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

Study Guide

BY EXAMZIFY

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

1. What type of aphasia includes impaired verbal and math skills, often associated with left stroke?

A. Global aphasia

B. Receptive aphasia

C. Expressive aphasia

D. Alexia

2. In the context of CIMT, what is the main objective of a behavioral contract?

A. To reduce patient attendance

B. To set treatment expectations and goals

C. To limit home exercises

D. To encourage dependence on therapists

3. During gait evaluation, which contraction type is primarily responsible for deceleration?

A. Eccentric contraction

B. Isometric contraction

C. Concentric contraction

D. Static contraction

4. What is the maximum stretch of kinesiology tape before application?

A. 100% of its original length

B. 120% of its original length

C. 140% of its original length

D. 160% of its original length

5. Which principle does NOT contribute to adaptive plasticity?

A. Age matters

B. Rest is essential

C. Time matters

D. Specificity

6. Which type of ischemic stroke accounts for 48% of all strokes?

A. Embolic Stroke

B. Thrombotic Stroke

C. Lacunar Stroke

D. Subarachnoid Hemorrhage

7. The temporal lobe is primarily responsible for receiving which type of sensory information?

A. Visual

B. Auditory

C. Olfactory

D. Gustatory

8. What is dendritic arborization?

A. The growth of additional branches on axons or dendrites

B. The formation of new synapses between neurons

C. The breakdown of unused neural pathways

D. The increase in myelination of neurons

9. Which symptom is NOT typically associated with a lacunar stroke?

A. Pure sensory or motor symptoms

B. High cognitive impairment

C. Gradual or sudden onset

D. No higher cortical function involved

10. What is the primary characteristic of peripersonal neglect?

A. Neglecting far space objects

B. Ignoring one side of the body

C. Narrow focus only on the right side

D. Neglecting objects within arm's length

Answers

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

Explanations

1. What type of aphasia includes impaired verbal and math skills, often associated with left stroke?

A. Global aphasia

B. Receptive aphasia

C. Expressive aphasia

D. Alexia

Global aphasia is characterized by significant impairments in both expressive and receptive language skills due to extensive damage in the language-dominant hemisphere of the brain, typically following a left hemisphere stroke. This condition affects a person's ability to speak, understand speech, read, and write, leading to a profound impact on their communication skills. In addition to verbal skills, individuals with global aphasia may also experience difficulties with mathematical abilities, as these functions are often interrelated within the same neural networks in the brain. The broad extent of the damage seen in global aphasia results in a more widespread disruption of cognitive and communicative processes. Other types of aphasia, such as expressive aphasia, primarily affect speech production, while receptive aphasia impacts comprehension but may leave some expressive abilities intact. Alexia specifically refers to difficulties in reading, which may occur in conjunction with other types of aphasia but does not encompass the full range of impairments seen in global aphasia. Therefore, the comprehensive nature of global aphasia aligns with the described symptoms of impaired verbal and math skills following a left stroke.

2. In the context of CIMT, what is the main objective of a behavioral contract?

A. To reduce patient attendance

B. To set treatment expectations and goals

C. To limit home exercises

D. To encourage dependence on therapists

The main objective of a behavioral contract in the context of Constraint-Induced Movement Therapy (CIMT) is to establish clear treatment expectations and goals for the patient. This approach is essential in fostering commitment from the patient, as it outlines their responsibilities and the expected outcomes of the therapy. By detailing the steps the patient needs to take and the goals they are aiming to achieve, the behavioral contract helps in creating a structured environment conducive to rehabilitation. When patients understand what is expected of them, it can enhance their motivation and adherence to the therapy, leading to better outcomes. The clarity provided by such contracts can also facilitate communication between the therapist and the patient, ensuring that both parties are aligned in their understanding of the therapeutic process. This is particularly important in CIMT, where patient engagement and participation are crucial for the success of the treatment.

3. During gait evaluation, which contraction type is primarily responsible for deceleration?

A. Eccentric contraction

B. Isometric contraction

C. Concentric contraction

D. Static contraction

The correct answer is that eccentric contraction plays a crucial role in deceleration during gait evaluation. Eccentric contractions occur when a muscle lengthens while generating force, which is essential in controlling movement and slowing down body segments. For instance, during walking, as a person prepares to place their foot on the ground, the quadriceps undergo eccentric contraction to decelerate the leg and control knee flexion. This mechanism helps stabilize the body and maintain balance, reducing the risk of falls. On the other hand, isometric contractions involve muscle activation without changing its length, mainly providing stability rather than controlling movement dynamics. Concentric contractions, which occur when a muscle shortens while generating force, are involved in accelerating movements rather than deceleration. Static contraction is not a recognized term in the context of muscle contractions in gait evaluation, further emphasizing that eccentric contraction is the one primarily responsible for the deceleration phase.

4. What is the maximum stretch of kinesiology tape before application?

A. 100% of its original length

B. 120% of its original length

C. 140% of its original length

D. 160% of its original length

The correct answer is that kinesiology tape should be stretched to a maximum of 140% of its original length before application. This stretching technique is crucial because it allows the tape to provide optimal support and resistance when applied to the skin. Kinesiology tape is designed to mimic the elasticity of human skin, so properly stretching it helps to ensure that it can effectively facilitate movement while reducing pain and supporting muscle function. Stretching the tape beyond this recommended limit (for example, to 160% of its original length) could compromise the adhesive properties, leading to premature failure of the tape or discomfort for the patient. Similarly, applying the tape with insufficient stretch (like 100% or even 120%) may not activate the full therapeutic benefits that kinesiology taping is intended to provide, such as enhanced circulation and support. Thus, adhering to the 140% stretch guideline balances effective application and patient comfort, making it the standard practice among practitioners.

5. Which principle does NOT contribute to adaptive plasticity?

A. Age matters

B. Rest is essential

C. Time matters

D. Specificity

Rest is considered essential for recovery and neuroplasticity, but in the context of adaptive plasticity, it can be seen as a principle that does not actively contribute to the processes involved in the brain's ability to reorganize and adapt after a stroke or injury. Adaptive plasticity is primarily facilitated by engaging the brain in meaningful activities and exercises that promote neurogenesis and synaptic strengthening. While rest may allow for recovery, the active principles that drive adaptive plasticity include factors like age (younger brains often demonstrate greater plasticity), the timing of interventions (early rehabilitation can enhance outcomes), and specificity (practicing specific tasks leads to improved functional recovery in those tasks). In contrast, rest, while necessary at certain points to avoid fatigue or overtraining, does not inherently promote the changes in brain structure and function that characterize adaptive plasticity. Hence, it is not a contributing principle in the same way that the other factors are.

6. Which type of ischemic stroke accounts for 48% of all strokes?

A. Embolic Stroke

B. Thrombotic Stroke

C. Lacunar Stroke

D. Subarachnoid Hemorrhage

Thrombotic stroke accounts for a significant proportion of ischemic strokes, specifically around 48% of all strokes. This type occurs when a blood clot forms in an artery that supplies blood to the brain, often resulting from atherosclerosis, where arteries are narrowed due to the buildup of fatty deposits. The clot blocks blood flow, leading to brain tissue damage in the affected area. Understanding the prevalence and characteristics of thrombotic strokes is crucial for developing effective prevention and treatment strategies. Recognizing that this type of stroke is primarily associated with underlying vascular disease emphasizes the importance of managing risk factors like hypertension, diabetes, and high cholesterol. In contrast, an embolic stroke, which occurs due to a clot that travels from another part of the body and lodges in a brain artery, accounts for a smaller portion. Lacunar strokes are related to small vessel diseases and are less common. Subarachnoid hemorrhage, while serious, refers to bleeding in the subarachnoid space and is not categorized as an ischemic stroke. Thus, the prominence of thrombotic strokes highlights their significant impact on the overall incidence of strokes.

7. The temporal lobe is primarily responsible for receiving which type of sensory information?

A. Visual

B. Auditory

C. Olfactory

D. Gustatory

The temporal lobe is primarily responsible for processing auditory information. This area of the brain contains the primary auditory cortex, which is critical for the perception and interpretation of sounds, including language, music, and environmental noises. Additionally, the temporal lobe plays a significant role in the processing of memory and emotion relating to auditory stimuli, making it essential for various cognitive functions associated with hearing. While the temporal lobe is also involved in other sensory processing, such as aspects of memory for smells and the processing of visual information to some extent, its primary function centers on auditory input. Therefore, recognizing the auditory role of the temporal lobe helps understand its importance in sensory perception and cognitive processing surrounding sound.

8. What is dendritic arborization?

A. The growth of additional branches on axons or dendrites

B. The formation of new synapses between neurons

C. The breakdown of unused neural pathways

D. The increase in myelination of neurons

Dendritic arborization refers to the growth of additional branches on dendrites, which are the tree-like extensions of neurons that receive signals from other neurons. This process is crucial for the development and plasticity of the nervous system, as it enhances the neuron's ability to form connections with other neurons. The increased branching allows for a greater surface area to receive synaptic inputs, facilitating complex neural networks and communication within the brain. In the context of rehabilitation and recovery, especially after events like a stroke, dendritic arborization is significant as it can contribute to the brain's ability to reorganize and form new neural connections, helping to compensate for lost functions. This process underscores the importance of engaging in therapies that stimulate the nervous system and encourage neuroplasticity. The other choices, while related to neural function, describe different processes. The formation of new synapses is an outcome of successful dendritic arborization but does not define it; the breakdown of unused neural pathways pertains to neural pruning, another aspect of brain development; and the increase in myelination relates to the insulation of axons, which facilitates faster signal transmission but does not involve dendritic growth.

9. Which symptom is NOT typically associated with a lacunar stroke?

A. Pure sensory or motor symptoms

B. High cognitive impairment

C. Gradual or sudden onset

D. No higher cortical function involved

A lacunar stroke is characterized by small, deep infarcts in the brain due to the occlusion of small penetrating arteries. The symptoms that arise from lacunar strokes tend to reflect damage to specific pathways in the brain, leading to motor or sensory deficits but generally sparing higher cognitive functions. The option indicating high cognitive impairment is correct because lacunar strokes typically do not involve large areas of brain responsible for higher cognitive processes. Symptoms often manifest as pure motor or sensory deficits, such as weakness or numbness, and these disturbances usually do not include significant cognitive decline. In fact, individuals post-lacunar stroke may retain intact cognitive abilities, especially when the stroke affects pure motor or sensory areas. The onset of symptoms in lacunar strokes can be sudden or sometimes insidiously gradual, which aligns with the rapid nature of blood supply interruption in small vessels. Higher cortical functions, such as complex thinking and problem-solving, remain relatively unharmed, which reinforces the distinct clinical presentation associated with lacunar strokes compared to larger strokes that may impact wider cerebral areas affecting cognition.

10. What is the primary characteristic of peripersonal neglect?

A. Neglecting far space objects

B. Ignoring one side of the body

C. Narrow focus only on the right side

D. Neglecting objects within arm's length

Peripersonal neglect primarily refers to the inability to perceive or respond to stimuli that are located within an individual's reach or immediate space, which is typically described as within arm's length. This condition is often observed in individuals who have suffered a stroke or brain injury, particularly affecting the right hemisphere, resulting in a neglect of objects to one side of their personal space. In the context of stroke rehabilitation, understanding this characteristic is crucial for implementing appropriate therapeutic interventions. By recognizing that individuals may not respond to stimuli or acknowledge objects that are close to them, rehabilitation specialists can tailor their approaches to encourage engagement and interaction with this space. This can include exercises that prompt the individual to reach for or manipulate objects located in their peripersonal area, thereby fostering awareness and recovery of function in that domain. Other potential options related to neglect in different contexts, such as far space neglect or ignoring one side of the body, do not encapsulate the specific focus on the peripersonal space that distinguishes this type of neglect.

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!