Myotherapist interview questions

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What to expect

Myotherapy interviews usually combine a clinical reasoning discussion with questions about how you work with clients, manage your own body and handle the practical side of a clinic. Because myotherapy is self-regulated, employers will also want to see that you understand scope of practice and when to refer.

- **Clinical reasoning:** A case or body region is put in front of you and the interviewer wants to hear how you assess, what you would treat and how you would know it is working.
- **Scenario and safety:** Questions about adverse reactions, needling precautions or a client whose condition changes mid-treatment, testing judgement rather than knowledge alone.
- **Behavioural:** Tell me about a time questions covering difficult clients, referral decisions, busy periods and how you handle feedback.
- **Client-facing communication:** How you explain findings, set expectations and keep clients engaged when progress is slower than they hoped.
- **Practice and admin:** Bookings, note keeping, health fund claims and how you keep a treatment room running to standard.
- **Self-management:** How you protect your hands, wrists and back across a full day of hands-on treatment.

Most clinics run a single interview of around 45 to 60 minutes with the owner or senior practitioner, often followed by a paid or unpaid practical session where you assess and treat a real or mock client. The first part usually covers your qualification, registration with a professional association and provider numbers, then moves into two or three case-based questions. Expect a clinic tour, a conversation about how the team refers internally, and time at the end for your own questions about caseload, mentoring and how treatment plans are reviewed.

1. Walk us through how you would assess a client presenting with ongoing shoulder pain and restricted overhead movement.

Why they ask

This is the core of the job. The interviewer wants to hear a structured assessment, not a list of techniques, and to see that your treatment plan follows logically from what you find.

How to structure your answer

Use a clinical reasoning walkthrough: history and red flags, observation and posture, active and passive range of motion, resisted and special testing, palpation, then your explanation to the client, plan and review point. Finish with when you would refer.

Example answer

“I would start with the history: when the pain began, what movements bring it on, whether there is any pins and needles or numbness, any previous injury or surgery, and what the client wants to get back to, whether that is lifting at work or swimming. Then I would observe their posture and watch them reach overhead and behind their back, comparing sides. I would follow with active and passive range of motion, resisted testing through the rotator cuff, and palpation of the shoulder girdle, upper trapezius and thoracic spine, because a stiff thoracic spine often sits behind a shoulder that will not go overhead. If anything pointed to a full tear, significant neurological signs or an unresolved fracture, I would refer rather than treat. Otherwise I would explain what I found in plain language, set out a plan of soft tissue work, joint mobilisation through the thoracic spine and shoulder, needling if appropriate, plus a short home exercise routine, and book a review after three or four sessions so we can both see

whether it is working."

2. Tell me about a time a client's presentation turned out to be outside your scope of practice.

Why they ask

Myotherapy is self-regulated, so employers need confidence that you recognise your limits and refer appropriately rather than treating something you should not.

How to structure your answer

Use STAR: the situation, what you needed to decide, the action you took including how you raised it with the client, and the outcome for the client and the clinic.

Example answer

"A client came in with what she described as a tight calf that had been building for a week. During the assessment I noticed swelling in one leg, warmth, and that the calf was tender in a way that did not match a muscular presentation, and she mentioned a recent long flight. I stopped the treatment, explained clearly that this did not look like something I should work on, and that I wanted her to see a GP that day rather than wait. I rang the clinic's usual GP practice, helped her get an appointment, and documented the whole exchange in her file. She was assessed and treated for a clot, and the practice later sent a note thanking us for the referral. It reinforced for me that the most useful thing I can do sometimes is not treat."

3. A client becomes pale and light-headed partway through a dry needling session. What do you do?

Why they ask

Needling carries real risks and the interviewer is testing whether you can act calmly under pressure and follow through afterwards.

How to structure your answer

Lead with immediate safety, then clinical assessment, then communication with the client, then what you do afterwards with documentation, follow-up and review of your own technique and consent process.

Example answer

"I would stop needling straight away, remove any needles, and lie the client down with their legs elevated, staying with them and talking to them in a calm, normal voice. I would check how they are feeling, their breathing and their colour, get them some water once they can sit up, and let them rest as long as they need before they move. I would not let them drive home if they were still unsteady, and I would offer to call someone. Afterwards I would write up what happened in their file, including the timing, what I observed and what I did, and follow up with a phone call the next day. I would also review whether the session was too long, whether they had eaten and slept, and whether I needed to change how I take consent and explain after-effects at the start of future needling appointments."

4. How do you handle a client who expects a quick fix and is frustrated that progress is slow?

Why they ask

Clients often arrive from a passive treatment background, and retention and outcomes both depend on how well you set expectations without losing the person.

How to structure your answer

Acknowledge, educate, negotiate and agree a review. Show the interviewer you can hold a clinical position while keeping the client on side.

Example answer

“I would start by acknowledging it properly, because being in pain for months and not seeing fast change is genuinely frustrating. Then I would show them the evidence of progress rather than just telling them about it, so we might retest the movement that was restricted when they first came in, and compare it to their first session. I would explain what myotherapy can and cannot do, that the hands-on work settles things down but the exercise and load changes are what hold the result, and that we can set a review point together, say four sessions, and reassess whether it is worth continuing. If it is not moving, I would refer them to a physiotherapist or their GP rather than keep booking them in. Most clients stay on board when they can see the plan and know there is a point where we stop and check.”

5. You will be treating hands-on for most of the day. How do you look after yourself?

Why they ask

Burnout and hand and wrist injuries are common in this work, and employers want someone who will still be treating well in three years.

How to structure your answer

Give a practical routine covering technique, table height and setup, between-client habits, and what you do outside work.

Example answer

“I set the table height so I can work with my weight rather than my grip, and I use forearms and elbows for broad work instead of trying to do everything with thumbs. I keep a stool nearby for longer sessions on the lower back and legs so I am not bent over for twenty minutes. Between clients I wash and stretch my hands and forearms, and I keep a resistance band in the room for wrist and shoulder work. I also space my day so I am not doing six deep tissue sessions back to back, which usually means a mix of caseload and a proper break. Outside work I keep up strength training and get my own treatment regularly, because I know I cannot look after anyone else if my hands are shot.”

6. How do you keep the admin side of a private clinic running smoothly, including bookings, notes and health fund claims?

Why they ask

In a private clinic you are often running your own diary, and sloppy notes or claims cause real problems for the practice.

How to structure your answer

Walk through your process end to end: booking and reminders, notes written before you leave, claims and provider details, and how you handle gaps or cancellations.

Example answer

“I write my notes in the room before the next client arrives, using SOAP format in Cliniko, so nothing gets reconstructed from memory at the end of the day. I take payment and process the HICAPS claim while the client is still at the desk, and I check their fund and provider details at the first appointment so there are no surprises later. For bookings I keep the diary tight but leave a buffer at the end of the day for notes and cleaning, confirm appointments by text the day before, and follow the clinic's policy on late cancellations rather than making up my own rule with a client. If something does go wrong, like a claim being rejected, I fix it the same day and let the practice manager know rather than leaving it to sit.”