Certified Stroke Rehabilitation Specialist (CSRS) Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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

1. Which strategy is not recommended for patients with Pusher Syndrome?

A. Using assistive devices

B. Providing verbal cues for self-correction

C. Incidental training in supine position

D. Cues to facilitate trunk elongation

2. How does cognitive understanding affect performance in apraxia?

A. It enhances emotional responses during activities

B. It allows for better emotional control

C. It does not impact performance at all

D. It plays a significant role in movement execution

3. What does the vestibular system contribute to?

A. Vision enhancement

B. Information about motion and spatial orientation

C. Coordination of respiratory functions

D. Management of muscle repair

4. Which of the following conditions is most frequently associated with hemiplegic shoulder pain?

A. Arthritis

B. Glenohumeral subluxation

C. Rotator cuff tear

D. Tendinitis

5. Which of the following describes ideational apraxia?

A. Difficulty sequencing tasks

B. Inability to execute movements on command

C. Unawareness of one's own deficits

D. Difficulty with muscle control

6. Which shoulder position should be assessed first during examination?

A. Scapula position

B. Humerus alignment

C. Elbow placement

D. Wrist position

7. What is the primary cause of intracerebral hemorrhage (ICH)?

A. Trauma

B. Hypertension

C. Arteriosclerosis

D. Embolism

8. What percentage of stroke patients are reported to exhibit some level of depression?

A. 10-20%

B. 20-30%

C. 30-40%

D. 50-60%

9. Which type of stroke typically results in sudden onset during strenuous activity?

A. Intracerebral Hemorrhage

B. Subarachnoid Hemorrhage

C. Thrombotic Stroke

D. Lacunar Stroke

10. How often and long should mirror therapy be performed according to stroke rehabilitation guidelines?

A. Five times a week for 60 minutes

B. Once daily for at least 10 minutes

C. Three times a week for 30 minutes

D. Twice daily for 15 minutes

Answers

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

Explanations

1. Which strategy is not recommended for patients with Pusher Syndrome?

A. Using assistive devices

B. Providing verbal cues for self-correction

C. Incidental training in supine position

D. Cues to facilitate trunk elongation

Incidental training in the supine position is not recommended for patients with Pusher Syndrome because this condition is characterized by a reluctance to align with gravity and is typically associated with a strong inclination to push away from the non-affected side. When patients are positioned supine, their awareness of their body's orientation in relation to gravity is reduced. This can hinder their ability to self-correct and does not effectively engage them in the required rehabilitation activities that promote balance and posture against gravitational forces. In contrast, other strategies, such as the use of assistive devices, verbal cues for self-correction, and cues to facilitate trunk elongation, are beneficial and often necessary for patients with Pusher Syndrome. These approaches emphasize active participation and awareness, which are critical in helping patients adjust their body positioning appropriately and regain functional independence.

2. How does cognitive understanding affect performance in apraxia?

A. It enhances emotional responses during activities

B. It allows for better emotional control

C. It does not impact performance at all

D. It plays a significant role in movement execution

Cognitive understanding plays a significant role in movement execution, especially for individuals with apraxia. Apraxia is a motor disorder that stems from an inability to plan and execute coordinated movements, often due to neurological conditions. When individuals have a clear cognitive understanding of the tasks they are expected to perform, it enables them to better plan and anticipate movements, enhancing their ability to execute those movements. In apraxia, where the challenge lies in translating cognitive intentions into physical actions, having a solid grasp of the task can significantly reduce the barriers to effective performance. This understanding can lead to improved sequencing, timing, and coordination of movements, as individuals are more likely to visualize and mentally rehearse the actions they need to take. Thus, cognitive understanding directly influences their capability to perform tasks that may otherwise be hindered by the disorder. The other options do not directly relate to the core issue of movement execution in apraxia. While emotional responses and control are important in rehabilitation, they do not specifically address the mechanics of movement and task performance as influenced by cognitive understanding. Additionally, stating that cognitive understanding has no impact on performance overlooks the crucial link between cognition and motor function in individuals with apraxia.

3. What does the vestibular system contribute to?

A. Vision enhancement

B. Information about motion and spatial orientation

C. Coordination of respiratory functions

D. Management of muscle repair

The vestibular system primarily contributes information about motion and spatial orientation. It plays a crucial role in helping individuals maintain balance, stabilize their gaze during head movements, and navigate their environment effectively. The vestibular system achieves this through sensory receptors located in the inner ear that detect changes in head position and movement. This information is then integrated with visual and proprioceptive cues, allowing the brain to create a coherent understanding of one's orientation in space. While other systems may play roles in vision, respiratory functions, or muscle repair, these are not directly related to the primary functions of the vestibular system. Vision enhancement typically involves visual processing areas rather than the vestibular function. Coordination of respiratory functions is managed by the brainstem and other centers dedicated to respiratory control. Management of muscle repair is largely a physiological response involving different biological mechanisms unrelated to the vestibular system's primary responsibilities. Thus, the correct understanding of the vestibular system's role highlights its essential contribution to motion perception and spatial orientation.

4. Which of the following conditions is most frequently associated with hemiplegic shoulder pain?

A. Arthritis

B. Glenohumeral subluxation

C. Rotator cuff tear

D. Tendinitis

The condition most frequently associated with hemiplegic shoulder pain is glenohumeral subluxation. In individuals who have suffered a stroke and exhibit hemiplegia, the muscles that stabilize the shoulder joint on the affected side may become weak or flaccid. This weakness can lead to instability in the glenohumeral joint, allowing the head of the humerus to move out of its normal position or subluxate, which can result in pain and discomfort. This subluxation is a common complication in post-stroke patients, affecting their ability to perform daily activities and contributing to long-term disability. The presence of this instability causes stretching and irritation of the surrounding soft tissues, contributing to pain levels experienced in hemiplegic individuals. While other conditions such as arthritis, rotator cuff tears, and tendinitis can occur in the shoulder, especially in a person with a history of immobility or altered biomechanics, they are not as directly linked to the post-stroke phenomenon of weakened shoulder stabilization that leads to subluxation. Thus, glenohumeral subluxation stands out as the most frequent source of pain in individuals experiencing hemiplegia.

5. Which of the following describes ideational apraxia?

A. Difficulty sequencing tasks

B. Inability to execute movements on command

C. Unawareness of one's own deficits

D. Difficulty with muscle control

Ideational apraxia is characterized by difficulties with the sequencing of tasks or activities, where individuals struggle to conceptualize or plan the necessary steps to complete a specific action or perform a multi-step task. This type of apraxia indicates a disruption in the cognitive processes behind movement rather than in the physical ability to perform the movement itself. Individuals may correctly execute individual components of an action but fail to organize them into the appropriate sequence or context for the task at hand. The other options highlight different aspects of performance and function that do not accurately describe ideational apraxia. Inability to execute movements on command relates more to ideomotor apraxia, where a person understands what is being asked but cannot perform the action. Unawareness of one's own deficits aligns with conditions such as anosagnosia, not apraxia specifically. Difficulty with muscle control refers to motor issues, which are not the focus of ideational apraxia, as it concerns the planning and execution of movements rather than the physical ability to control those movements.

6. Which shoulder position should be assessed first during examination?

A. Scapula position

B. Humerus alignment

C. Elbow placement

D. Wrist position

Assessing the scapula position first during shoulder examination is crucial as it serves as the foundation for overall shoulder mechanics. The scapula is integral in stabilizing the shoulder joint and plays a significant role in arm movement and function. Evaluating the scapular position allows clinicians to identify any abnormalities or dysfunctions that may impact the humerus alignment and overall shoulder movement. When the scapula is positioned correctly, it ensures that the surrounding muscles can function effectively, which is vital for rehabilitation following a stroke. Misalignment or poor positioning of the scapula can lead to compensatory patterns that may affect the entire kinematic chain, impacting the humerus and potentially leading to secondary complications such as shoulder pain or impingement. In contrast, focusing solely on the alignment of the humerus, elbow, or wrist without first assessing the scapula would neglect the primary stabilizer of the shoulder complex. Understanding the position of the scapula can guide further examination and interventions for improving the patient's shoulder function and range of motion.

7. What is the primary cause of intracerebral hemorrhage (ICH)?

A. Trauma

B. Hypertension

C. Arteriosclerosis

D. Embolism

Hypertension is recognized as the primary cause of intracerebral hemorrhage (ICH). Chronic high blood pressure can lead to the weakening of small blood vessels in the brain, making them more susceptible to rupture. This rupturing results in bleeding directly into the brain tissue, which can cause significant damage to neural structures and lead to various neurological deficits. Understanding the connection between hypertension and ICH is critical, as managing blood pressure through lifestyle modifications and medication can significantly reduce the risk of hemorrhagic strokes. While trauma and conditions like arteriosclerosis and embolism can contribute to strokes, they are not the leading cause of ICH. Trauma refers to external damage that may cause bleeding, while arteriosclerosis involves the hardening of the arteries, which primarily contributes to ischemic strokes rather than hemorrhagic events. Embolism involves a blockage in blood vessels typically leading to ischemia rather than hemorrhage. Hence, hypertension remains the most significant and preventable risk factor for intracerebral hemorrhage.

8. What percentage of stroke patients are reported to exhibit some level of depression?

A. 10-20%

B. 20-30%

C. 30-40%

D. 50-60%

The correct percentage of stroke patients who exhibit some level of depression is typically reported in the range of 30-40%. This statistic reflects the psychological impact that stroke can have on individuals, as many patients experience changes in their mental health following a stroke due to the abruptness of the event, the physical limitations they may face, and the emotional upheaval associated with recovery. Research consistently indicates that approximately one-third of stroke survivors will experience symptoms of depression. This figure encompasses a variety of depressive disorders, from situational depression due to the stroke experience to more chronic forms of depression. Recognizing this trend is crucial for healthcare providers, as it highlights the importance of monitoring mental health in stroke rehabilitation and implementing appropriate interventions to support psychological well-being during recovery.

9. Which type of stroke typically results in sudden onset during strenuous activity?

A. Intracerebral Hemorrhage

B. Subarachnoid Hemorrhage

C. Thrombotic Stroke

D. Lacunar Stroke

The type of stroke that typically results in a sudden onset during strenuous activity is a subarachnoid hemorrhage. This kind of stroke involves bleeding in the space between the brain and the tissue covering it, often associated with the rupture of an aneurysm. Sudden physical exertion, such as during heavy lifting or vigorous exercise, can lead to elevated blood pressure and subsequently trigger the rupture of an aneurysm, resulting in a sudden onset of severe headache and other neurological symptoms. In contrast, intracerebral hemorrhage may also occur suddenly but is more often linked to chronic hypertension than to acute physical activity. Thrombotic strokes usually develop more gradually, as they involve a clot that forms in the blood vessels in the brain, and lacunar strokes tend to develop over time due to small vessel disease affecting deep brain structures. These conditions do not typically present with the abrupt onset tied to strenuous activity that characterizes subarachnoid hemorrhage.

10. How often and long should mirror therapy be performed according to stroke rehabilitation guidelines?

A. Five times a week for 60 minutes

B. Once daily for at least 10 minutes

C. Three times a week for 30 minutes

D. Twice daily for 15 minutes

Mirror therapy has been established as an effective treatment technique in stroke rehabilitation, particularly for addressing motor deficits resulting from hemiparesis. According to rehabilitation guidelines, the recommended frequency and duration of mirror therapy is once daily for at least 10 minutes. This approach allows patients to engage with the unaffected limb while observing its reflection in a mirror that replaces the affected limb. This visual feedback can help activate neural pathways associated with movement and perception, facilitating improvements in motor function over time. Conducting the therapy daily, rather than with greater frequency or duration, ensures consistency without overwhelming patients, which can lead to fatigue or decreased motivation. The focus on a minimum of 10 minutes balances effectiveness with feasibility, making the therapy accessible and sustainable for individuals in recovery. Other options suggest either longer durations or different frequencies, which may not align with the most current evidence supporting optimal engagement without causing undue stress on the patient. Adhering to the established guideline of performing mirror therapy once daily for at least 10 minutes promotes the best outcomes in stroke rehabilitation.

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://strokerehabspecialist.examzify.com

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