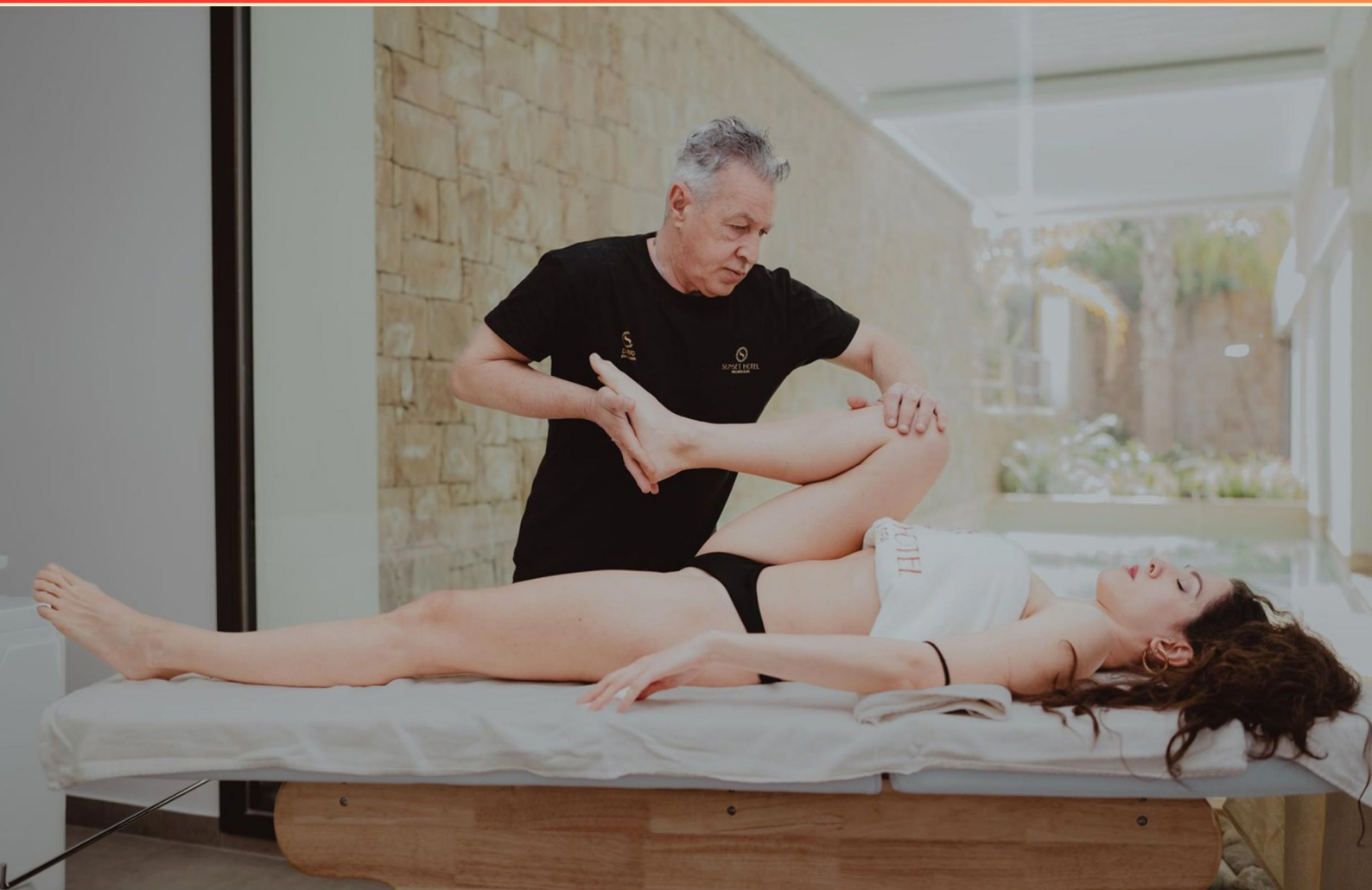


CERTIFIED STROKE REHABILITATION SPECIALIST (CSRS) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. Which of the following is considered a non-pharmacological intervention for post-stroke depression?**
 - A. Selective serotonin reuptake inhibitors
 - B. Cognitive Behavioral Therapy
 - C. Antidepressants
 - D. Tranquilizers
- 2. What is a significant risk factor associated with depression in stroke patients?**
 - A. Age-related factors
 - B. High physical activity levels
 - C. Similar factors to those of stroke
 - D. Social engagements
- 3. What is a common cause of stroke in the territory of the Posterior Cerebral Artery?**
 - A. Hypertension
 - B. Diabetes
 - C. Atherosclerosis
 - D. Trauma
- 4. What can result from significant left-sided neglect in stroke patients?**
 - A. Enhanced visual field
 - B. Increased awareness of personal grooming
 - C. Difficulty navigating crowded areas
 - D. Improved depth perception
- 5. Which visual test involves tracking a moving target with the eyes?**
 - A. Vertical Pursuits
 - B. Saccades
 - C. Smooth Pursuits
 - D. Focus Test

- 6. Which artery primarily supplies the anterior frontal lobe?**
- A. Middle Cerebral Artery
 - B. Posterior Cerebral Artery
 - C. Anatomical Cerebral Artery
 - D. Anterior Cerebral Artery
- 7. What is neuroplasticity primarily responsible for in stroke recovery?**
- A. Compensating for neural loss
 - B. Facilitating neural regeneration
 - C. Promoting brain structural changes
 - D. All of the above
- 8. What common factor increases the risk of CRPS in stroke patients?**
- A. Subluxation
 - B. Age
 - C. Comorbidities
 - D. Previous surgeries
- 9. Which shoulder position should be assessed first during examination?**
- A. Scapula position
 - B. Humerus alignment
 - C. Elbow placement
 - D. Wrist position
- 10. What is an appropriate tension guideline for light kinesiology taping?**
- A. 0-10%
 - B. 10-15%
 - C. 15-25%
 - D. 25-35%

Answers

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

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Explanations

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1. Which of the following is considered a non-pharmacological intervention for post-stroke depression?

- A. Selective serotonin reuptake inhibitors
- B. Cognitive Behavioral Therapy**
- C. Antidepressants
- D. Tranquilizers

Cognitive Behavioral Therapy (CBT) is recognized as a non-pharmacological intervention for post-stroke depression because it involves psychological techniques aimed at altering negative thought patterns and behaviors which contribute to depression. CBT focuses on helping individuals develop coping strategies and improve their emotional regulation through structured sessions with a trained therapist. This type of therapy is particularly beneficial for post-stroke patients, as it can be tailored to their specific experiences and challenges following a stroke, aiding in their recovery and improving their quality of life. In contrast, selective serotonin reuptake inhibitors, antidepressants, and tranquilizers are all pharmacological interventions. These medications address depression by altering brain chemistry, which may not be suitable for all patients due to potential side effects or contraindications, especially in individuals recovering from a stroke. Therefore, CBT stands out as a preferred non-drug-based approach for managing post-stroke depression and enhancing psychological well-being during the rehabilitation process.

2. What is a significant risk factor associated with depression in stroke patients?

- A. Age-related factors
- B. High physical activity levels
- C. Similar factors to those of stroke**
- D. Social engagements

A significant risk factor associated with depression in stroke patients is that they share similar risk factors with those that contribute to stroke itself. This includes underlying health conditions such as hypertension, diabetes, and heart disease, which not only increase the likelihood of having a stroke but also contribute to the development of depression in these patients. After experiencing a stroke, individuals may face emotional distress, loss of independence, and lifestyle changes that can exacerbate depressive symptoms. While age-related factors, physical activity levels, and social engagements can influence overall mental health and recovery, they do not directly highlight the interplay between the risk factors for stroke and depression as clearly as the shared factors do. Individuals with conditions that lead to stroke may also have diminished coping mechanisms, leading to a higher susceptibility to depression following their stroke event.

3. What is a common cause of stroke in the territory of the Posterior Cerebral Artery?

- A. Hypertension
- B. Diabetes
- C. Atherosclerosis**
- D. Trauma

Atherosclerosis is a common cause of stroke in the territory of the Posterior Cerebral Artery because this condition involves the buildup of fatty deposits (plaque) in the arteries, which can lead to narrowing or blockage of the blood vessels. When this blockage occurs in the arteries supplying blood to the posterior part of the brain, it can result in ischemic strokes, leading to significant neurological deficits. The Posterior Cerebral Artery is critical for providing blood to areas of the brain responsible for vision and other sensory information. Therefore, atherosclerosis, by reducing blood flow in this area, can have profound effects on visual perception and processing. While hypertension and diabetes are risk factors for atherosclerosis and can contribute to strokes in general, they do not directly cause strokes in the territory of the Posterior Cerebral Artery as specifically as atherosclerosis does. Trauma, while it can lead to stroke, is not a common or typical cause in this context compared to the progressive nature of atherosclerotic disease. Thus, atherosclerosis stands out as the primary pathological process leading to strokes specifically affecting the Posterior Cerebral Artery.

4. What can result from significant left-sided neglect in stroke patients?

- A. Enhanced visual field
- B. Increased awareness of personal grooming
- C. Difficulty navigating crowded areas**
- D. Improved depth perception

Significant left-sided neglect, often resulting from damage to the right hemisphere of the brain, can lead to challenges in various everyday situations. One prominent manifestation of this condition is difficulty navigating crowded areas. Individuals with left-sided neglect may be unaware of objects or people on their left side, which can make it particularly challenging to move through spaces where attentional demands are high, such as in crowded environments. They may bump into people or objects on their left, exhibit a lack of directional awareness, and have trouble effectively assessing their surroundings. In contrast, the other outcomes presented do not typically occur as a result of left-sided neglect. Enhanced visual field would suggest an improvement in vision or awareness, which contradicts the concept of neglect. Increased awareness of personal grooming would imply a heightened attention to self-care tasks, also unlikely in individuals with neglect as they may overlook these activities entirely on the affected side. Improved depth perception does not directly relate to left-sided neglect and may not necessarily improve; individuals can struggle with spatial awareness and depth considerations due to the neglect itself.

5. Which visual test involves tracking a moving target with the eyes?

- A. Vertical Pursuits
- B. Saccades
- C. Smooth Pursuits**
- D. Focus Test

The correct choice is smooth pursuits, which refers to the eye movement that allows an individual to track a moving target smoothly and steadily. This type of visual tracking is essential for daily activities, such as following a moving object or person without losing focus or requiring frequent abrupt eye movements. During a smooth pursuit test, individuals are typically asked to track a slowly moving object with their eyes, which can help assess the function of the oculomotor system and identify any impairments that may exist following a stroke. This skill involves the ability to maintain a constant gaze on a target as it moves across the visual field, which is vital for coordination and spatial awareness. The other options, while relating to eye movement, describe different mechanisms. Vertical pursuits focus specifically on tracking objects moving vertically, which is a narrower assessment than smooth pursuits, and does not capture the broader assessment of moving targets in any direction. Saccades refer to rapid, simultaneous movements of both eyes in the same direction, typically used for quick jumps between targets rather than tracking a single moving target smoothly. The focus test evaluates the ability to maintain visual accuracy on a stationary object rather than following a moving target, making it less relevant to this context. Consequently, smooth pursuits are the most appropriate choice for

6. Which artery primarily supplies the anterior frontal lobe?

- A. Middle Cerebral Artery
- B. Posterior Cerebral Artery
- C. Anatomical Cerebral Artery
- D. Anterior Cerebral Artery**

The anterior cerebral artery is primarily responsible for supplying blood to the anterior frontal lobe. This artery branches from the internal carotid artery and travels along the medial surface of the frontal lobe, providing essential oxygen and nutrients to this critical area of the brain. The anterior frontal lobe is involved in various higher cognitive functions, including decision-making, problem-solving, and emotional regulation. Therefore, maintaining an adequate blood supply through the anterior cerebral artery is vital for the optimal functioning of these processes. Other arteries, such as the middle cerebral artery and posterior cerebral artery, have different territories they supply in the brain. The middle cerebral artery primarily serves the lateral portions of the frontal and parietal lobes, which are crucial for motor and sensory functions. The posterior cerebral artery primarily supplies the occipital lobe and parts of the temporal lobe, involved in visual processing and memory, rather than directly impacting the anterior frontal lobe. The term "anatomical cerebral artery" is not commonly recognized in the context of brain vascular supply, making it an unsuitable choice. Understanding the vascular supply of the brain is crucial in stroke rehabilitation and recovery strategies.

7. What is neuroplasticity primarily responsible for in stroke recovery?

- A. Compensating for neural loss
- B. Facilitating neural regeneration
- C. Promoting brain structural changes
- D. All of the above**

Neuroplasticity is a critical mechanism in stroke recovery, as it refers to the brain's ability to reorganize and adapt in response to injury or damage. It plays multiple roles in recovery, making "all of the above" the most comprehensive choice. Firstly, neuroplasticity is involved in compensating for neural loss. After a stroke, certain areas of the brain may be damaged, resulting in functional deficits. Through neuroplasticity, adjacent or even distant brain regions can reorganize to take over the functions of the damaged areas, helping patients regain lost abilities. Secondly, while neuroplasticity itself is not directly responsible for the regeneration of neurons, it facilitates the brain's adaptation by creating new pathways and connections. This reorganization helps to optimize the remaining healthy neurons and can improve functional outcomes. Finally, neuroplasticity promotes structural changes in the brain. This involves not only functional reorganization but also actual changes in the physical wiring of the brain and synaptic connections. These structural changes can enhance the efficiency of neural communication and support improved motor and cognitive functions in stroke survivors. Together, these aspects illustrate why neuroplasticity is fundamental to stroke recovery, making the inclusion of all these factors in the correct answer essential for understanding the breadth of its impact on

8. What common factor increases the risk of CRPS in stroke patients?

- A. Subluxation**
- B. Age
- C. Comorbidities
- D. Previous surgeries

The increased risk of Complex Regional Pain Syndrome (CRPS) in stroke patients is often linked to the occurrence of subluxation. When a stroke occurs, it can lead to muscle weakness or paralysis on one side of the body. This muscle compromise often results in a lack of support for the joints, particularly the shoulder. The instability caused by subluxation can result in prolonged mechanical stress and injury to the local nervous system, which may trigger or exacerbate CRPS. Subluxation not only contributes to pain but can also complicate the rehabilitation process, making recovery more difficult. In this context, subluxation serves as a critical factor because it creates an environment conducive to the development of CRPS due to the interplay of motor dysfunction, altered biomechanics, and potential neuropathic changes. While age, comorbidities, and previous surgeries can also influence recovery and overall health outcomes in stroke patients, subluxation has a more direct and immediate impact on the mechanics of movement and pain generation in the setting of stroke-related disabilities. Understanding this relationship is vital for rehabilitation specialists in preventing complications and effectively managing post-stroke patient care.

9. 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.

10. What is an appropriate tension guideline for light kinesiology taping?

- A. 0-10%
- B. 10-15%
- C. 15-25%**
- D. 25-35%

The guideline for appropriate tension in light kinesiology taping typically falls within the 15-25% range. This level of tension is suitable for achieving the therapeutic effects associated with kinesiology tape without causing discomfort or skin irritation. Using this level of tension allows the tape to provide support to muscles and joints while still allowing for movement, which is crucial for rehabilitation. The tape helps with enhancing proprioception, improving circulation, and reducing pain, all of which are important components in the recovery process for individuals, especially those who have experienced a stroke or other movement-related challenges. The other options represent levels of tension that may be too light or too heavy for the desired outcomes in rehabilitation settings. Tensions below 15% might not sufficiently engage the musculature for therapeutic benefits, while those above 25% could impose too much restriction, leading to discomfort and potential skin issues. Therefore, the 15-25% tension guideline is optimized for providing support while facilitating movement, making it the most appropriate choice for light kinesiology taping.

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!

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