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Certified Rehabilitation Registered Nurse Exam (CRRN)



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Question: 1

Which of the following is a VIOLATION of the American Medical Association's guidelines for informed consent?

- A. Description of risks and benefits of treatment.
- B. Presentation of only the three most cost-effective treatment options.
- C. Review of the nature and purpose of treatment.
- D. Comparison of success rates for similar treatment at different facilities.

Answer: B

Explanation:

Presentation of only the three most cost-effective treatment options is a violation of guidelines regarding informed consent. which include:

Explanation of diagnosis.

Nature of, and reason for, treatment or procedure.

Risks and benefits.

Alternative options (regardless of cost or insurance coverage).

Risks and benefits of alternative options.

Risks and benefits of not having a treatment or procedure.

Providing informed consent is a requirement of all states.

While providing comparison information is not required. doing so does not violate informed consent.

Question: 2

Which of the following theories of aging states that all cells and organisms have a life span that is predetermined and aging occurs as the end of the life span is approached?

- A. Homeostatic.
- B. Single organ.
- C. Programmed/ Cellular,
- D. Wear and tear.

Answer: C

Explanation:

The programmed/cellular theory postulates that All cells and organisms have a programmed life span, and aging occurs as the end of the life span is approached. The homeostatic theory states that the body is composed of various chemical elements that must be maintained in proper balance, and when the body is not able to maintain this homeostatic balance. aging occurs. Single organ theories suggest that aging is related to changes in a single organ or system, such as a lowered supply of oxygen or changes in

the thyroid gland. The wear and tear theory is a mechanistic view that states the human body is similar to a machine that wears out over time.

Question: 3

A 38-year-old man, deaf in the right ear, works in the computing department at a county hospital, which receives Medicare payments. He has a brain tumor removed but suffers 80% residual hearing deficit in the left ear. The hospital administrator demotes him because of his hearing impairment. Which of the following laws protects this individual from denial of employment opportunities, such as promotions, because of his disability?

- A. HIPAA.
- B. Section 504 of the Rehabilitation Act of 1973.
- C. OSHA.
- D. Workers' compensation.

Answer: B

Explanation:

Section 504 of the Rehabilitation Act of 1973 prevents discrimination based on disabilities and applies to all employers and organizations receiving federal financial assistance or payments, such as Medicare or Medicaid. The law defines a disability as a physical or mental impairment that limits one or more major life activities (hearing, seeing, walking, talking, performing tasks, learning). Employers/organizations must make reasonable accommodations that do not cause undue hardship. Those with disabilities must have access to federal programs, services, and benefits, and cannot be denied access because of physical barriers or be denied opportunities, such as promotion, in employment.

Question: 4

Constraint-induced movement therapy (CIMT) for those with stroke or traumatic brain injury (TBI) includes constraint of the uninvolved upper extremity and which of the following other measure(s)?

- A. Forced use of weakened limbs for 90 minutes daily.
- B. Massed practice.
- C. Forced use of weakened limbs for 90% of waking hours and massed practice.
- D. Doing progressively more difficult tasks in small steps for 90 minutes daily with positive reinforcement.

Answer: C

Explanation:

CIMT is characterized by constraint of an uninvolved upper extremity (usually through use of a mitt or sling), forced use of weakened limbs for ofwaking hours, and massed practice exercises for at least 6 hours (with a 1-hour break), 5 days per week, usually for 2 or 3 weeks. Exercises typically involve functional

activities performed repeatedly over 15-20 minutes. Massed practice for the lower limbs includes treadmill

walking, climbing steps, and sit-and-stand exercises. Shaping, doing progressively more difficult tasks in small steps for 90 minutes daily with positive reinforcement, may be combined with CIMT.

Question: 5

Which of the following should be the FIRST step in conflict resolution?

- A. Utilize humor and empathy to diffuse escalating tensions.
- B. Summarize the issues, outlining key arguments.
- C. Force a resolution.
- D. Allow both sides to resent their side of the conflict without bias.

Answer: D

Explanation:

Conflict resolution should begin by allowing both sides to present their side of the conflict without bias.

focusing on opinions rather than individuals. Other steps (not necessarily in order) include:

Encourage cooperation through negotiation and compromise.

Maintain the focus, providing guidance to keep the discussions on track and avoid arguments.

Evaluate the need for renegotiation, formal resolution process, or third party.

Utilize humor and empathy to diffuse escalating tensions.

Summarize the issues, outlining key arguments.

Avoid forcing resolution if possible.

Question: 6

Following a TBI, a 57-year-old woman has a Functional Independence Measure (FIM) score of 40 on admission and 63 on discharge, with discharge scores in all areas ranging from 3-4. What level of independence or care in the home is MOST indicated by these scores?

- A. Complete independence in care.
- B. Modified independence, including use of assistive devices and activity modification.
- C. Supervision only (stand by without physically assisting).
- D. Minimal to moderate contact assistance (physically assisting),

Answer: D

Explanation:

FIM scores range from 18 (total dependence) to 126 (total independence). and a score of 63 comprised of 3 or 4 in each of 18 categories suggests the need for minimal to moderate contact assistance. The patient will require an aide to assist with ambulation and other activities. Lower FIM scores on admission correlate with longer need for inpatient rehabilitation. FIM scores are included as part of the Inpatient Rehabilitation Facility Patient Assessment Instrument required by Medicare for reimbursement for care.

Question: 7

According to Centers for Medicare and Medicaid Services (CMS) guidelines, the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF -PAI) initial discharge report must be completed within what time frame?

- A. Day of discharge.
- B. Day 5 after discharge (including discharge day).
- C. Day 17 after discharge (including discharge day).
- D. Day 27 after discharge (including discharge day).

Answer: B

Explanation:

The IRF-PAE must be completed by day 5 post-discharge (including day of discharge). Submission of reports in a timely manner is critical for reimbursement. IRF-PAIs submitted at least day 17 post-discharge are late, and those submitted at least day 27 post-discharge incur a 25% penalty of the submitted claim. Other important dates include completion of assessment of patient function by day 3 of admission with information entered on data collection forms by day 4 and encoding per software by day 10.

Question: 8

Which of the following best describes a case mix group as defined by the Health Insurance Prospective Payment System (HIPPS)?

- A. A classification system based on utilization of resources.
- B. A dataset containing elements to review for a comprehensive assessment of patient function.
- C. A classification system based on clinical characteristics of patients.
- D. A dataset used by home health agencies to measure outcomes and risk factors.

Answer: C

Explanation:

A case mix group (CMG) is a classification system based on clinical characteristics of patients. Resource Utilization Group (RUG) is a classification system based on utilization of resources, with reimbursement tied to RUG level. The Outcome and Assessment Information Set (OASIS) is a dataset used by home health agencies (HHA) to measure outcomes and risk factors within a specified time frame. Minimum Data Set (MDS) contains elements to review for a comprehensive assessment of patient function. The MDS currently in use is MDS 3.0.

Question: 9

A 40-year-old patient sustained a TBI and is in a vegetative state, maintained on life support. Prior to the accident, the patient was estranged and lived separately from her husband, who has a health care power of attorney for her. A decision regarding continuation of life support must be made, but the family members cannot agree. Who of the following has the LEGAL right to make the decision?

- A. The patient's mother.
- B. The patient's 18-year-old daughter.
- C. The patient's estranged husband.
- D. The facility's ethics committee.

Answer: C

Explanation:

The patient's estranged husband has been given health care power of attorney, which gives him the right to make decisions if the patient is unable to do so. While divorce may automatically revoke the health care power of attorney in some states, the patient and her husband are not divorced. The legal document takes precedence over family ties, such as those of the mother and daughter. This is not a decision rendered by ethics committees. If family members want to challenge the husband, their recourse is to take the matter to court.

Question: 10

A patient using crutches for 2-point ambulation without weight bearing must be able to ascend and descend the stairs to his front door before discharge. Which of the following is the correct procedure for ascending stairs?

- A. Hold onto the railing and hop from step to step using a single crutch.
- B. Place crutches first on the higher step, then the well foot and the injured foot.
- C. Place the well foot first on the higher step, then the crutches and injured foot.
- D. Lift the injured foot and place the well foot on the higher step before the crutches.

Answer: C

Explanation:

When ascending stairs with crutches, the patient should place the well foot first on the higher step, then the crutches and injured foot. When descending, he should place crutches first on the lower step, then the well foot and the injured foot. Patients should be cautioned NOT to hop from step to step as this may result in injury and/or falls. Crutches should be properly fitted before patient attempts ambulation. Correct crutch height is one hand-width below axillae with handgrips adjusted so the patient supports the body weight comfortably with elbows slightly flexed and crutches tight against the chest wall. Bearing weight under the axillae can cause nerve damage.

Question: 11

A 19-year-old man with an above-knee right amputation is depressed and refuses to see his parents. The parents ask the rehabilitation nurse for an update on their son's condition. Which of the following is MOST appropriate in accordance with HIPAA regulations?

- A. Advise the parents that information regarding the patient's condition is private.
- B. Provide a brief general update. without specific details
- C. Refer the parents to the physician to get information.
- D. Tell the patient he should speak to his parents.

Answer: A

Explanation:

The nurse should advise the parents that information regarding the patient's condition is private because he is an adult. The Health Insurance Portability and Accountability Act (HIPAA) states that health care providers must not release any information or documentation about a patient's condition or treatment without consent, as the individual has the right to determine who has access to personal information. Personal information about the patient is considered protected health information (PHI), and consists of any identifying or personal information about the patient. such as health history, condition, or treatments in any form, and any documentation, including electronic, verbal, or written. Telling patients what they "should" do is inappropriate.

Question: 12

As part of a mobile rehabilitation service, the rehabilitation nurse makes a post-discharge evaluation visit to the home of a 48-year-old man recovering from burn injuries. The man answers the door and appears intoxicated; he smells of alcohol, slurs words, and swears at the nurse. Which is the MOST appropriate nursing action?

- A. Ask if there is someone else at home with whom the nurse could speak
- B. Call the physician for guidance.
- C. Reschedule the visit and leave without entering the home.
- D. Remain supportive, not responding to hostile words, and complete evaluation.

Answer: C

Explanation:

When visiting a patient in the home environment, safety is always the most important issue, so if a patient is hostile, drugged, and/or intoxicated, the nurse should reschedule the visit and leave. Other safeguards include:

Visit during daytime hours.

Carry a preprogrammed (police. 911. agency) cellular phone.

Wear inexpensive clothing. jewelry, and watch.

Carry identification (agency, organization).

Avoid visiting high-crime areas alone.

Report observed abuse after leaving home.

Provide others with the schedule of visits.

Enter a home only on invitation.

Question: 13

A 70-year-old man with stage III Parkinson disease lives alone and is wearing soiled and stained clothing on admission. He is unshaven, and his hair is long and uncombed. He apologizes for his appearance. Which of the following is the MOST appropriate nursing diagnosis?

- A. Neglect, unilateral.
- B. Self-esteem. chronic low.
- C. Self-care deficit, toileting.
- D. Self-care deficit, dressing/grooming.

Answer: D

Explanation:

This patient is exhibiting a self-care deficit in dressing and grooming, exemplified by his dirty clothing and failure to shave or comb his hair. Other types of self-care deficits include deficits in bathing and hygiene, feeding, and toileting. If a self-care deficit in one area occurs, the patient should be evaluated for other self-care deficits because more than one deficit is common. Neglect is probably not an issue here, as the patient lives alone. Additionally, his apology suggests that he is concerned about his appearance, which does not usually correlate with low self-esteem.

Question: 14

A 22 -year old male with a T2 spinal cord injury attends a football game, sitting in the shade in his wheelchair for 3 hours in 92-degree weather at 85% humidity. Which of the following is the primary concern?

- A. Hyperthermia.
- B. Dehydration.
- C. Pressure sore.
- D. Bladder distention.

Answer: A

Explanation:

Because of autonomic nervous system dysfunction, thermoregulation (including sweating) is impaired, so hyperthermia is of great concern in high temperatures. Body temperature fluctuates according to ambient temperature, even in the shade. Patients with injuries higher than T6 are especially at risk. The patient may readily develop signs of heat stress or even heat stroke, so patients should be advised to keep a cool, damp cloth around the neck, mist the face and neck with cool water. remain hydrated, and wear light, unrestricting clothing.

Question: 15

Which of the following lab tests is MOST accurate to evaluate long-term protein deficiency?

- A. Total protein.
- B. Albumin.
- C. Prealbumin.
- D. Transferrin.

Answer: B

Explanation:

Albumin (half-life, 18-20 days) is sensitive to long-term protein deficiencies more than short-term (normal values, 3.5-5.5 g/dL). Total protein levels can be influenced by many factors, including stress and infection, but it may be monitored as part of an overall nutritional assessment (normal values, 6-8 g/dL). Prealbumin (half-life, 2-3 days) is most commonly monitored for acute changes in nutritional status (normal values, 16-40 mg/dL). Transferrin (half-life, 8-10 days) is sometimes used as a measure of nutritional status; however, transferrin levels are sensitive to many different things, so transferrin levels alone are not always reliable measurements of nutritional status (normal values, 200-400 mg/dL).

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