

Prosthetist and Orthotist interview questions

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What to expect

Interviews for prosthetist and orthotist roles typically combine clinical reasoning with practical problem-solving and patient communication. You may be asked to work through a case, explain your fabrication choices, or describe how you handle a difficult fit.

- **Clinical case:** Walk through an assessment, device prescription or review for a patient with a specific condition such as transtibial limb loss or a neurological gait issue.
- **Technical fabrication:** Questions about CAD/CAM software, scanning, casting, alignment and material selection for prostheses and orthoses.
- **Behavioural:** Past examples of teamwork, patient education, or managing a challenging fit.
- **Patient communication:** How you explain device use, wear schedules and care to patients, families and carers.
- **Safety and skin health:** How you monitor pressure areas, skin integrity and device safety during fitting and follow-up.

Interviews typically begin with a panel introduction and a short conversation about your clinical background. You may then be given a case scenario to talk through, followed by behavioural questions about past work. Some employers include a practical element, such as reviewing a scan or discussing a fabrication plan. The interview usually closes with time for your questions.

1. Can you walk me through how you assess a patient who has just had a transtibial amputation and is ready for their first prosthesis?

Why they ask

This tests your clinical reasoning, your ability to structure an assessment and your understanding of the patient's goals.

How to structure your answer

Use a chronological walk-through: history, goals, physical assessment, casting or scanning, prescription, trial fitting, review.

Example answer

"I start by reviewing the patient's history, including the reason for amputation, their medical stability and any comorbidities such as diabetes or vascular disease. I then talk with the patient about their goals, whether that is walking to the bathroom, returning to work or managing stairs at home. Next I assess the residual limb, checking shape, volume, skin integrity, sensation and any areas of tenderness. I measure and cast or scan the limb to capture an accurate shape, then select a suspension system and components based on their activity level and goals. I explain the prescription and show them a trial socket if possible. After fabrication, I fit the prosthesis, check alignment, watch them walk and ask about comfort. I schedule a follow-up within a week to review skin and adjust as needed. Throughout, I document everything so the rehabilitation team can see the plan."

2. Tell me about a time you had to adjust a device because the patient was experiencing skin irritation or pressure issues.

Why they ask

This looks at your problem-solving, your attention to skin health and your ability to follow through with a patient.

How to structure your answer

Use STAR: situation, task, action, result. Focus on the assessment, the adjustment and the outcome.

Example answer

"A patient with a transfemoral prosthesis came in with redness over the distal femur. I asked about their wear schedule and noticed they were wearing the device for long shifts at work without a break. I assessed the socket fit and found a small area of excessive pressure. I relieved the pressure by heating and adjusting the socket, added a liner with better cushioning, and worked with them to build in short breaks. I also contacted the rehabilitation team to review their gait, which had changed slightly. At the follow-up, the skin had settled, and they were able to wear the prosthesis comfortably for a full shift. I documented the adjustment and shared the outcome with the team."

3. You have a patient who is struggling to accept their new orthosis and is not wearing it as prescribed. How would you handle that conversation?

Why they ask

This assesses your patient communication, empathy and ability to adapt a plan when someone is not following it.

How to structure your answer

Use a judgement-under-pressure structure: listen first, explore barriers, educate, adjust, agree on a plan and follow up.

Example answer

"I would start by asking open questions to understand why they are not wearing it. Maybe it is uncomfortable, they feel self-conscious, or they do not see the benefit. I would listen without judgement, then explain the purpose of the orthosis in plain language, linking it to something they care about, like being able to walk to the shops or play with grandchildren. I would check the fit again and make any adjustments on the spot if possible. If the issue is cosmetic, I could discuss different colours or a lower-profile design. I would agree on a gradual wear schedule, starting with short periods, and set a follow-up call or visit to review progress. I would also involve a physiotherapist or occupational therapist if they need extra support with confidence or routine."

4. What CAD/CAM software and fabrication techniques are you familiar with, and how do you decide between digital and hand techniques for a particular device?

Why they ask

This checks your technical skills and your clinical judgement about when to use different fabrication methods.

How to structure your answer

Describe your tools first, then explain your decision criteria using examples.

Example answer

"I have used Rodin4D for digital design and carving, as well as Insignia scanning and carving, and I am comfortable with 3D printing software for additive manufacturing. I also still use hand casting and plaster modification when it makes sense. My decision usually comes down to the shape and complexity of the device. For a straightforward transtibial socket, digital scanning and CAD/CAM can be faster and give a repeatable result. For a complex orthosis with multiple contours, like a spinal brace or a foot orthosis for a paediatric patient, I might start with a hand cast to capture fine details, then scan that model if needed. I also consider the material and the patient's timeline. If they need a device quickly, I might choose a technique that avoids long carving times. I always check the fit on the patient and adjust either way."

5. Describe a situation where you worked with a physiotherapist or rehabilitation team to align a device with a patient's gait training goals.

Why they ask

This looks at your teamwork and your ability to integrate device adjustments with broader rehabilitation.

How to structure your answer

Use STAR, highlighting the shared goal, your adjustment and the patient's progress.

Example answer

"I had a patient with a transtibial prosthesis who was learning to walk again after a long hospital stay. The physiotherapist noticed that the patient was leaning forward and not trusting the prosthesis. I joined a gait session to observe. We agreed that the foot alignment was causing them to feel unstable. I adjusted the foot angle and added a small heel wedge, then the physiotherapist tried the patient on the parallel bars again. The patient's stride became more even, and they were able to walk further without stopping. We set a plan to review the alignment after two more sessions. I documented the change and shared it with the team so everyone was working towards the same goal."

6. How do you keep your clinical documentation and device records accurate and useful for other practitioners?

Why they ask

This checks your attention to detail, your understanding of handover and your commitment to continuity of care.

How to structure your answer

Outline your system step by step, from note-writing to file storage to handover.

Example answer

"I write notes immediately after each patient contact, using a clear structure: assessment findings, device prescription, fabrication details, fitting notes and follow-up plan. I record measurements, scan files and any adjustments in the patient's file. If I make a change to a device in a follow-up, I note the reason and the outcome. I also make sure the notes are easy for a physiotherapist, doctor or another prosthetist to pick up and understand, avoiding abbreviations that only I know. At handover, I summarise the key points so the next clinician can continue care without repeating work. I review my documentation at the end of each week to catch anything missing."