

2022 CRRN® Exam Content Outline

Domain I: Nursing Models and Theories (8%)

Task 1: Understand nursing models and theories as a framework for rehabilitation nursing practice.

Knowledge of:

- a. Nursing theories and models significant to rehabilitation (e.g., King, Rogers, Neuman, Orem)
- b. Rehabilitation standards and scope of practice
- c. Nursing process (i.e., assessment, diagnosis, outcomes identification, planning, implementation, evaluation)

Skill in:

- a. Applying nursing models and theories
- b. Applying rehabilitation scope of practice
- c. Applying the nursing process

Task 2: Incorporate relevant research, nursing models, and theories into individualized patient-centered rehabilitation care.

Knowledge of:

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

Skill in:

- a. Incorporating evidence-based research into practice
- b. Applying nursing models and theories
- c. Applying rehabilitation scope of practice
- d. Applying the nursing process

Domain II: Functional Health Patterns (53%)

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

Knowledge of:

- a. Physiology and management of health, injury, acute and chronic illness, and adaptability
- b. Pharmacology (e.g., antispasmodics, anticholinergics, antidepressants, analgesics)
- c. Rehabilitation standards and scope of practice
- d. Technology (e.g., smart devices, internet sources, personal response devices, telehealth, adaptive and advanced equipment)
- e. Alterations in sexual function and reproduction

Skill in:

- a. Assessing health status and health practices
- b. Teaching interventions to manage health and wellness
- c. Using rehabilitation standards and scope of practice

- d. Using technology
- e. Assessing goals related to sexuality and reproduction

Task 2: Apply the nursing process to promote optimal psychosocial patterns and coping and stress management skills of the patients and caregivers.

Knowledge of:

- a. Community resources (e.g., face-to-face support groups, internet, respite care, clergy)
- b. Coping and stress management strategies for patients and support systems
- c. Cultural diversity
- d. Physiology of the stress response
- e. Safety concerns regarding harm to self and others
- f. Technology for self-management
- g. Theories (e.g., developmental, coping, stress, grief and loss, self-esteem, role, relationship, interaction)
- h. Types of stress and stressors
- i. Stages of grief and loss
- j. Individual roles, relationships, and alterations (e.g., cultural, environmental, societal, familial, gender, age)
- k. Psychosocial disorders (e.g., substance abuse, anxiety, depression, bipolar, PTSD, psychosis)
- l. Traditional and alternative modalities (e.g., medications, healing touch, botanicals, spiritual, mindfulness, self-care)

Skill in:

- a. Assessing potential for harm to self and others
- b. Assessing the ability to cope and manage stress
- c. Facilitating appropriate referrals
- d. Implementing and evaluating strategies to reduce stress and improve coping (e.g., biofeedback, cognitive behavioral therapy, complementary alternative medicine, pharmacology)
- e. Using therapeutic communication
- f. Assessing and promoting self-efficacy, self-care, and self-concept
- g. Accessing supportive team resources and services (e.g., psychologist, clergy, peer support, community support)
- h. Promoting strategies to cope with role and relationship changes (e.g., patient and caregiver counseling, peer support, education)
- i. Including the patient and caregiver in the plan of care
- j. Incorporating cultural awareness and spiritual values in the plan of care
- k. Promoting positive interaction among patients and caregivers

Task 3: Apply the nursing process to optimize the patient's functional ability.

Knowledge of:

- a. Anatomy, physiology, and interventions related to musculoskeletal, respiratory, cardiovascular, and neurological function
- b. Assistive devices and technology (e.g., mobility aids, orthostatic devices, orthotic devices)
- c. Clinical signs of sensorimotor deficits

- d. Activity tolerance and energy conservation
 - e. Pharmacology (e.g., antispasmodics, anticholinergics, antidepressants, analgesics)
 - f. Safety concerns (e.g., falls, burns, skin integrity, infection prevention)
 - g. Self-care activities (e.g., activities of daily living, instrumental activities of daily living)
- Skill in:
- a. Assessing and implementing interventions to prevent musculoskeletal, respiratory, cardiovascular, and neurological complications (e.g., motor and sensory impairments, contractures, heterotrophic ossification, aspiration, pain)
 - b. Assessing, implementing, and evaluating interventions for self-care ability and mobility
 - c. Implementing safety interventions (e.g., sitters, reorientation, environment, redirection, non-behavioral restraints)
 - d. Using technology and assistive devices (e.g., mobility aids, pressure relief devices, informatics, assistive software)
 - e. Teaching interventions to prevent complications of immobility (e.g., skin integrity, DVT prevention)

Task 4: Apply the nursing process to optimize management of the patient's neurological and other complex medical conditions.

- Knowledge of:
- a. Measurement tools (e.g., Rancho Los Amigos, Glasgow, Mini Mental State Examination, ASIA, pain analog scales)
 - b. Neuroanatomy and physiology (e.g., cognition, judgment, sensation, perception)
 - c. Pain (e.g., receptors, acute, chronic, theories)
 - d. Pharmacology (e.g., antispasmodics, anticholinergics, antidepressants, analgesics)
 - e. Safety concerns (e.g., seizure precautions, fall precautions, impaired judgment)
 - f. Medical equipment and technology (e.g., LVAD, assisted ventilation)
 - g. Central lines, ports, and catheters (e.g., triple lumen, hemodialysis)
- Skill in:
- a. Assessing cognition, perception, sensation, apraxia, perseveration, and pain
 - b. Implementing and evaluating strategies for safety (e.g., personal response devices, alarms, helmets, padding)
 - c. Teaching strategies for neurological deficits
 - d. Teaching strategies for pain and comfort management (e.g., pharmacological, non-pharmacological)
 - e. Using medical equipment and technology (e.g., TENS unit, baclofen pump, LVAD)
 - f. Implementing behavioral management strategies (e.g., contracts, positive reinforcement, rule setting)
 - g. Teaching the patients and the caregivers about the purpose and caring for central lines, ports, and catheters

Task 5: Apply the nursing process to optimize the patient's ability to communicate effectively.

- Knowledge in:
- a. Anatomy and physiology (e.g., cognition, comprehension, sensory deficits)
 - b. Communication techniques (e.g., active listening, anger management, reflection)
 - c. Cultural diversity
 - d. Developmental factors

- e. Linguistic deficits (e.g., aphasia, dysarthria, language barriers)
- f. Assistive technology and adaptive equipment

Skill in:

- a. Assessing comprehension and communication (e.g., oral, written, auditory, visual)
- b. Implementing and evaluating communication interventions
- c. Involving and educating support systems
- d. Using assistive technology and adaptive equipment (e.g., Passy Muir)
- e. Using communication techniques
- f. Teaching self-advocacy skills to patients and caregivers

Task 6: Apply the nursing process to promote optimal nutrition and hydration.

Knowledge of:

- a. Adaptive equipment and feeding techniques (e.g., modified utensils, scoop plates, positioning)
- b. Enteral and parenteral nutrition and hydration
- c. Anatomy and physiology related to nutritional and metabolic patterns (e.g., endocrine, obesity, swallowing)
- d. Diagnostic testing
- e. Diet types (e.g., cardiac, diabetic, renal, dysphagia)
- f. Fluid and electrolyte balance
- g. Nutritional requirements
- h. Skin integrity (e.g., Braden scale, pressure ulcer staging)
- i. Pharmacology (e.g., antispasmodics, anticholinergics, antidepressants, analgesics)
- j. Safety concerns and interventions (e.g., swallowing, positioning, food textures, fluid consistency)
- k. Cultural and religious practices related to dietary habits

Skill in:

- a. Using and managing manual and mechanical devices to provide nutrition and hydration
- b. Assessing nutritional and metabolic patterns (e.g., nutritional intake, fluid volume deficits, skin integrity, metabolic functions, feeding and swallowing)
- c. Implementing and evaluating interventions for nutrition
- d. Implementing and evaluating interventions for skin integrity (e.g., skin assessment, pressure relief, moisture reduction, nutrition and hydration)
- e. Teaching interventions for swallowing deficits
- f. Using adaptive equipment

Task 7: Apply the nursing process to optimize the patient's elimination patterns.

Knowledge of:

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

Skill in:

- a. Assessing elimination patterns (e.g., elimination diary, patient's history)

- b. Implementing and evaluating interventions for bladder and bowel management (e.g., nutrition, exercise, pharmacological, adaptive equipment)
- c. Teaching interventions to prevent complications (e.g., constipation, urinary tract infections, autonomic dysreflexia)
- d. Providing patient and caregiver education related to bowel and bladder management
- e. Using adaptive equipment and technology

Task 8: Apply the nursing process to optimize the patient's sleep and rest patterns.

Knowledge of:

- a. Factors affecting sleep and rest (e.g., diet, sleep habits, alcohol, pain, environment)
- b. Pharmacological and non-pharmacological sleep aids
- c. Physiology of sleep and rest cycles
- d. Technology

Skill in:

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

Domain III: The Function of the Rehabilitation Team and Transitions of Care (12%)

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

Knowledge of:

- a. Goal setting and expected outcomes
- b. Models of healthcare teams (e.g., interdisciplinary, multidisciplinary, transdisciplinary)
- c. Rehabilitation philosophy and definition
- d. Role of the rehabilitation nurse and other team members
- e. Related theories (e.g., change, leadership, communication, team function, organizational)

Skill in:

- a. Applying appropriate theories (e.g., change, leadership, communication, team function, organizational)
- b. Communicating and collaborating with the interdisciplinary team
- c. Developing and documenting plans of care to attain patient- centered goals
- d. Appropriate delegation of responsibilities to team members

Task 2: Apply the nursing process to promote the patient's community reintegration or transition to the next level of care.

Knowledge of:

- a. Technology and adaptive equipment (e.g., electronic hand- held devices, electrical simulation, service animals, equipment to support activities of daily living)
- b. Community resources (e.g., housing, transportation, community support systems, social services, recreation, CPS, APS)
- c. Personal resources (e.g., financial, caregiver support systems, caregivers, spiritual, cultural)

- d. Professional resources (e.g., psychologist, neurologist, clergy, teacher, case manager, vocational rehabilitation counselor, home health, outpatient therapy)
- e. Teaching and learning strategies for self-advocacy
- f. Different levels of care and care continuum (e.g., acute rehab, home care, assisted living)

Skill in:

- a. Accessing community resources
- b. Assessing readiness for discharge
- c. Assessing barriers to community reintegration
- d. Evaluating outcomes and adjusting goals (e.g., interdisciplinary team and patient-centered)
- e. Identifying financial barriers and providing appropriate resources
- f. Facilitating appropriate referrals
- g. Participating in team and patient caregiver conferences
- h. Planning discharge (e.g., home visits, caregiver teaching)
- i. Teaching health, wellness, and life skills maintenance
- j. Using adaptive equipment and technology (e.g., voice activated call systems, computer supported prosthetics)

Domain IV: Legislative, Economic, Ethical, and Legal Issues (27%)

Task 1: Integrate legislation and regulations in the management of care.

Knowledge of:

- a. Agencies related to regulatory, disability, and rehabilitation (e.g., CARF, The Joint Commission, APS, CPS, CMS, SSA, OSHA)
- b. 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:

- a. Accessing, interpreting, and applying legal, regulatory, and accreditation information
- b. Using standardized assessment tools

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

Knowledge of:

- a. Clinical practice guidelines
- b. Community and public resources
- c. Insurance and reimbursement (e.g., PPS, workers' compensation)
- d. Regulatory agency audit processes
- e. Staffing patterns and policies
- f. Utilization review processes
- g. Patient-centered care

Skill in:

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

- e. Documentation to support regulatory requirements

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

Knowledge of:

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

Skill in:

- a. Advocating for the patient
- b. Documenting services provided
- c. Identifying appropriate resources to assist with legal documents
- d. Implementing strategies to resolve ethical dilemmas
- e. Applying ethics in the delivery of care

Task 4: Promote a safe environment of care for patients and staff to minimize risk.

Knowledge of:

- a. Safe patient handling practices
- b. Safety measures (e.g., safe medication practices, restraint and alternatives, fall prevention)
- c. Risk factors and mitigation strategies
- d. Infection control practices
- e. Behavioral management techniques

Skill in:

- a. Assessing safety risks
- b. Minimizing safety risk factors
- c. Implementing safety prevention measures
- d. Applying behavior management techniques (e.g., de-escalation techniques)
- e. Using appropriate safety devices (e.g., restraints and alternatives, alarms)

Task 5: Integrate quality improvement processes into nursing practice.

Knowledge of:

- a. Quality measurement and performance improvement processes (e.g., Agency for Healthcare Research and Quality, Institute of Medicine, National Database of Nursing Quality Indicators)
- b. Models and tools used in process improvement (e.g., Plan, Do, Check, Act; Six Sigma; Lean approach)
- c. Federal quality measurement efforts
- d. Reporting requirements (e.g., infection rates, healthcare-acquired pressure injury, sentinel events, discharge to community, readmission rates)

Skill in:

- a. Using standardized assessment tools
- b. Incorporating standards of professional performance
- c. Applying quality measurement tools in practice
- d. Using quality improvement model to improve patient care