

Certified Rehabilitation Registered Nurse (CRRN) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What occurs when the sympathetic stimulation affects the detrusor muscle of the bladder?**
 - A. Relaxation of the bladder neck**
 - B. Contraction of the bladder wall**
 - C. Relaxation of the bladder wall**
 - D. Relation of the external sphincter**

- 2. What best defines a contracture?**
 - A. Lengthening of muscle fibers**
 - B. Adhesion formation**
 - C. Shortening of muscle fibers**
 - D. Inflammation of muscle tissue**

- 3. How should a patient with dysphagia and hemiplegia be positioned during meals?**
 - A. Leaning back comfortably**
 - B. Sitting upright at 90 degrees, leaning slightly forward**
 - C. Reclined with a pillow**
 - D. Flat on their back**

- 4. What primary aspect of nursing theory does Sister Calista Roy focus on?**
 - A. Learning and motivation**
 - B. Adaptation and coping**
 - C. Systems theory**
 - D. Physics application**

- 5. What is crucial for ensuring effective patient communication in a rehabilitation setting?**
 - A. Active listening skills**
 - B. Use of medical jargon**
 - C. Standardized communication protocols**
 - D. Frequent interruption to clarify points**

6. What should a patient post-myocardial infarction be advised regarding travel?

- A. Use two small suitcases instead of one large suitcase**
- B. Travel only by train**
- C. Have a medical clearance before traveling**
- D. Take frequent breaks every hour**

7. What is anosognosia?

- A. A form of emotional distress**
- B. A type of physical therapy**
- C. A neglect where a patient fails to recognize paralysis**
- D. A cognitive behavioral issue**

8. The most effective bowel retraining program is one in which bowel movements are consistently scheduled:

- A. Every hour**
- B. 15-30 minutes after a meal**
- C. Twice a day**
- D. Once a week**

9. Which therapeutic approach focuses on restoring function and independence?

- A. Occupational therapy**
- B. Speech therapy**
- C. Physical therapy**
- D. Recreational therapy**

10. Which condition is associated with autonomous areflexic bladder dysfunction?

- A. Involvement of only sensory components of the spinal cord**
- B. Involvement of motor components without sensory components**
- C. Involvement of both motor and sensory components of the sacral segments of the spinal cord**
- D. Involvement of cervical spinal segments**

Answers

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1. C
2. C
3. B
4. B
5. A
6. A
7. C
8. B
9. A
10. C

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Explanations

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1. What occurs when the sympathetic stimulation affects the detrusor muscle of the bladder?

- A. Relaxation of the bladder neck**
- B. Contraction of the bladder wall**
- C. Relaxation of the bladder wall**
- D. Relation of the external sphincter**

The sympathetic stimulation primarily influences the detrusor muscle of the bladder by promoting relaxation of the bladder wall. This is a critical aspect of the body's response to stress or emergency situations, as it allows the bladder to fill more effectively without interference from contractions of the detrusor muscle. When the sympathetic nervous system is activated, adrenaline is secreted, which leads to a decrease in activity of the detrusor muscle, enabling the bladder to store urine until a more opportune time for voiding. This is an essential function that contributes to bladder control and urinary continence, especially during times when immediate urination is not possible or practical. Other options might imply different actions of the bladder, but the focus is specifically on how sympathetic stimulation modulates the activity of the detrusor muscle in this context.

2. What best defines a contracture?

- A. Lengthening of muscle fibers**
- B. Adhesion formation**
- C. Shortening of muscle fibers**
- D. Inflammation of muscle tissue**

A contracture is defined as the shortening of muscle fibers, which leads to a reduction in the range of motion in the affected joint. This phenomenon often occurs as a result of prolonged immobility, injury, or certain medical conditions that limit muscle use. When muscle fibers shorten, they become less flexible and can make it difficult for a joint to move freely. This is why physical therapy and rehabilitation strategies often focus on stretching and strengthening exercises to prevent or manage contractures. In contrast, the other options describe different physiological processes. Lengthening of muscle fibers does not apply to contractures, as it refers to increased flexibility and extension rather than shortening. Adhesion formation relates to the development of fibrous tissue that can restrict movement, but it is not synonymous with contractures. Lastly, inflammation of muscle tissue pertains to conditions like myositis but does not directly define the muscle shortening aspect of contractures. Understanding these distinctions helps clarify the specific nature of contractures in a rehabilitation context.

3. How should a patient with dysphagia and hemiplegia be positioned during meals?

- A. Leaning back comfortably**
- B. Sitting upright at 90 degrees, leaning slightly forward**
- C. Reclined with a pillow**
- D. Flat on their back**

For a patient with dysphagia and hemiplegia, the most suitable positioning during meals is sitting upright at 90 degrees, leaning slightly forward. This position helps facilitate safer swallowing by allowing gravity to assist in the movement of food down the esophagus. By sitting upright, the patient can better control their swallowing mechanism and reduce the risk of aspiration, which is a serious concern in individuals with dysphagia. Leaning slightly forward further assists in directing the food toward the throat, making swallowing more efficient and safe. This position also encourages alertness and engagement during mealtimes, which is beneficial for both the patient's safety and overall dining experience. Proper positioning is crucial for patients with these challenges to minimize the risk of complications and promote nutrition intake effectively.

4. What primary aspect of nursing theory does Sister Calista Roy focus on?

- A. Learning and motivation**
- B. Adaptation and coping**
- C. Systems theory**
- D. Physics application**

Sister Calista Roy's focus on adaptation and coping is foundational to her adaptation model of nursing. This model emphasizes how individuals adapt to changes in their environment, which can include physical, emotional, or social challenges. Roy proposes that health is influenced by the individual's ability to adapt to these changes, and nursing's role is to support patients in their adaptation processes. This involves assessing how well patients cope with stressors and devising interventions to enhance their adaptive capabilities. The importance of adaptation in Roy's theory links closely with nursing practice as it encourages a holistic approach to patient care. The model not only considers the physical aspects of health but also how psychological and social factors contribute to an individual's overall well-being. By focusing on the mechanisms of adaptation and coping, nurses can provide more personalized care that meets the diverse needs of their patients. In this way, the emphasis on adaptation and coping is a distinctive and vital aspect of Sister Calista Roy's nursing theory.

5. What is crucial for ensuring effective patient communication in a rehabilitation setting?

- A. Active listening skills**
- B. Use of medical jargon**
- C. Standardized communication protocols**
- D. Frequent interruption to clarify points**

Active listening skills are essential for effective patient communication in a rehabilitation setting because they allow the healthcare professional to fully engage with the patient, understand their concerns, and respond appropriately. This involves not just hearing what the patient is saying, but also demonstrating empathy, providing feedback, and ensuring that the patient feels heard and valued. By practicing active listening, nurses can build a trusting relationship with their patients, which is particularly important in rehabilitation, as patients often share personal struggles and may be vulnerable during their recovery process. In contrast, the use of medical jargon can create barriers to understanding for patients, leading to confusion and anxiety about their treatment. Standardized communication protocols can be beneficial, but they may not always account for the unique circumstances of every patient or foster a personal connection. Frequent interruption to clarify points can disrupt the flow of conversation and might make patients feel sidelined or misunderstood, therefore hindering effective communication rather than enhancing it. Active listening, therefore, stands out as the foundation for fostering open and effective dialogue with patients.

6. What should a patient post-myocardial infarction be advised regarding travel?

- A. Use two small suitcases instead of one large suitcase**
- B. Travel only by train**
- C. Have a medical clearance before traveling**
- D. Take frequent breaks every hour**

The recommendation for a patient post-myocardial infarction to have medical clearance before traveling is critical for ensuring their safety and health during travel. Following a myocardial infarction, it is essential for patients to undergo evaluation by their healthcare provider to assess their current health status, risk factors, and ability to handle the stress of travel. This medical assessment can help identify any precautions or adjustments needed, such as medications to bring along or recommendations for travel duration and mode. While having a smaller luggage may be convenient, it doesn't address the specific health considerations necessary for a patient recovering from a myocardial infarction. In fact, frequent breaks, safe modes of transportation, and medical clearance are all more directly relevant to ensuring a safe travel experience, as they relate to managing potential health risks and exertion levels. Therefore, obtaining medical clearance stands out as the most appropriate guidance for ensuring a safe travel experience post-myocardial infarction.

7. What is anosognosia?

- A. A form of emotional distress
- B. A type of physical therapy
- C. A neglect where a patient fails to recognize paralysis**
- D. A cognitive behavioral issue

Anosognosia refers specifically to the condition in which a person is unaware of their own disability or illness, particularly in cases of neurological impairments such as paralysis. For example, a patient with a stroke affecting one side of their body may not acknowledge or recognize that they have lost the ability to move that side. This lack of awareness can significantly impact rehabilitation and treatment plans, as the individual may not participate fully in their recovery process because they do not acknowledge the impairment. The other choices, while they touch on related topics, do not accurately define anosognosia. Emotional distress can occur after someone recognizes their condition, but it doesn't pertain to the lack of awareness that characterizes anosognosia. Physical therapy refers to the treatment aimed at improving physical function, which is not a definition of anosognosia. Cognitive behavioral issues typically involve challenges related to thought processes and behaviors, and while these can be a part of a broader cognitive impairment, they do not specifically capture the essence of anosognosia. Therefore, recognizing anosognosia is crucial for effective nursing care, as understanding a patient's level of awareness can help tailor interventions to facilitate their rehabilitation.

8. The most effective bowel retraining program is one in which bowel movements are consistently scheduled:

- A. Every hour
- B. 15-30 minutes after a meal**
- C. Twice a day
- D. Once a week

A bowel retraining program is designed to establish a regular pattern for bowel movements, which can be especially important for individuals who experience issues such as incontinence or irregular bowel habits. The most effective time to schedule these bowel movements is typically 15-30 minutes after a meal. This is due to the gastrocolic reflex, which is a natural physiological response that prompts the colon to contract and move its contents in reaction to food entering the stomach. Scheduling bowel movements during this window takes advantage of this reflex, which can help promote consistency and facilitate better outcomes for the individual. Scheduling bowel movements every hour may lead to unnecessary stress and discomfort, potentially resulting in a negative experience with bowel training. Scheduling them twice a day could be effective for some, but it may not provide the optimal timing to maximize the body's natural signals. Once a week is infrequent and unlikely to establish a reliable pattern, making it ineffective for retraining the bowel. Therefore, aligning the bowel retraining schedule to occur shortly after meals is the most advantageous approach for fostering consistency and effectiveness in bowel management.

9. Which therapeutic approach focuses on restoring function and independence?

- A. Occupational therapy**
- B. Speech therapy**
- C. Physical therapy**
- D. Recreational therapy**

Occupational therapy is centered on enabling individuals to regain their independence and functional abilities in daily activities. This therapeutic approach involves assessing a person's daily tasks, such as self-care, work, and leisure activities, and developing targeted strategies to improve their performance and capacity to perform these tasks. The focus is not only on physical abilities but also on cognitive, psychosocial, and environmental factors that may impact a person's function. In occupational therapy, practitioners utilize various techniques and adaptive equipment to help individuals with injuries, disabilities, or chronic conditions. This could involve teaching them new ways to perform tasks, modifying their environment to facilitate easier access and usability, and providing support to help them navigate challenges in their daily lives. While other therapies like speech therapy, physical therapy, and recreational therapy also aim to improve certain functions, they have different focal points. Speech therapy primarily addresses communication and swallowing disorders, while physical therapy is mainly concerned with enhancing physical mobility and strength. Recreational therapy focuses on using leisure activities to improve overall well-being and social interaction. Each approach is valuable, but occupational therapy is specifically designed to promote functional independence in everyday life, making it the most suitable answer for this question.

10. Which condition is associated with autonomous areflexic bladder dysfunction?

- A. Involvement of only sensory components of the spinal cord**
- B. Involvement of motor components without sensory components**
- C. Involvement of both motor and sensory components of the sacral segments of the spinal cord**
- D. Involvement of cervical spinal segments**

Autonomous areflexic bladder dysfunction is typically associated with the involvement of both motor and sensory components of the sacral segments of the spinal cord. This condition occurs when there is a disruption in the normal neural pathways that control bladder function. In autonomous areflexic bladder dysfunction, the bladder does not respond to stimuli in a typical manner because the reflex arc involving sensory input from the bladder to the spinal cord and the motor output from the spinal cord to the bladder is interrupted. Specifically, damage to the sacral segments affects the neural circuits responsible for both feeling when the bladder is full (sensory components) and the ability to initiate bladder contraction (motor components), leading to a condition where the bladder can fill but cannot empty effectively or reflexively. Understanding this connection helps in grasping the importance of functional anatomy in relation to bladder disorders, especially in rehabilitation nursing, where managing bladder function is vital for patient quality of life.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://crrn.examzify.com>

We wish you the very best on your exam journey. You've got this!

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