

2017 CRRN® Examination Content Outline

Domain I: Rehabilitation Nursing Models and Theories (6%)

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

Knowledge of:

- a. Evidence-based practice
- 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. Rehabilitation standards and scope of practice
- e. Related theories and models (e.g., developmental, behavioral, cognitive, moral, personality, caregiver development and function)
- f. Patient-centered care

Skill in:

- a. Applying nursing models and theories
- b. Applying rehabilitation scope of practice
- c. Applying the nursing process
- d. 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) (58%)

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

Knowledge of:

- a. Physiology and management of health, injury, acute and chronic illness, and adaptability
- b. Pharmacology
- c. Rehabilitation standards and scope of practice
- d. Technology (e.g., smart devices, internet sources, personal response devices, and telehealth)
- 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
- f. 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:

- a. Adaptive equipment and feeding techniques (e.g., modified utensils, scoop plates, positioning)
- b. Anatomy and physiology related to nutritional and metabolic patterns (e.g., endocrine, obesity, swallowing)
- c. Diagnostic testing
- d. Diet types (e.g., cardiac, diabetic, renal, dysphagia)
- e. Fluid and electrolyte balance
- f. Nutritional requirements
- g. Skin integrity (e.g., Braden scale, pressure ulcer staging)
- h. Pharmacology (e.g., anticholinergics, opioids, antidepressants)

- i. Safety concerns and interventions (e.g., swallowing, positioning, food textures, fluid consistency)

Skill in:

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

Task 3: Apply the nursing process to optimize the individual'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 4: Apply the nursing process to optimize the individual's highest level of 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, vasopressors, 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 (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 5: Apply the nursing process to optimize the individual's sleep and rest patterns.

Knowledge in:

- a. Factors affecting sleep and rest (e.g., diet, sleep habits, alcohol, pain, environment)
- b. Pharmacology
- 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)

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

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. Safety concerns (e.g., seizure precautions, fall precautions, impaired judgment)
- f. Technology

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 technology (e.g., TENS unit, baclofen pump)
- f. 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:

- a. Individual roles and relationships (e.g., cultural, environmental, societal, familial, gender, age)
- b. Role alterations
- c. Psychosocial disorders (e.g., substance abuse, anxiety, depression, bipolar, PTSD, psychosis)
- d. Theories (e.g., self-concept, role, relationship, interaction, developmental, human behaviors)
- e. Traditional and alternative modalities (e.g., medications, healing touch, botanicals)
- f. Cultural competence

Skill in:

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

- a. Community resources (e.g., face-to-face support groups, internet, respite care, clergy)
- b. Coping and stress management strategies for individuals and support systems
- c. Cultural competence
- 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, self-concept)
- h. Types of stress and stressors
- i. Stages of grief and loss

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

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

Knowledge of:

- a. Anatomy and physiology (e.g., cognition, comprehension, sensory deficits)
- b. Communication techniques (e.g., active listening, anger management, reflection)
- c. Cultural competence
- 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. Using communication techniques

Domain III: The Function of the Rehabilitation Team and Community Reintegration (13%)

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

Knowledge of:

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

Skill in:

- a. Advocating for inclusion of appropriate team members

- b. Applying appropriate theories (e.g., change, leadership, communication, team function, organizational)
- c. Communicating and collaborating with the interdisciplinary/interprofessional team
- d. 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:

- 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

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/interprofessional team and patient-centered)
- e. Identifying financial barriers and providing appropriate resources
- f. Initiating referrals
- g. Participating in team and patient caregiver conferences
- h. Planning discharge (e.g., home visits, caregiver teaching)
- i. Teaching health and wellness maintenance
- j. Teaching life skills
- k. Using adaptive equipment and technology (e.g., voice activated call systems, computer supported prosthetics)

Domain IV: Legislative, Economic, Ethical, and Legal Issues (23%)

Task 1: Integrate legislation and regulations to guide 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 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:

- a. Clinical practice guidelines
- b. Community and public resources

- c. Insurance and reimbursement (e.g., PPS, workers' compensation)
- d. Regulatory agency audit process
- e. Staffing patterns and policies
- f. Utilization review processes

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

Task 3: Integrate 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 individual
- 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: Integrate quality and safety in patient-centered care.

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