



Examination Candidate Handbook

Examination Dates

June 1-30, 2019 – apply and pay by April 15, 2019

December 1-31, 2019 – apply and pay by October 15, 2019

This handbook contains the information you will need to apply for the CRRN examination as well as policy and procedure governing the program. Candidate are **STRONGLY** encouraged to review this information prior to applying for the examination.

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Introduction

Certification is defined as a nongovernmental process of regulation within a profession or specialty. Certification is a voluntary process based on meeting eligibility requirements and passing an examination (The National Organization for Competency Assurance, 1992).

The Certified Rehabilitation Registered Nurse (CRRN®) program is administered by the Rehabilitation Nursing Certification Board (RNCB), which is a component of the Association of Rehabilitation Nurses (ARN). CRRN certification is a generalist certification and is appropriate for professional rehabilitation nurses.

The RNCB's mission is to promote excellence in care by validating qualifications and specialized knowledge in rehabilitation nursing. The RNCB establishes eligibility requirements for the CRRN examination and all other policies for the certification program. The RNCB accepts all eligible candidates regardless of age, sex, race, religion, marital status, sexual orientation, disability, or national origin.

Rehabilitation Nursing Certification Board
8735 W. Higgins Road, Suite 300
Chicago, IL 60631-2738
800.229.7530 or 847.375.4710
cert@rehabnurse.org

The RNCB contracted with Castle Worldwide, Inc. to develop the CRRN examination. Castle Worldwide is a full-service testing company providing licensure, certification, and specialty examinations, including practical and written simulation tests, for associations, state boards, government agencies, and corporations. Castle Worldwide, Inc. works with the RNCB to develop, administer, and score the CRRN examination. Candidates communicate with Castle to apply for and sit for the CRRN examination.

Castle Worldwide, Inc.
Attention: CRRN Examination
P.O. Box 570
Morrisville, NC 27560
919.572.6880
testing@castleworldwide.com

ACCREDITATION

The Accreditation Board for Specialty Nursing Certification (ABSNC) is a standard setting body for specialty nursing certification programs and offers a very stringent and comprehensive accreditation process. RNCB provided extensive documentation demonstrating that it has met the 18 ABSNC standards of quality.

ABSNC accreditation means that a national recognized accrediting body has determined that the CRRN credential is based on a valid and reliable testing process and the structures in place to administer the examination meet and even exceed the standards of the certification industry from a legal, regulatory, and association management perspective.

The CRRN program has been accredited by ABSNC since 1992.

DEFINITION AND SCOPE OF PRACTICE

Rehabilitation nursing is a specialty practice area within the scope of professional nursing. It involves the diagnosis and treatment of human responses of individuals and groups to actual or potential health problems resulting from altered functional ability and altered lifestyle.

The goal of rehabilitation nursing is to assist individuals with disabilities and chronic illnesses in the restoration, maintenance, and promotion of optimal health. This includes prevention of common complications following chronic illness or disability. The rehabilitation nurse is skilled at treating alterations in functional ability and lifestyle resulting from injury, disability, and chronic illness.

Rehabilitation nurses provide comfort, therapy, and education; promote health-conducive adjustments; support adaptive capabilities; and promote achievable independence. Rehabilitation nurses provide holistic, comprehensive, and compassionate end-of-life care, including the promotion of comfort and relief of pain.

Rehabilitation nursing practice occurs in many settings and involves a variety of roles. Some examples:

REHABILITATION NURSING ROLES

Academic instructor
Case manager
Clinical nurse specialist
Community nurse
Consultant
Head nurse
Home health nurse
In-service instructor
Insurance nurse
Nurse clinician
Nurse liaison
Nurse manager
Nurse practitioner
Nursing administrator
Researcher
Staff nurse

REHABILITATION PRACTICE SETTINGS

Clinic
Community agency/home health agency
Department of Veterans Affairs medical center
Educational institution
General hospital (with or without rehabilitation unit)
Insurance company
Long-term care facility
Private company/private practice
Rehabilitation facility
Sub-acute unit

ELIGIBILITY REQUIREMENTS

Candidates for the CRRN examination must meet the following eligibility criteria at the time of application:

- Current, unrestricted US, US territories, or Canadian RN licensure
- Completion of at least one of the following **at the time of application**:
 - Within the five years preceding the examination, completion of two years of practice as a registered professional nurse in rehabilitation nursing; or
 - Within the five years preceding the examination, completion of one year of practice as a registered professional nurse in rehabilitation nursing and one year of advanced study (beyond baccalaureate) in nursing.

EXAMINATION FEES FOR ONLINE APPLICATIONS

ARN members: \$285

Non-member: \$425

All fees are subject to change and current fees are posted at www.rehabnurse.org. ARN members are eligible for a reduced examination fee. **Please note: Your ARN membership must be current at the time you submit your application in order to receive the reduced examination fee for ARN members. ARN membership is not required to take the CRRN examination.**

Examination Dates and Application Deadlines

EXAMINATION DATES

The CRRN examination is administered during two, month-long test windows between June 1-30 and December 1-30. The CRRN examination will not be administered outside of these test windows. **If you are unable to take the examination, it is not possible to reschedule your testing appointment beyond the testing window.**

APPLICATION DEADLINES

Applications are accepted throughout the year; however, applications must be submitted no less than 45 days prior to the start of the testing window. This means that the application deadline date for the June testing window is April 15 and the application deadline date for the December testing window is October 15.

Please be aware that if you do not take the examination within one year of submitting the application, your application will be closed and the examination fee forfeited. (i.e. The application is valid for 2 consecutive testing windows.)

LATE APPLICATIONS

Late applications are accepted for 15 days following the deadline for each window. (April 16 – May 1, for the June testing window and October 16 – November 1, for the December testing window.) Candidates applying late will be assessed a \$35 late fee in addition to the examination fee. Be aware that candidates applying late may not receive their first choices of testing dates, locations, and/or times.

Application Process

COMPLETING THE ONLINE APPLICATION

Candidates apply for the examination via an online application portal. The application may be accessed from the ARN website at www.rehabnurse.org. You will need to set up a user name and password which you will use to access your application throughout the process.

1. *Review the candidate handbook prior to completing the application.* Follow the instructions given, and address any questions to the RNCB at 800.229.7530 or cert@rehabnurse.org. Failure to follow the instructions can lead to the denial of an application.
2. *Review the eligibility requirements.* DO NOT submit an application before you have satisfied all eligibility requirements.
3. *Gather the following information necessary to complete the application.*

Candidate information

- Your contact information including a valid email address
- ARN member ID number (if applicable) – ARN membership is not required to take the CRRN examination; however, members do receive a discount.
- RN license number and state

Verification information

You will need to provide contact information, including a valid email, for two professional colleagues who are able to verify that you have completed at least two years of rehabilitation nursing experience at the time of application*. One of the colleagues must be your immediate supervisor or another CRRN. The second colleague may be any other professional colleague such as a physician, therapist, social worker, or another nurse. In the event your application is selected for audit, these individuals will be contacted and asked to affirm your rehabilitation nursing experience.

If you are in independent practice and do not have an immediate supervisor or CRRN colleague, please contact us for information about an alternative verification process.

**Or at least one year of rehabilitation nursing experience and one year of advanced study at the time of application.*

4. *Select a payment option and submit the application.* Once you have completed the application, you must select a payment option to complete the submission process. The following options are available.

Pay by credit card: You may use a personal or corporate card. If using this option, you must have the following information available at the time of payment.

- Name on the account
- Card number
- Expiration date
- CVV code
- Billing address

Pay by eCheck: When paying by eCheck, funds are immediately withdrawn without a waiting period. You will need to have the following information available if using eCheck.

- Name on the account
- Account number
- Routing number
- Account type

Third party payment: An email with payment information will be sent to the individual you designate. If the third party payer is unable to pay, you will need to provide an alternate payer or payment method. If using this option, you must provide the following information.

- Name of third party payer
- Valid email address for third party payer
- Phone number for third party payer

The application is not considered complete until the payment is received.

5. *Receive the Notice to Schedule.* You will receive the notice to schedule your examination via email. During the time you expect to receive email correspondence from Castle Worldwide, please be aware that some email programs have spam filters that may intercept email from an unknown address. To prevent this from occurring, please add testing@castleworldwide.com to your list of acceptable addresses.

6. *When you receive the notice to schedule an examination date, please select a date.*

AUDITS

A percentage of candidate applications will be audited to ensure compliance with the eligibility criteria. Applications for audit will be selected randomly. As part of the audit process, the colleagues you identify will be contacted to affirm your rehabilitation nursing experience.

REASONABLE ACCOMMODATIONS

Castle Worldwide, Inc. complies with the provisions of the Americans with Disabilities Act (42 U.S.C. § 12101 *et seq.*) and Title VII of the Civil Rights Act, as amended (42 U.S.C. § 2000e *et seq.*) in accommodating individuals who need reasonable accommodations to take the examination.

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided upon based on the individual's specific request, disability, documentation submitted, and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Candidates requesting accommodations due to a disability must submit proper documentation to Castle Worldwide. Documentation may include 1) a letter (on the professional's letterhead) from an appropriate licensed professional or certified specialist who diagnosed the disability and is recommending reasonable accommodations; 2) evidence of receiving accommodations during school on the school's letterhead; or 3) an individualized education plan (IEP). The confidentiality of all documentation submitted by the disabled candidate is protected.

Castle Worldwide will provide accommodations, except where it may fundamentally alter the examination, influence the examination results, or result in an undue burden.

Requests for accommodations must be submitted at the time of application. Once the RNCB reviews the request, the approval for reasonable accommodations will be forwarded to Castle Worldwide.

Examination Scheduling

HOW TO SCHEDULE THE EXAMINATION

The examination scheduling process will begin approximately 40 days prior to the start of the examination window (e.g. April 20 or October 20). A notice to schedule the examination will be sent to the email address you provide on your application. **It is very important that you check your email for the notice.** This notice will contain a link to the scheduling website as well as a user name and password. It is your responsibility to schedule an examination date. Once you submit your scheduling request, you will receive a confirmation notice within 48 hours. You must print the confirmation notice and bring it with you to the testing center.

NOTE: Your application has to be approved prior to receiving the Notice to Schedule. **You should submit your application and examination payment well before the deadline so that when scheduling begins, your application will be approved and ready to schedule.** Please check your email. It is your responsibility to call Castle Worldwide at 919.572.6880 if you do not receive the Notice to Schedule email for your examination.

Once you submit the application, it is expected that you schedule the examination for the next available testing window. Candidates who do not schedule their exam within one year

of applying will forfeit the examination fee and the application will be closed. (i.e. the application is valid for 2 consecutive testing windows.) Candidates must then update and resubmit all application materials and examination payment if they choose to pursue certification.

If you submit an application but find that you are unable to schedule an examination date during the current testing window, you may transfer the application to the next testing window by emailing Castle Worldwide. You must notify Castle Worldwide in writing (i.e. email to testing@castleworldwide.com) of your decision to transfer the application to the next testing window. **Please note: the application may be transferred only once.** If you fail to schedule and take the examination during the next available testing window, your application will be closed and the examination fee will be forfeited.

RESCHEDULING A TESTING APPOINTMENT

You may reschedule a testing appointment **up to 4 business days prior** to your testing appointment. (Please see the table below.) To reschedule, follow the link you received in the original "notice to schedule" email. (This is the link you used to schedule your original test date.) You will be required to pay a \$50 non-refundable administrative fee directly to Castle when signing into the scheduling system to reschedule your test. **Please note: Testing appointments may not be rescheduled less than 4 business days in advance of the testing appointment.**

Day of testing appointment:	Must reschedule/cancel by:
Monday	Tuesday of the previous week
Tuesday	Wednesday of the previous week
Wednesday	Thursday of the previous week
Thursday	Friday of the previous week
Friday	Monday of the current week
Saturday	Tuesday of the current week

Not appearing for your testing appointment or rescheduling your examination fewer than four (4) business days before your testing appointment will count as your original testing appointment. You will be marked as a no-show candidate and your entire examination fee will be forfeited.

If you need to reschedule beyond the current testing window, you must reschedule within 6 months of your originally scheduled test date. If you are unable to do so, your application will be closed and the examination fee forfeited. In that circumstance, if you still wish to pursue the CRRN credential, you must submit a new application and examination payment.

CANCELLING A TESTING APPOINTMENT

Scheduled testing appointments may be cancelled **up to 4 business days prior** to the testing appointment. (Please refer to the table above.) This will need to be completed by logging into your original "notice to schedule" email. You will be required to pay a \$50 non-refundable administrative fee directly to Castle when signing into the scheduling system to cancel your appointment. **Testing appointments may not be cancelled less than 4 business days in advance of the testing appointment.**

TRANSFERRING TESTING WINDOWS (you have not yet scheduled a testing appointment)

Once the application has been submitted, it is anticipated that you will schedule a testing appointment during the first available testing window. If you do not schedule a testing appointment during this window, your application will be transferred to the next testing window. **Please note: the application may be transferred only once. If you do not schedule a testing appointment during the next testing window or email to cancel your application, your application will be closed and the examination fee will be forfeited.**

TRANSFERRING TESTING WINDOWS (you have already scheduled a testing appointment)

You may reschedule your scheduled appointment **up to four (4) business days prior** to the testing appointment. Rescheduling requests are not accepted within four (4) business days of your scheduled testing appointment. The reschedule request must be submitted through Castle's online scheduling system; please log into your original "Notice to Schedule" email. You will be required to pay a \$50 non-refundable administrative fee directly to Castle online at the time of the request. If eligible, candidates may transfer only to the next available testing window. **Please note: the application may be transferred only once. If you do not schedule a testing appointment during the next testing window or email to cancel your application, your application will be closed and the examination fee will be forfeited.**

CANCELLING YOUR APPLICATION

To cancel your application, you must submit a written request (email is sufficient) directly to Castle. Castle will refund the candidate's examination fees minus a \$65 administrative fee. Any late fees collected are non-refundable. Any scheduled testing appointment must be cancelled and the \$50 non-refundable cancellation fee must be paid within the timeframe specified above before an application cancellation or refund request will be processed. Written notification (i.e. email to testing@castleworldwide.com) needs to be sent to Castle within the two eligible testing windows of your application.

HOLIDAYS

Testing appointments are unavailable on the following holidays: Christmas Eve (December 24), Christmas Day (December 25), and New Year's Eve (December 31).

Castle Worldwide Testing Centers

Each testing center maintains its own schedule, based on overall demand and scheduling constraints. Some centers have a limited schedule or limited seating. Testing appointments are filled on a first-come, first-served basis. Not all international test sites are available for this examination.

The link to the Castle Worldwide website and the list of test centers is available at www.rehabnurse.org. ***This list is provided for informational purposes only. Test center location is subject to change without notice. It is NOT possible to schedule an examination date and location from this website. Please refer to page 7 for information on scheduling an examination.***

Castle Worldwide account managers will be available on Monday through Friday from 8:30 am to 5:30 pm EST to handle telephone, facsimile, and electronic mail requests from candidates, as well as to answer questions about testing centers. Castle Worldwide's voice mail system will accept calls outside of these business hours.

Examination Day

ARRIVING AT THE TEST CENTER

You must take the CRRN examination during the testing appointment that was scheduled following the approval of your application. If it becomes necessary for Castle Worldwide to change the scheduled examination date, you will be notified of any changes as far in advance of the examination as possible. In the event of an emergency, you must reschedule your testing appointment by contacting Castle Worldwide at 919.572.6880. Exceptions will be made only for substantiated emergencies. Candidates who do not have substantiated emergencies and who miss their testing appointments must reapply and pay the examination fees again.

Please arrive at the testing site at least 15 minutes prior to the start of the examination. You must bring your confirmation notice and your photo identification with signature to the examination site when you arrive for your scheduled testing appointment. Acceptable forms of identification include state-issued driver's licenses and government-issued passports and identification cards. Unacceptable forms of identification include gym memberships, warehouse club memberships, school identification cards, credit cards, and identification with signature only (no photo).

You will have three (3) hours to complete the examination.

You will not be admitted to the examination once the examination has begun. If you arrive late or not at all, you forfeit your testing appointment and your examination fee.

DISQUALIFICATION

Any candidate who gives or receives assistance on the examination during the testing appointment will be required to turn in his or her examination materials immediately and leave the testing room. The candidate's examination will not be scored, and the incident will be reported to Castle Worldwide and the RNCB for further action.

Any individual who removes or attempts to remove testing materials and/or examinations from the testing room will be prosecuted.

EXAMINATION RULES

Castle Worldwide follows industry standard testing rules as outlined below.

- No books, papers, or other reference materials may be taken into the testing room. An area will be provided for storage of such materials.
- No electronic devices, including telephones, cameras, signaling devices, pagers, alarms, and recording/playback devices of any kind may be taken into the testing room. An area will be provided for storage of such materials.
- You may not take examination materials, documents, or memoranda of any type from the testing room.
- The examination will be given only on the date and time noted on the examination admission ticket. If an emergency arises, and you are unable to take the examination as scheduled, please call Castle Worldwide at 919.572.6880.
- No questions concerning the content of the examination may be asked during the examination period. You should listen carefully to the directions given by the proctor and carefully read the directions shown on the computer monitor.

EXAMINATION RETAKES

If you fail the CRRN examination, you can reapply to take the examination during the next testing window. The reapplication process includes submitting an updated application and paying the examination fees. If your name has changed since you first applied for your CRRN exam, please include a copy of the legal document showing your name change—marriage license, divorce decree, et.al. There is no limit to the number of times you may take the CRRN examination.

After the Examination

EXAMINATION SCORING

You will receive the score report after completing the examination at the test center. Scores will not be released by phone, fax, or email.

The individual score report will indicate whether you passed or failed the examination. Passing or failing is based on the scaled score indicated on your score report. A scaled score of 500 is needed to pass the CRRN examination. Your score report also will provide you with information about subscore areas. Subscores represent content from specific areas of the content outline and are helpful because they highlight areas where further study is indicated.

For each section listed on the score report, the number correct is calculated as the number of questions answered correctly. There is no penalty for guessing; each incorrect or omitted answer is counted as one incorrect response. The total possible number of answers for each section is listed on the score report.

The cut score or passing point used in this examination is a criterion-referenced approach called the Angoff Modified Technique. This technique is currently considered by the testing profession to be one of the most defensible criterion-referenced methods available for setting passing points. It relies on the pooled judgments of content experts. For example, in this approach, a group of experts is asked to judge each item on the test. The criterion used to judge each item is formed into a question: "What is the probability that a 'minimally acceptable' candidate *will* answer this item correctly?" This question prompts the judges to consider a group of minimally acceptable candidates and what proportion of that group will answer each item correctly.

The average of the proportions, or probabilities, is multiplied by the total number of items on the test. The result then represents the "minimally acceptable" score. The final passing score for the examination is based on this pooled judgment and includes a statistical adjustment for testing error.

SCALED SCORES

Because of the need for security, multiple forms of the examination, each containing a different combination of questions, are used. The passing standard cannot be set as a specific raw score, or number of questions answered correctly, because some of these forms may be slightly easier or more difficult than others. Therefore, requiring the same raw score to pass the different forms would not be fair to all examinees. A statistical procedure called *equating* is used to adjust for any differences in the level of difficulty among examination forms.

Once the examination forms have been equated, a procedure called *scaling* is used to convert the actual number of correct answers, or raw scores, to a uniform scale. These converted scores are called scaled scores. Scaled scores ensure that all examinees demonstrate the same level of ability in order to pass the examination.

DIAGNOSTIC REPORTING

A diagnostic report is a performance report on a particular portion of the certification examination. It breaks down the individual's total score into the areas tested to describe strengths and weaknesses.

You may request a diagnostic report by completing the RNCB request for diagnostic reports and/or comparative review form available at www.castleworldwide.com/forms/. Castle Worldwide will prepare a diagnostic report and mail the report to you for a fee of \$50 a report.

COMPARATIVE REVIEW

A comparative review verifies that the candidate's answers were scored against the correct examination answer key in order to confirm the candidate's examination was scored properly. Please note that the Internet-based testing scoring process is very accurate and that the scoring process already includes several quality assurance steps.

You may request a comparative review by completing the RNCB request for diagnostic reports and/or comparative review form available at www.castleworldwide.com/forms/. Castle Worldwide will complete a comparative review and mail the report to you for a fee of \$50 a report.

DESIGNATION AND CERTIFICATE

Each candidate who passes the Certified Rehabilitation Registered Nurse examination may use "CRRN" after his or her name and will receive a certificate from the RNCB. Certification is recognized for a period of five (5) years based on the last day of the month the examination was passed and may be renewed by re-examination or by 60 points of credit.

"CRRN" is a registered trademark of the Rehabilitation Nursing Certification Board.

Approximately six weeks after the close of the testing window, candidates who received a passing score will receive a certificate and important information about renewal.

CERTIFICATION RENEWAL

Certification is recognized for a period of five (5) years from the last day of the month in which certification was earned. If certification is not renewed, it expires the last day of the month, five (5) years after certification was initially earned. Certification may be renewed either by taking and passing the CRRN examination within one year prior to the expiration date or by completing 60 points of credit and submitting the renewal application on or before the certification expiration date. The fee is similar for either method. You will be sent specific instructions, dates, and criteria after you become certified.

In order to renew by points of credit or examination, you must meet the eligibility criteria as established by the RNCB.

It is your responsibility to keep the board updated on name or address changes.

It is your responsibility to obtain a copy of the application materials for certification renewal by points of credit and to submit an application if that is how you wish to renew. There are no exceptions to the deadline for renewal based on failure to receive application materials.

CERTIFICATION DENIAL OR REVOCATION

Certification will be denied or revoked for any of the following reasons:

- Falsification of an application;
- Incomplete audit;
- Misrepresentation;
- Violation of testing procedures;
- Lack of a current and unrestricted RN license; **OR**
- Failure to pass the examination.

There is a mechanism for reconsideration and appeal for candidates who have had certification denied or revoked on the basis of falsification of any application, misrepresentation, or violation of testing procedures. There can be no appeal based on lack of a current and unrestricted RN license or on failure to pass the examination.

An applicant may submit a written request for reconsideration to RNCB within 30 days following the date on which the adverse decision was mailed to the applicant. The request must state the reasons why the decision is being contested.

Examination Information

EXAMINATION DEVELOPMENT

The development of a valid written, multiple-choice examination for the CRRN program began with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, the RNCB worked with rehabilitation nurses to delineate critical job components. The knowledge and skill bases for the questions on the CRRN examination were derived from the actual practice of the rehabilitation nurses as outlined in the CRRN role delineation study.

EXAMINATION FORMAT

The CRRN examination is a multiple-choice examination administered electronically on a computer. No specific knowledge of computers and/or typing is required. You will have three (3) hours to complete the examination. The certification examination consists of 150 multiple-choice questions and 25 multiple choice pretest questions for a total of 175 questions.

The pretest questions are not counted in the scoring of the examination. They are distributed among the other scorable questions and will be used for statistical purposes only. Since the pretest questions are similar to the scorable questions on the examination and since you will not know which questions are scorable and which are not, you should answer all examination questions.

It is advisable to answer first those questions that are easy for you, skipping those questions that are more difficult and to which you can return later to give more thought. You should try to answer all the questions; there is no penalty for guessing.

PREPARATION

Please visit www.rehabnurse.org for a list of suggested resources. The RNCB does not sponsor or endorse any specific review course or preparation materials. It is the responsibility of the candidate to determine the best preparation method based on his or her individual need. Attendance at a specific course or use of a specific resource is not required to take the examination nor does it guarantee success.

CRRN EXAMINATION CONTENT

Four major domains account for the CRRN examination's content. The CRRN examination domains are:

- *Domain I: Rehabilitation Nursing Models and Theories (6%)*
- *Domain II: Functional Health Patterns (theories, physiology, assessment, standards of care, and interventions in individuals with injury, chronic illness, and disability across the lifespan) (58%)*
- *Domain III: The Function of the Rehabilitation Team and Community Reintegration (13%)*
- *Domain IV: Legislative, Economic, Ethical, and Legal Issues (23%)*

CONTENT OUTLINE WITH DOMAIN AND TASK STATEMENTS WITH CORRESPONDING KNOWLEDGE AND SKILL STATEMENTS

Domain I: Rehabilitation Nursing Models and Theories

Task 1: Incorporate evidence-based practice, models, and theories into patient-centered care.

Knowledge of:

- Evidence-based practice
- Nursing theories and models significant to rehabilitation (e.g., King, Rogers, Neuman, Orem)
- Nursing process (i.e., assessment, diagnosis, outcomes identification, planning, implementation, evaluation)
- Rehabilitation standards and scope of practice
- Related theories and models (e.g., developmental, behavioral, cognitive, moral, personality, caregiver development and function)
- Patient-centered care

Skill in:

- Applying nursing models and theories
- Applying rehabilitation scope of practice
- Applying the nursing process
- Incorporating evidence-based practice

Domain II: Functional Health Patterns (theories, physiology, assessment, standards of care, and interventions in individuals with injury, chronic illness, and disability across the lifespan)

Task 1: Apply the nursing process to optimize the restoration and preservation of the individual's health and well-being.

Knowledge of:

- Physiology and management of health, injury, acute and chronic illness, and adaptability
- Pharmacology
- Rehabilitation standards and scope of practice
- Technology (e.g., smart devices, internet sources, personal response devices, and telehealth)
- Alterations in sexual function and reproduction

Skill in:

- Assessing health status and health practices
- Teaching interventions to manage health and wellness
- Using rehabilitation standards and scope of practice
- Using technology
- Assessing goals related to sexuality and reproduction
- Teaching interventions and technology related to sexuality and reproduction (e.g., body positioning, mirrors, adaptive equipment, medication)

Task 2: Apply the nursing process to promote optimal nutrition.

Knowledge of:

- Adaptive equipment and feeding techniques (e.g., modified utensils, scoop plates, positioning)
- Anatomy and physiology related to nutritional and metabolic patterns (e.g., endocrine, obesity, swallowing)
- Diagnostic testing
- Diet types (e.g., cardiac, diabetic, renal, dysphagia)
- Fluid and electrolyte balance
- Nutritional requirements
- Skin integrity (e.g., Braden scale, pressure ulcer staging)
- Pharmacology (e.g., anticholinergics, opioids, antidepressants)
- Safety concerns and interventions (e.g., swallowing, positioning, food textures, fluid consistency)

Skill in:

- Assessing nutritional and metabolic patterns (e.g., nutritional intake, fluid volume deficits, skin integrity, metabolic functions, feeding and swallowing)
- Implementing and evaluating interventions for nutrition
- Implementing and evaluating interventions for skin integrity (e.g., skin assessment, pressure relief, moisture reduction, nutrition and hydration)
- Teaching interventions for swallowing deficits
- Using adaptive equipment

Task 3: Apply the nursing process to optimize the individual's elimination patterns.

Knowledge of:

- Anatomy and physiology of altered bowel and bladder function
- Bladder and bowel adaptive equipment and technology (e.g., bladder scan, types of catheters, suppository inserter)
- Bladder and bowel training (e.g., scheduled self-catheterization, timed voiding, elimination programs)
- Pharmacologic and non-pharmacological interventions

Skill in:

- Assessing elimination patterns (e.g., elimination diary, patient's history)
- Implementing and evaluating interventions for bladder and bowel management (e.g., nutrition, exercise, pharmacological, adaptive equipment)
- Teaching interventions to prevent complications (e.g., constipation, urinary tract infections, autonomic dysreflexia)
- Providing patient and caregiver education related to bowel and bladder management
- Using adaptive equipment and technology

Task 4: Apply the nursing process to optimize the individual's highest level of functional ability.

Knowledge of:

- Anatomy, physiology, and interventions related to musculoskeletal, respiratory, cardiovascular, and neurological function
- Assistive devices and technology (e.g., mobility aids, orthostatic devices, orthotic devices)
- Clinical signs of sensorimotor deficits
- Activity tolerance and energy conservation
- Pharmacology (e.g., antispasmodics, vasopressors, analgesics)
- Safety concerns (e.g., falls, burns, skin integrity, infection prevention)
- Self-care activities (e.g., activities of daily living, instrumental activities of daily living)

Skill in:

- Assessing and implementing interventions to prevent musculoskeletal, respiratory, cardiovascular, and neurological complications (e.g., motor and sensory impairments, contractures, heterotrophic ossification, aspiration, pain)
- Assessing, implementing, and evaluating interventions for self-care ability and mobility
- Implementing safety interventions (e.g., sitters, reorientation, environment, redirection, non-behavioral restraints)
- Using technology (e.g., mobility aids, pressure relief devices, informatics, assistive software)
- Teaching interventions to prevent complications of immobility (e.g., skin integrity, DVT prevention)

Task 5: Apply the nursing process to optimize the individual's sleep and rest patterns.

Knowledge in:

- Factors affecting sleep and rest (e.g., diet, sleep habits, alcohol, pain, environment)
- Pharmacology
- Physiology of sleep and rest cycles
- Technology

Skill in:

- Assessing sleep and rest patterns
- Evaluating effectiveness of sleep and rest interventions
- Teaching interventions and strategies to promote sleep and rest (e.g., energy conservation, environmental modifications)
- Using technology (e.g., sleep study, CPAP, BiPAP, relaxation technology)

Task 6: Apply the nursing process to optimize the individual's neurological function.

Knowledge of:

- Measurement tools (e.g., Rancho Los Amigos, Glasgow, Mini Mental State Examination, ASIA, pain analog scales)
- Neuroanatomy and physiology (e.g., cognition, judgment, sensation, perception)
- Pain (e.g., receptors, acute, chronic, theories)
- Pharmacology
- Safety concerns (e.g., seizure precautions, fall precautions, impaired judgment)
- Technology

Skill in:

- Assessing cognition, perception, sensation, apraxia, perseveration, and pain
- Implementing and evaluating strategies for safety (e.g., personal response devices, alarms, helmets, padding)
- Teaching strategies for neurological deficits
- Teaching strategies for pain and comfort management (e.g., pharmacological, non-pharmacological)
- Using technology (e.g., TENS unit, baclofen pump)
- Implementing behavioral management strategies (e.g., contracts, positive reinforcement, rule setting)

Task 7: Apply the nursing process to promote the individual's optimal psychosocial patterns and holistic well-being.

Knowledge of:

- Individual roles and relationships (e.g., cultural, environmental, societal, familial, gender, age)
- Role alterations

- Psychosocial disorders (e.g., substance abuse, anxiety, depression, bipolar, PTSD, psychosis)
- Theories (e.g., self-concept, role, relationship, interaction, developmental, human behaviors)
- Traditional and alternative modalities (e.g., medications, healing touch, botanicals)
- Cultural competence

Skill in:

- Assessing and promoting self-efficacy, self-care, and self-concept
- Accessing supportive team resources and services (e.g., psychologist, clergy, peer support, community support)
- Promoting strategies to cope with role and relationship changes (e.g., individual and caregiver counseling, peer support, education)
- Including the individual and caregiver in the plan of care
- Incorporating cultural and spiritual values
- Promoting positive interaction among individual and caregivers
- Evaluating the effects of values, belief systems, and spirituality of the individual

Task 8: Apply the nursing process to optimize coping and stress management skills of the individual and caregivers.

Knowledge of:

- Community resources (e.g., face-to-face support groups, internet, respite care, clergy)
- Coping and stress management strategies for individuals and support systems
- Cultural competence
- Physiology of the stress response
- Safety concerns regarding harm to self and others
- Technology for self-management
- Theories (e.g., developmental, coping, stress, grief and loss, self-esteem, self-concept)
- Types of stress and stressors
- Stages of grief and loss

Skill in:

- Assessing potential for harm to self and others
- Assessing the ability to cope and manage stress
- Facilitating appropriate referrals
- Implementing and evaluating strategies to reduce stress and improve coping (e.g., biofeedback, cognitive behavioral therapy, complementary alternative medicine, pharmacology)
- Using therapeutic communication

Task 9: Apply the nursing process to optimize the individual's ability to communicate effectively.

Knowledge of:

- Anatomy and physiology (e.g., cognition, comprehension, sensory deficits)
- Communication techniques (e.g., active listening, anger management, reflection)
- Cultural competence
- Developmental factors
- Linguistic deficits (e.g., aphasia, dysarthria, language barriers)
- Assistive technology and adaptive equipment

Skill in:

- Assessing comprehension and communication (e.g., oral, written, auditory, visual)
- Implementing and evaluating communication interventions
- Involving and educating support systems
- Using assistive technology and adaptive equipment
- Using communication techniques

Domain III: The Function of the Rehabilitation Team and Community Reintegration

Task 1: Collaborate with the interdisciplinary/interprofessional team to achieve patient-centered goals.

Knowledge of:

- Goal setting and expected outcomes (e.g., SMART goals, functional independence measures [FIM], WeeFIM)
- Types of healthcare teams (e.g., interdisciplinary/interprofessional, multidisciplinary, transdisciplinary)
- Rehabilitation philosophy and definition
- Roles and responsibilities of team members
- Theory (e.g., change, leadership, communication, team function, organizational)

Skill in:

- Advocating for inclusion of appropriate team members
- Applying appropriate theories (e.g., change, leadership, communication, team function, organizational)
- Communicating and collaborating with the interdisciplinary/interprofessional team
- Developing and documenting plans of care to attain patient-centered goals

Task 2: Apply the nursing process to promote the individual's community reintegration.

Knowledge of:

- Technology and adaptive equipment (e.g., electronic hand-held devices, electrical simulation, service animals, equipment to support activities of daily living)
- Community resources (e.g., housing, transportation, community support systems, social services, recreation, CPS, APS)
- Personal resources (e.g., financial, caregiver support systems, caregivers, spiritual, cultural)
- Professional resources (e.g., psychologist, neurologist, clergy, teacher, case manager, vocational rehabilitation counselor, home health, outpatient therapy)
- Teaching and learning strategies for self-advocacy

Skill in:

- Accessing community resources
- Assessing readiness for discharge
- Assessing barriers to community reintegration
- Evaluating outcomes and adjusting goals (e.g., interdisciplinary/interprofessional team and patient-centered)
- Identifying financial barriers and providing appropriate resources
- Initiating referrals
- Participating in team and patient caregiver conferences
- Planning discharge (e.g., home visits, caregiver teaching)
- Teaching health and wellness maintenance
- Teaching life skills

- Using adaptive equipment and technology (e.g., voice activated call systems, computer supported prosthetics)

Domain IV: Legislative, Economic, Ethical, and Legal Issues

Task 1: Integrate legislation and regulations to guide management of care.

Knowledge of:

- Agencies related to regulatory, disability, and rehabilitation (e.g., CARF, The Joint Commission, APS, CPS, CMS, SSA, OSHA)
- Specific legislation related to disability and rehabilitation (e.g., Medicare, Medicaid, ADA, rehabilitation acts, HIPAA, Affordable Care Act, workers' compensation, IDEA, Vocational, IMPACT Act)

Skill in:

- Accessing, interpreting, and applying legal, regulatory, and accreditation information
- Using assessment, measurement, and reporting tools (e.g., functional independence measures [FIM], patient satisfaction, IRF-PAI)

Task 2: Use the nursing process to deliver cost effective patient-centered care.

Knowledge of:

- Clinical practice guidelines
- Community and public resources
- Insurance and reimbursement (e.g., PPS, workers' compensation)
- Regulatory agency audit process
- Staffing patterns and policies
- Utilization review processes

Skill in:

- Analyzing quality and utilization data
- Collaborating with private, community, and public resources
- Incorporating clinical practice guidelines
- Managing current and projected resources in a cost effective manner

Task 3: Integrate ethical considerations and legal obligations that affect nursing practice.

Knowledge of:

- Ethical theories and resources (e.g., deontology, ombudsperson, ethics committee)
- Legal implications of healthcare related policies and documents (e.g., HIPAA, advance directives, powers of attorney, POLST/MOLST, informed consent)

Skill in:

- Advocating for the individual
- Documenting services provided
- Identifying appropriate resources to assist with legal documents
- Implementing strategies to resolve ethical dilemmas
- Applying ethics in the delivery of care

Task 4: Integrate quality and safety in patient-centered care.

Knowledge of:

- Quality measurement and performance improvement processes (e.g., Agency for Healthcare Research and Quality; Institute of Medicine; National Database of Nursing Quality Indicators)
- Models and tools used in process improvement (e.g., Plan, Do, Check, Act; Six Sigma; Lean approach)
- Federal quality measurement efforts

- Reporting requirements (e.g., infection rates, healthcare acquired pressure injury, sentinel events, discharge to community, readmission rates)

Skill in:

- Assessing safety risks
- Minimizing safety risk factors
- Implementing safety prevention measures
- Utilizing assessment, measurement, and reporting tools (e.g., functional independence measurement; patient satisfaction)
- Incorporating standards of professional performance

SAMPLE QUESTIONS

The following 15 questions serve as samples of the question type and content found on the CRRN examination.

1. Mr. Smith is a 54-year-old male who had a left middle cerebral artery stroke with right spastic hemiparesis. He is alert and oriented times three. He transfers with assistance of one person. He can walk 25 feet with minimal assistance using a hemi-walker. Mr. Smith had an indwelling foley catheter that was removed yesterday. On patient rounds Mr. Smith says he wants to try to be continent. What behavioral nursing intervention would be used to attain bladder continence?

- Bladder retraining
- Pharmacological
- Indwelling foley catheter
- Digital stimulation

2. What is the cause of learned helplessness?

- Cognitive deficits secondary to trauma
- Unresolved developmental conflicts
- Failure to adequately assimilate the rehabilitation process
- Previous exposure to events over which the patient has no control

3. The summer before his senior year of high school, Brian suffered a complete spinal cord injury at L4-L5. Brian began to question his purpose in life. What initial nursing intervention you would implement to decrease Brian's spiritual distress?

- Challenge his belief and value systems.
- Develop trust with him by listening and telling him the best way to handle the situation.
- Help him see that anger toward God or his higher power is a common reaction to his disability.
- Begin to prioritize steps to regain his mobility.

4. A 19-year-old male with a T12 spinal cord injury is admitted to your care with an infected stage III pressure ulcer. He is able to direct all aspects of his self care (verbalize the need for frequent position changes, the need to continue his antibiotics until complete, the need to continue in his efforts with smoking cessation and demonstrates appropriate pressure releases). According to Orem's theory of Self-Care Deficits which of the following interventions should you do?

- Encourage the young man's family to hire 24 hour caregivers
- Encourage the young man in his efforts to live independently
- Encourage the young man's family to be more active in his care
- Encourage the young man to live in a group home.

5. What activity is **KEY** to establishing a great team?

- Effective communication on family issues.

- B. Individual disciplines defining goals for the patient.
- C. Providing support to family members.
- D. Facilitating group process by identifying formal and informal leaders.

6. Medicare will reimburse up to three hours of medically indicated therapy per day. This includes, but is not limited to, which of the following?

- A. prosthetic-orthosis services, psychology, therapeutic recreation
- B. occupational therapy, physical therapy, speech-language pathology services
- C. occupational therapy, physical therapy, therapeutic recreation
- D. occupational therapy, physical therapy, psychology

7. Your patient is an adolescent male with spina bifida. According to Erickson's theory of developmental tasks which of the following interventions would be appropriate?

- A. Give honest, accurate sexuality information
- B. Use models and diagrams to teach self-care
- C. Involve parents and siblings in care
- D. Facilitate participation in organized sports and recreational programs

8. What is the **BEST** description of homeopathy?

- A. A system that addresses supernatural conditions that may result from evil spirits and spells
- B. A system that focuses on prevention of disease and restoration of health
- C. A system that holds that a condition could be cured by inducing a mild form of a like condition
- D. A system that deals with balance and imbalance of vital energies

9. A 36-year-old patient with cerebral palsy has difficulty swallowing. Based on his neuromuscular disease, which phase of swallowing is most likely involved?

- A. Oral preparatory phase
- B. Oral propulsive phase
- C. Pharyngeal phase
- D. Esophageal phase

The following scenario applies to questions 10 and 11.

Mr. Doe is a 19-year-old male who was an unrestrained passenger in a motor vehicle accident collision into a wall. There is a prolonged extrication from the vehicle. He is intubated on arrival to the emergency room. His initial Glasgow Coma scale is 8 on arrival to the acute trauma center. He is diagnosed with a left frontal skull fracture, 3 mm subdural hematoma and orbital facial fractures. He is admitted to your traumatic brain injury rehabilitation program 14 days post injury.

10. Mr. Doe is confused, highly distractible, and continual requires redirection. He has difficulty learning new task and becomes agitated by too much stimuli. What level of the Rancho Los Amigos Cognitive Functions scale is Mr. Doe?

- A. Rancho II
- B. Rancho III
- C. Rancho IV
- D. Rancho V

11. At the initial patient care conference the physical therapist indicates Mr. Doe is not actively participating in therapy session because he is very somnolent. The nurse reports that Mr. Doe is awake and restless most of the night. What is the primary Nursing diagnosis for Mr. Doe?

- A. Sleep Pattern Disturbance

- B. Altered thought process
- C. Sensory/perceptual alterations
- D. Altered Role performance

12. Mrs. Smith had a left CVA and is being evaluated for a discharge FIM, dressing upper body. She threads both arms into her bra. The helper hooks the bra. She threads her head and arms into a t-shirt then pulls the shirt down. Mrs. Smith threads her right arm into a sleeve, pulls it around her back and threads her left arm into the other sleeve. She then buttons her shirt and tucks it in. What is her level of assist?
- A. Moderate assist
 - B. Minimal assist
 - C. Total assist
 - D. Independent
13. What is the **PRIMARY** function of the hospital ethics committee?
- A. Provide structure and guidelines for potential problems
 - B. Serve as an open forum for discussions
 - C. Speak for patients to doctors about care issues
 - D. Provide clinical case consultation
14. What approach is important for the patient to progress through their rehab program?
- A. Goals serving as the foundation for the treatment plan
 - B. Team members rely on case managers to determine direction of the plan
 - C. Disengagement is key to reducing the cost of care
 - D. Individuals measuring progress against team standards
15. Which term describes the beliefs in one's capabilities to organize and execute the course of action required to reach a goal?
- A. Self concept
 - B. Self-efficacy
 - C. Self-esteem
 - D. Optimism

Sample Questions Answer Key

1 – A; 2 – D; 3 – C; 4 – B; 5 – D; 6 – B; 7 – A; 8 – C; 9 – A; 10 – D; 11 – A; 12 – B; 13 – D; 14 – A; 15 – B