CRRN Test Taking Strategies for Success

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Course Objectives

1. Review upcoming examination dates, cost, options for test-taking locations, and preparation resources (websites, flashcards, textbooks, practice exams, etc.).
2. Review the outline and structure of examination, different domain sections,and content that might appear for each domain.
3. Discuss/ review sample questions, review question set up (getting at the root), and review of test taking strategies for success.
4. Review emotional and mental support preparation suggestions.

What is CRRN and why is it important to have as a Rehabilitation RN?

The CRRN is an exam to become a Certified Rehabilitation Registered Nurse. It consists of 175 questions tested over 3 hours demonstrating your experience and professional standing in the specialized field of rehabilitation nursing, as well as your extraordinary commitment to patient care.

Steps to Certification

1. **Eligibility**: Current RN licensure and time of practice
2. **Verification of Experience**: References
3. **Deadlines and Fees**
    a. The deadline for December 2025 testing has already passed
    b. Next test window is June 1-30, 2026
    c. Deadline to apply is April 15, 2026
    d. Late Deadline is May 1, 2026 and $100 extra in fees
4. **Fees**
    a. ARN Member $300
    b. Non ARN Member 460
    c. Late fees $100

Steps to Certification

5. **Review the CRRN Candidate Handbook and Apply:**

   https://rehabnurse.org/uploads/certification/2025_CRRN_handbook.pdf

6. **Choose in-home proctored exam or onsite location exam**

7. **Prepare for and Take the Exam**

Recertification

Recertification takes place every 5 years in June or December. Requirements are an unrestricted license, at least 1000 hours of practice, and 60 units of credit within the 5 year recertification period

What’s in the Exam

Domain I: Nursing Models and Theories (8%): focuses on the theoretical foundations of rehabilitation nursing, which form the framework for providing patient-centered care.

Domain II: Functional Health Patterns (53%): covering theories, physiology, assessment, and intervention for individuals with injuries, chronic illnesses, and disabilities across the lifespan, including neurological, musculoskeletal, cardiopulmonary, skin, bowel, and psychosocial considerations.

Domain III: The Function of the Rehabilitation Team and Transitions of Care (12%): assesses a rehabilitation nurse's ability to work effectively with the interdisciplinary team and help patients transition from the rehabilitation setting back into the community

Domain IV: Legislative, Economic, Ethical, and Legal Issues (27%): tests a nurse's knowledge of the regulations, ethical considerations, and legal requirements that govern rehabilitation nursing practice.

Test Taking Tips: Before

- Study Smart, not just hard
- Know the test format
- Practice!
- Take care of yourself
- Arrive early

Test Taking Tips: During

- Read the directions and EACH questions completely before answering
- Answer easy questions first, then go back to harder ones
- Manage your time
- Use the process of elimination
- Look for keywords
- Don’t leave any questions unanswered
- Review if you have time

Dealing with Anxiety

- Practice relaxation techniques
- Use positive self-talk
- Focus on your breathing

Resources

ARN provides self-study packages which include materials, videos, practice exams, resources, study guides, and virtual live course packages that include instructor-led sessions as well as the basic self-study packages included

Medbridge Education Center offers clinical videos on subject sections and practice exams/questions

Mometrix offers an online prep course with digital flashcards and practice questions

CRRN Practice Questions

Question 1: Neurological Rehabilitation

A patient with a T12 spinal cord injury has a flaccid bowel. Which of the following bowel management techniques is MOST appropriate?

A. Digital stimulation

B. High-fiber diet only

C. Scheduled suppository use

D. Manual evacuation

Correct Answer: D. Manual evacuation

Rationale: A flaccid (lower motor neuron) bowel results from injuries at or below T12 and typically involves loss of external anal sphincter tone. Manual evacuation is the most effective strategy, as reflex activity is absent. Digital stimulation is appropriate for an UMN (spastic) bowel.

Question 2: Neurological Rehabilitation

A 45-year-old male with a T4 spinal cord injury develops a pounding headache, bradycardia, and hypertension. What is the **first** nursing action?

A. Call the provider immediately

B. Check the urinary catheter for kinks

C. Administer antihypertensives as prescribed

D. Place the patient in Trendelenburg position

Correct Answer: B. Check the urinary catheter for kinks

Rationale:

This patient is likely experiencing **autonomic dysreflexia**, a medical emergency common in SCI patients with injuries above T6. The **first step** is to remove the noxious stimulus—commonly a **distended bladder** due to a kinked catheter.

Question 3: Stroke Rehabilitation

A patient with a recent right-hemisphere stroke exhibits **left-sided neglect**. What is the **most appropriate** nursing intervention?

A. Encourage the patient to scan the left side

B. Place all items on the right side

C. Restrain the left arm to prevent injury

D. Perform all care on the left side only

Correct Answer: A. Encourage the patient to scan the left side

Rationale:

Left-sided neglect is common after right hemisphere strokes. Promoting **visual scanning to the affected side** helps improve awareness and supports neuroplasticity.

Question 4: Bowel Management in SCI

Which medication is most appropriate to **stimulate peristalsis** in a patient with an **upper motor neuron (UMN) bowel**?

A. Docusate sodium

B. Bisacodyl suppository

C. Psyllium

D. Loperamide

Correct Answer: B. Bisacodyl suppository

Rationale:

UMN bowel syndromes involve **reflex bowel emptying**, and **stimulant suppositories** like bisacodyl trigger peristalsis via local irritation, making them effective.

Question 5: Patient Education in Rehabilitation

Which statement indicates that a patient with a new colostomy needs **further teaching**?

A. "I'll avoid foods that cause gas, like beans."

B. "I can swim after my stoma heals."

C. "I'll use soap and water to clean around the stoma."

D. "I should irrigate my stoma daily to prevent odor."

Correct Answer: D. "I should irrigate my stoma daily to prevent odor."

Rationale:

Not all colostomies require **daily irrigation**—it depends on the type and location. The **goal of irrigation** is regularity, not specifically odor prevention. This indicates a misunderstanding.

Question 6: Rehab Concepts – Family & Psychosocial Adaptation

A 28-year-old patient with a recent C6 spinal cord injury expresses anger and refuses to participate in therapy. The nurse recognizes this behavior is most consistent with:

A. Manipulation to avoid treatment

B. Poor prognosis for recovery

C. A normal stage of the grieving process

D. Signs of major depressive disorder

Correct Answer: C. A normal stage of the grieving process

Rationale:

After a traumatic injury, patients often go through **Kubler-Ross stages of grief** (denial, anger, bargaining, depression, acceptance). **Anger** is common and should be recognized as a **normal psychological response** rather than resistance or manipulation.

Question 7: Ethical, Legal, and Professional Practice

You are assigned to a patient who insists on using complementary therapies such as acupuncture and herbal supplements alongside their rehabilitation plan. Which is the **most appropriate nursing response**?

A. Discourage this approach as it lacks scientific support
B. Notify the provider and instruct the patient to stop all supplements
C. Document the therapies and assess for interactions or safety risks
D. Inform the patient that alternative therapies are not allowed in the facility

Correct Answer: C. Document the therapies and assess for interactions or safety risks

Rationale:

Respecting patient autonomy includes supporting safe integration of **complementary and alternative medicine (CAM)** when appropriate. The nurse's role includes **assessment, documentation, and patient education**, not outright dismissal of their preferences.

Correct Answer: C. Document the therapies and assess for interactions or safety risks

Rationale:

Respecting patient autonomy includes supporting safe integration of **complementary and alternative medicine (CAM)** when appropriate. The nurse's role includes **assessment, documentation, and patient education**, not outright dismissal of their preferences.

Correct Answer: A. Apply a hydrocolloid dressing and offload pressure

Rationale:

Stage 2 pressure injuries involve **partial-thickness skin loss**. A **moisture-retentive dressing** (like hydrocolloid) and **offloading** are the first-line treatment. Systemic antibiotics and debridement are not indicated unless there's infection or necrosis. Repositioning should occur **at least every 2 hours**.

Question 9: Bladder Management in SCI

Which bladder management technique is **most appropriate** for a male patient with an upper motor neuron (reflex) bladder following a T6 SCI?

A. Indwelling Foley catheter

B. Condom catheter with timed voiding

C. Crede maneuver and Valsalva technique

D. Intermittent catheterization every 4–6 hours

Correct Answer: D. Intermittent catheterization every 4–6 hours

Rationale:

For UMN (reflex) bladder, **intermittent catheterization** is the **preferred method** to prevent urinary retention and infection, promoting independence and reducing complications. Crede and Valsalva are typically used for **LMN (flaccid)** bladder types.

Thank you for Attending!

Please complete the Survey before leaving!