then how you translate findings into program goals.

Example answer

“I'd start by reviewing the referral and medical history to understand the diagnosis and any contraindications, then talk with the client about their goals and current activity levels. From there I'd run functional capacity testing, using standard protocols appropriate to their condition, and check vital signs and movement quality throughout. Once I have baseline data I'd set measurable short and long term goals with the client and map out an initial program, making sure it's something they can realistically stick to.”

2. Tell me about a time you had to change an exercise program because a client wasn't tolerating it well.

Why they ask

Programs rarely go exactly to plan, so employers want evidence you can adapt without losing sight of the client's goals or safety.

How to structure your answer

Use STAR: describe the situation, the specific task or decision point, the action you took to adjust the program, and the result for the client.

Example answer

“I had a client on a strength program for lower limb rehab who reported increasing joint pain after the second week. I reassessed their movement pattern and vital signs during the next session and found the load progression had outpaced their tissue tolerance. I reduced the resistance, added more mobility work, and slowed the progression curve. Within a few weeks they were tolerating the original target load without pain, so the change protected their progress rather than derailing it.”

3. A client's heart rate spikes well beyond expected levels partway through a session. What do you do?

Why they ask

This tests whether you can prioritise client safety and follow protocol under pressure rather than freezing or continuing the session regardless.

How to structure your answer

Answer as a judgement-under-pressure sequence: immediate action, ongoing monitoring, escalation decision, and follow-up documentation.

Example answer

“I'd stop the exercise immediately and have the client sit or lie down while I check their vital signs and ask about symptoms like chest pain or dizziness. If they don't settle quickly or show concerning signs I'd escalate to emergency services and contact their referring physician. Either way I'd document exactly what happened, the readings taken and the actions I took, and I'd review the program before the next session to see if intensity needs adjusting.”

4. How would you approach a client who's sceptical that exercise will actually help their condition?

Why they ask

Client-facing skills matter because adherence outside the clinic depends on the client actually believing in the program.

How to structure your answer

Describe your communication approach: how you'd listen to their concerns, explain the clinical rationale in plain terms, and build buy-in gradually.

Example answer

“I'd ask what's making them doubtful, since it's often based on a bad past experience or fear of pain rather than the exercise itself. I'd explain in plain terms what we're targeting and why, using their own goals rather than clinical jargon, and start with something low-risk they can succeed at early. Small wins tend to do more to change someone's mind than any explanation I could give upfront.”

5. What outcome measures would you use to track progress for a client doing a lower limb rehabilitation program?

Why they ask

This checks technical knowledge of assessment tools and whether you can justify measurement choices for a specific condition.

How to structure your answer

Answer as a technical response: list relevant measures and briefly justify why each is appropriate for this population.

Example answer

“I'd track functional measures like range of motion, strength testing and a standardised functional test relevant to their goals, alongside subjective measures like pain scores and self-reported function. I'd also keep an eye on session tolerance, meaning how they respond to load and volume week to week, since that tells me whether the program is progressing at the right pace as much as any single test result does.”

6. Describe a time you coordinated a client's care with a referring GP or another allied health professional.

Why they ask

The role involves reporting to and communicating with other clinicians, so employers want evidence you can work within a multidisciplinary team.

How to structure your answer

Use STAR: the context of the referral, your specific role in the coordination, the action taken to keep communication clear, and the outcome for the client.

Example answer

“I had a client also seeing a physiotherapist for the same injury, and our initial approaches weren't quite aligned on load progression. I contacted the physio directly, we compared notes on what each of us was targeting, and agreed on a shared progression plan so the client wasn't getting conflicting instructions. I documented the agreed plan in the client's file and kept the referring GP updated at review points, which meant the client had one consistent message across all their appointments.”