CRRN Practice Questions
The framework developed by Bandura to guide the assessment of the individual’s ability to promote health and reduce risk is called theory of:

A. Hardiness
B. Self-efficacy
C. Locus of control
D. Conservation
The correct answer is: B

The key concept in Bandura’s theory (1977) is self-efficacy. Kobasa (1979) formulated the theory of hardiness based on research on stressful life events. Rotler, Seeman and Liverant (1962) described a contingency relationship between behavior and wellness outcomes and internal and external locus of control. Levine (1966) presented a model whose key concepts are the principles of energy, structural integrity, personal integrity and social integrity.
The residual limitation resulting from disease, injury, or congenital defect is the definition of:

A. A handicap
B. A disability
C. An impairment
D. A functional limitation
**Answer**

The correct answer is: C

- An impairment refers to the residual limitation that results from disease, injury, or a congenital defect. The term handicap refers to the interaction of a person with a disability with the environment. Disability is the inability to perform some key life function and is a concept often used interchangeably functional limitation. A functional limitation refers to the loss of the ability to perform self-care tasks and is the result of an impairment.
The rehabilitation nurse’s role in promoting wellness in pediatric populations includes all of the following EXCEPT:

A. Identifying unsuccessful completion of tasks
B. Making a referral to a Child Life Specialist
C. Setting up home/school education
D. Providing developmentally appropriate interventions
The correct answer is: C

Setting up home/school education is not a rehabilitation nursing role. Pediatric patients need a nurse to identify the concepts of child development and how to incorporate those concepts into appropriate intervention related to wellness. Recommendations can be made as appropriate for the age of the child and the identified needs.
Question 4

- Orem’s self care theory includes:
  A. Investigation/decision making where the patient has control and input regarding activity
  B. Handicap as the limitation of a person’s normal role function
  C. Sociobiological activities such as bathing and dressing that are hierarchically related to each other
  D. Reciprocal interaction, simultaneous action and reaction
The correct answer is: A

Orem’s self care theory is recognized by rehabilitation nurses for its usefulness in identifying the multiple levels of a patient’s capabilities and valuing patient control and input. Self care is essential for health and well-being and Orem focuses on the individual’s self care needs/demands and his or her ability to meet those needs.
Question 5

- A syndrome in spinal cord injury that produces variable loss of motor function and sensitivity to pain and temperature, while preserving posterior column functions of proprioception, pressure and vibration, is known as:
  A. Brown-Sequard syndrome
  B. Anterior cord syndrome
  C. Cauda equine syndrome
  D. Central cord syndrome
The correct answer is: B

With this type of injury, the individual experiences varying degrees of motor function and sensitivity to pain. While posterior columns functions of proprioception, pressure and vibration are preserved. Brown-Sequard syndrome is caused by a vertical injury to one-half of the spinal cord, causing loss of motor control on the side of the injury and loss of sensation on the opposite side. Cauda equine syndrome, an injury to the lumbosacral nerve follows a hyperextensive injury to a pre-existing cervical spondylosis or stenosis resulting in partial motor paralysis distal to the level of injury but with preservation of some sensory or motor function.
Question 6

- Orthostatic hypotension, temperature regulation problems, and autonomic dysreflexia are all associated with which level of spinal cord injury (SCI)?

A. At or below T10  
B. At or above T8  
C. At or above T6  
D. At or below L1
The major sympathetic nervous system outflow to the periphery outflow that controls vasopressor reflexes, temperature regulation, and response to sympathetic stimulation below the level of injury occurs at T6. Following a SCI at or above T6 there is an interruption of the sympathetic flow. Due to this interruption, the body is unable to adequately regulate blood pressure during lying to sitting position changes. SCI at T6 or above results in absence of vasoconstriction, loss of ability to shiver, and loss of thermoregulatory sweating. Thus, the individual assumes the temperature of the surrounding environment and is at risk for hypothermia and hyperthermia. Autonomic dysreflexia is caused by stimulation of sensory receptors below the level of injury that sends a noxious stimulus to sensory reflexes in the spinal cord, causing severe vasoconstriction. Because the SCI is at or above the major sympathetic outflow at T6, vasodilatation below the level of injury cannot occur despite the decrease in heart rate. Thus, the blood pressure remains elevated as long as the stimulus continues.
Question 7

Heterotrophic ossification (HO) is a frequent musculoskeletal complication associated with paralysis. Which of the following best describes the pathophysiological process involved in heterotrophic ossification?

A. A decrease in bone density related to muscle wasting.
B. An abnormal deposit of new bone around joints of paralyzed limbs.
C. Pathological fractures associated with osteoporotic changes.
D. Hypertrophy of the long bones due to spasticity
Answer

- The correct answer is: B

- Heterotrophic ossification refers to an abnormal deposit of new bone around joints of paralyzed limbs. Osteoporotic changes with a related decrease in bone density is common in those with paralysis but is not associated with HO. Hypotrophy of the bones as a result of spasticity is not only associated with HO but is a physiological impossibility.
Question 8

Which of the following statements related to the anatomy and physiology of the spinal cord is true?

A. The number of vertebrae and the number of associated spinal nerves are the same.

B. White matter, which primarily contains myelinated axons, is more abundant than gray matter, which contains the cell bodies of the cord.

C. All nerve roots are fully contained within the vertebrae.

D. The sensory tracts within the spinal cord carry ascending messages to the brain.
Answer

- The correct answer is: D

- Ascending tracts are sensory in nature and carry messages to the brain while descending tracts carry motor messages to the periphery. Although the thoracic, lumbar, sacral, and coccygeal vertebrae have an equal number of spinal nerves to the number of vertebrae, the cervical area has 8 spinal nerves and 7 vertebrae. This is due to the fact that the C-1 vertebrae has a nerve that exit both above and below it. Gray matter composed of the cell bodies of the cord is in much greater abundance than the white matter. The nerve roots of the conus medullaris are not fully contained within the vertebrae.
Dantrolene sodium (Dantrium) is often used to treat spasticity associated with spinal cord injury. Which of the following is a side effect of dantrolene?

A. Hepatotoxicity  
B. Sedation  
C. Decreased muscle spasms  
D. Decreased emotional lability
Answer

- The correct answer is: A

- Hepatotoxicity is a potentially serious side effect of the anti-spasmodic agent, dantrolene sodium. Sedation is a side effect of the antispasmodic drugs baclofen (Lioresal) and (Valium). A decrease in muscle spasms is an expected benefit of all antispasmodic agents. Decreased emotional lability is an expected benefit of antidepressant drugs.
Question 10

Which of the following statements is MOST accurate about the respiratory function of a person with a spinal cord injury at C-5?

A. The person will always need to be on a ventilator for respiratory management.
B. The person may be able to breathe independently most of the day but will not have a productive cough.
C. Vital capacity will be normal and thus sleep-induced apnea is an unusual occurrence.
D. Cough function is somewhat impaired but productive.
The correct answer is: B

Cervical nerves C-3, 4, and 5 supply the diaphragm. Thus, spinal injuries in the cervical area almost always produce at least some respiratory muscle paralysis. Lesions below C-4 will support independent breathing at least on a part time basis, but a productive cough, which requires the use of intercostal and abdominal muscles, is not present.
Question 11

Which of the following interventions is MOST effective in weaning a person with neuro-muscular weakness from a ventilator?

A. Gradual weaning with periods of complete rest on the ventilator
B. Timed weaning with equal periods on and off the ventilator
C. Weaning during periods of activity
D. Taking the patient off the ventilator while asleep
Answer

- The correct answer is: A

- It is usually recommended that patients with neuromuscular weakness be gradually weaned from a ventilator with progressively longer periods of time off the ventilator and long periods of complete rest while on the ventilator. Weaning is not recommended during periods of activity because of the increased metabolic and respiratory demands made by the body. Weaning is also not recommended while asleep due to the high incidence of sleep induced apneas. Psychological readiness for weaning is one of the major predictors of weaning success and fear is not diminished when the person is not prepared.
Mr. Y has just been diagnosed with Parkinson’s disease. Which of the following symptoms is he likely to have?

A. Excessive muscle fatigue, spasticity, and ataxia
B. Rigidity, ataxia and spastic paralysis
C. Rigidity, tremor, and bradykinesia
D. Tremor, hyperkinesia, an muscle fatigue
Answer

- The correct answer is: C

- Rigidity, tremor, and slow movements known as bradykinesia are symptoms of Parkinson’s disease. Excessive muscle fatigue is a symptom of Myasthenia gravis, disorder of neurotransmission. Spasticity and spastic paralysis are seen in patients with upper motor neuron disorders such as spinal cord injury and multiple sclerosis. Problems with cerebellar function produce ataxic symptoms.
Question 13

Which cranial nerves are MOST affected in persons with multiple sclerosis?

A. II and III  
B. IV and X  
C. V and VII  
D. VIII and XI
The correct answer is: A

Demyelination or destruction of the myelin sheath of axons in the CNS, as a result of multiple sclerosis, most frequently affects cranial nerve II (Optic) and cranial nerve III (Occulomotor), causing symptoms such as blurred vision, blind spots, and double vision.
Multiple sclerosis is a progressive neurological disease characterized by periods of remission and exacerbation. The term “exacerbation” in multiple sclerosis refers to:

A. Progressive functional decline with distinct relapses
B. An episode of new or worsening symptoms lasting more than 24 hours not related to metabolic changes or steroid withdrawal.
C. An acute worsening of symptoms that last more than 1 week.
D. Increased fatigue, spasticity, and deficits in bowel and bladder function that occur within 72 hours of steroid withdrawal.
The correct answer is: B

The term “exacerbation” in multiple sclerosis refers to an episode of new or worsening symptoms lasting more than 24 hours not related to metabolic changes or steroid withdrawal. This definition was developed by the Multiple Sclerosis Nurse Specialist Consensus Committee in 2000.
Question 15

Which of the following neuromuscular diseases affect both upper and lower motor neurons?

A. Myasthenia gravis
B. Multiple sclerosis
C. Amyotrophic lateral sclerosis
D. Guillian Barre syndrome
Answer

- The correct answer is: C

- Amyotrophic lateral sclerosis, the most common motor neuron disease with adult onset, affects both upper and lower neurons in the brain stem, spinal cord, and cerebral cortex. Myasthenia gravis is a disorder caused by impaired transmission of acetylcholine across the myoneural junction. Multiple sclerosis is a demyelinating disease that affects the upper motor neuron system. Guillain Barre syndrome is a potentially reversible process that affects peripheral nerves.
Question 16

Which of the following drugs is a selective serotonin reuptake inhibitor commonly used in the treatment of depression?

A. Diazepam (Valium)
B. Sertraline (Zoloft)
C. Nortriptyline (Pamelor)
D. Oxcarbazepine (Trileptal)
Answer

- The correct answer is: B

- Sertraline (Zoloft) is an anti-depressant drug that acts by selectively inhibiting serotonin, a substance associated with causing depression. Diazepam is an anti-anxiety agent. Nortriptyline is a tricyclic anti-depressant. Oxcarbazepine is an anti-convulsant agent.
Which of the following types of brain injury causes widespread shearing and rotational injury?

A. A cerebral contusion
B. A concussion
C. A diffuse axonal injury
D. A contracoup injury
The correct answer is C

A diffuse axonal injury (DAI), caused by widespread shearing and rotational forces, produces damage throughout the brain. A DAI is associated with a poorer prognosis than a focal lesion or ischemia. Cerebral contusions are a diffuse form of injury, but do not cause the extent of damage that a DAI does. A concussion is a mild form of brain injury with microscopic bruising of the brain. A contracoup injury occurs due to an impact with the skull on the side opposite the initial force.
Question 18

Which of the following symptoms is NOT associated with brainstem injuries?

A. Pupillary changes
B. Loss of consciousness
C. Abnormal posturing
D. Tinnitus
Answer

- The correct answer is: D

- Tinnitus, or ringing in the ears, can only be perceived by a conscious person. Injuries to the brainstem cause pupillary changes, immediate loss of consciousness, abnormal posturing, cranial nerve deficits, and changes in vital functions such as heart rate and respiratory rate.
Question 19

- The age group at the highest risk for traumatic brain injury is:

A. Women between 14-24 years of age.
B. Men between 14-24 years of age.
C. Women over age 65.
D. Men over age 65.
Answer

- The correct answer is: B

- Men of all ages have twice the risk of brain injury than women, and men between 14 and 24 years old are at the highest risk of any age group.
Question 20

Which of the following is an example of an “executive” function?

A. Setting the table
B. Heating an item in the microwave
C. Doing dishes
D. Grocery shopping
Answer

- The correct answer is: D

- Executive functions require anticipation, goal selection, planning, self-monitoring, and incorporating feedback. Grocery shopping is an example of an executive function. All of the other activities are less complex tasks
Damage to what part of the brain results in impaired voluntary movement, altered social functioning, problems with short-term memory, and inhibition of impulses and emotions?

A. Frontal lobe  
B. Temporal lobe  
C. Occipital lobe  
D. Brainstem
The correct answer is: A

- The frontal lobe is responsible for voluntary movement, social functioning, short-term memory, and inhibition of impulses and emotions. Damage to the brain’s temporal lobe produces problems such as impaired hearing and long-term memory deficits. The person with damage to the occipital lobe may experience visual perception problems. Brainstem damage results in impaired wakefulness, life-sustaining regulation symptoms, and cranial nerve deficits.
Question 22

- Deficits with socialization motivation, and sexual behaviors seen after brain injury are due to damage to:

A. The reticular activating system  
B. The right hemisphere  
C. The left hemisphere  
D. The limbic lobe of both hemispheres
Answer

- The correct answer is: D

- The limbic lobes of both hemispheres control functions that affect socialization, motivation, and behavior associated with sexuality. The reticular activating system is responsible for arousal and alertness. The brain’s right hemisphere controls recognition of faces and forms of artistic intelligence. The left hemisphere controls memory for language, math, and analytical skills.
Question 23

- Neurologic damage associated with brain attack can be potentially reversed if tissue plasminogen activator (tPA) is given within:

A. 1 hour of symptom onset  
B. 3 hours of symptom onset  
C. 6 hours of symptom onset  
D. 24 hours of symptom onset
The correct answer is: B

- The clot dissolving agent tissue plasminogen activator, when given within 3 hours of the onset of symptoms of an ischemic brain attack, can potentially reverse neurologic damage to the brain.
Question 24

Which of the following deficits is NOT associated with a stroke affecting the middle cerebral artery?

A. Contralateral weakness and paralysis
B. Expressive aphasia
C. Contralateral homonymous hemianopsia
D. Greater weakness and paralysis in the lower extremities then in the upper extremities
The correct answer is: D

A stroke affecting the middle cerebral artery causes deficits that are greater in the face and arm than in the lower extremities. Contralateral weakness and paralysis, homonymous hemianopsia, and expressive aphasia are all associated with middle cerebral artery strokes. Strokes affecting the anterior artery produce greater weakness and paralysis in the lower extremities than in the upper extremities.
Question 25

- The most common ischemic stroke syndrome involves the:

A. Anterior cerebral artery
B. Middle cerebral artery
C. Posterior cerebral artery
D. Anterior cerebellar artery
Answer

- The correct answer is: B

- Middle cerebral artery syndrome is by far the most common of all cerebral occlusions. Fewer strokes involve the anterior and posterior cerebral arteries. Occlusion of the anterior cerebellar artery is also uncommon.
Eight year old Ted had his second asthmatic attack yesterday. He and his parents have come to the clinic for patient education. Which of the following would NOT be part of the patient education plan for Ted and his family?

A. Activity restriction
B. Self medication administration and management
C. Avoidance of triggers
D. Environmental modifications to remove allergens
The correct answer is: A

Restricting activity is not only not necessary, it is to be avoided for asthmatics who are controlled with medication and who avoid triggers and environmental allergens. Restricting activity decreases respiratory reserves and promotes a sedentary life style that increases the potential for weight gain and muscle flaccidity, both of which increase the potential for complications with asthma. All the other topics are appropriate for Ted’s education plan.
Question 27

In the treatment of rheumatoid arthritis, which of the following statements is MOST correct regarding aids used to halt inflammation and joint destruction?

A. Medications are the most important treatment
B. Proper positioning, joint protection, and energy conservation techniques are just as important as adhering to the prescribed medication regimen.
C. Adequate nutrition, rest, physical therapy, and joint protection are the most important treatments.
D. Wearing copper bracelets and using irritant-producing have proven to be effective adjunctive treatment modalities.
The correct answer is: B

In order to reduce inflammation and joint destruction in rheumatoid arthritis, proper positioning, joint protection, and energy conservation techniques are just as important as adhering to the prescribed medication regimen. Adequate nutrition, rest, and physical therapy are also important interventions but not at the exclusion of the others. The use of copper bracelets and application of irritant-producing poultices are not harmful, for the most part, but the patient should be taught that these strategies should not be used in place of more conventional treatment.
A patient with rheumatoid arthritis has painful metacarpal hand deformities. Which of the following techniques may help this patient use her hands?

A. Avoiding using the painful hand(s) as much as possible.
B. Placing most of the direct pressure on the metacarpals during activities which require pressure exertion.
C. Extending the hand and using the palms and soft tissues to accomplish tasks and reduce joint stress.
D. Performing tasks quickly and in one motion to avoid fatigue and stress.
The correct answer is: C

Teaching the patient to extend the hand(s) and to use the palms and soft tissues, will help the patient to accomplish most tasks and will reduce joint stress. Placing direct pressure on the metacarpals should be avoided. Avoiding the use of the hands is not only impractical but also not recommended because doing so only adds to joint destruction. As a general principle of joint protection activities, patients should be taught to perform tasks in small steps to avoid fatigue and stress.
Question 29

- Which of the following cardiovascular diseases causes the most deaths in the United States (U.S)?

A. Atherosclerosis
B. Congestive heart disease
C. High blood pressure
D. Coronary heart disease
Answer

- The correct answer is: D

- Coronary heart disease accounts for over 49% of all deaths associated with cardiovascular disease in the U.S. Congestive heart failure accounts for 5%, high blood pressure accounts for another 5%, and atherosclerosis accounts for 2% of deaths.
Question 30

- Which of the following is the leading cause of death for women in the United States (U.S.)?

A. Cancer
B. Cardiovascular disease
C. Chronic obstructive pulmonary disease
D. Diabetes mellitus
The correct answer is: B

Cardiovascular disease is almost twice as likely as cancer to lead to the death of a woman in the United States. It is even more likely to cause death in women than in men by almost 50,000 lives per year. Chronic obstructive pulmonary disease and diabetes together account for approximately 90,000 deaths among women each year.
Question 31

- An exercise program for elderly patient with heart disease, when compared with one prescribed for a middle aged adult with heart disease, should generally be:

A. Lower in intensity, more frequent, and for longer duration.
B. Higher in intensity, less frequent, and for shorter duration.
C. Lower in intensity, less frequent, and for the same duration.
D. Higher in intensity, less frequent, and for the same duration.
Answer

- The correct answer is: A

- For elderly patients with heart disease, low-intensity training performed more frequently and for longer duration is recommended. This type of program will achieve a slower rate of progression than would be expected in a younger adult. High intensity training is not recommended for the elderly adult unless he or she has already been successfully managed on such a program.
Question 32

Which of the following statements is true regarding the nutritional needs of a patient with a burn who is in rehabilitation?

A. Weight gain is indicative of inactivity and a lack of participation in the program.
B. Protein supplements are important in order to increase muscle strength.
C. Additional doses of Vitamins A, C, and B-complex are no longer needed as supplements.
D. If enteral feedings are required, they are best given during the daytime hours.
The correct answer is: B

It is common practice to supplement protein intake in order to promote weight gain and increase muscle strength due to the severe catabolic state of the patient with a burn. Weight gain is an indication that the body’s metabolism has shifted back to an anabolic state requiring less protein and fewer calories. Vitamins A, C, and B-complex, zinc and iron are all necessary for wound healing and are generally required throughout the rehabilitation period. Enteral feedings are best given at night so as not to interfere with rehabilitation activities.
Question 33

- Which of the following measures taught to burn survivors is used to reduce scar formation and relieve the itching associated with skin grafts?

A. Skin lubrication
B. Use of pressure garments
C. Avoidance of the sun and extreme temperature changes
D. Daily hygiene measures
Answer

- The correct answer is: B

- Pressure garments are used to prevent the hypertrophic scar formation commonly associated with partial and full thickness burns. They are also used to reduce the itching sensations associated with skin grafts. Treatment of pruritis (itching) is important because if not treated, scratching can lead to blisters, graft loss, and skin infections. Although each of the other responses may have some effect on reducing pruritis, none are specifically used for that effect not do any of them reduce scar formation.
Question 34

Which of the following is NOT part of the treatment program for a patient with osteoarthritis?

A. Exercise and relaxation techniques
B. Daily steroid therapy
C. Heat and cold modalities
D. Assistive devices for activities of daily living (ADL’s)
The correct answer is: B

- Non-steroidal anti-inflammatory drugs (NSAIDS) and other pain relieving medications are routinely used in the treatment of osteoarthritis. Steroid therapy may be used 3 to 4 times per year in order to reduce cartilage damage. Answers A, C, and D are all used as routine treatments for osteoarthritis.
Question 35

- Mrs. K is being sent home after a left knee arthroplasty. She is restricted to toe-touch weight bearing. Toe-touch weight bearing means allowing what percentage of the body’s weight to be home by her left knee during ambulation or other activities?

A. 0%
B. 20%
C. 20-50%
D. 50-100%
The correct answer is: B

- Toe touch weight bearing means the knee should bear approximately 20% of the body’s weight. Non-weight bearing is 0%. Partial weight bearing ranges between 20-50%. Weight bearing as tolerated refers to using between 50% to 100% of body weight during ambulation and other activities.
Question 36

- Hip displacement is a common complication after hip arthroplasty. Which of the following statements is true related to the use of abductor pillows or wedges in preventing hip displacement?

A. After a posterior surgical approach, the use of an abductor pillow and a trochanter roll are important in maintaining the legs in the appropriate position.

B. Lying on the operative side can be successfully achieved without the use of an abductor pillow.

C. Once the patient is sitting in a chair, the use of a slightly modified abductor pillow is routinely used to remind the patient not to cross his or her legs.

D. The use of abductor pillow should continue for 6-12 weeks postoperatively whenever the patient is in bed.
Answer

- The correct answer is: D

- After approximately 6 to 12 weeks, a pseudocapsule surrounds the hip joint and improved muscle strength provides stability. Before this time, hip displacement still a common complication and the abductor pillow should continue to be used while the patient is in bed. After an anterior surgical approach, the hip should be abducted and turned slightly inward to decrease pressure on the head of the femur against the anterior joint capsule. An abductor pillow and trochanter roll accomplishes this position. With the posterior approach, abduction and external rotation is the position of choice and therefore the trochanter roll is no longer necessary. Lying on either the operative or non-operative side should only be attempted with the use of an abductor wedge. The use of an abductor pillow when sitting is generally needed in those with cognitive deficits and is not a routine treatment.
Alendronate (Fosomax) is used in the treatment of osteoporosis. A potentially serious side effect of this medication is:

A. Esophageal irritation
B. Gastric immotility
C. Peptic ulcers
D. Duodenal spasms
Answer

- The correct answer is: A

- Esophageal irritation is a serious side effect of alendronate (Fosamax) therapy can lead to erosion and bleeding. Once-a-day and once a week dosing routines are guided by a strict regime to prevent esophageal irritation and promote absorption. Answers B, C, and D are not associated with the use of alendronate.
G.T. is 2 days post-operative after a below the knee amputation. Which of the following interventions regarding stump wrapping should be included in this patient teaching plan?

A. Keep the knee flexed during wrapping to make it more accessible.
B. Rewrap the stump every 8-12 hours.
C. Leave the skin below the knee partially uncovered in order to view the healing process.
D. Use diagonal turns when wrapping the stump with elastic bandages.
Answer

- The correct answer is: D

- When wrapping the stump with elastic bandages, the use of diagonal turns prevents slippage of the wrap during movement. The proper technique for wrapping the stump requires that the knee be extended to ensure sufficient tightness of the wrap and that the skin below the knee be totally covered to provide sufficient molding of the stump. The stump should be rewrapped every 24 hours or whenever the bandage starts to slip or feel loose.
Question 39

- When teaching a patient to use a cane, which of the following strategies is correct?

A. Holding the cane in the hand on the side of the unaffected lower extremity
B. Holding the cane with the dominant hand
C. Placing the cane 2 steps ahead when walking
D. Using a one point cane is better than using a multi-point cane for balance problems
Answer

- The correct answer is: A

- Holding the cane in the hand on the unaffected extremity widens the base of support for balance and reduces the workload on the affected joint. The cane should be moved at the same time as the effected limb or placed no more than one step ahead at any time. Patients with balance problems do better with multi-point canes.
Question 40

- The tenodesis grasp is described as a/an:

A. Passive lengthening of the two-joint finger extensors as the wrist is flexed.
B. Active lengthening of the two-joint finger flexors as the wrist is flexed.
C. Passive shortening of the two-joint finger flexors as the wrist is extended.
D. Active shortening of the two-joint finger flexors as the wrist is extended.
Answer

- The correct answer is: C

- The tenodesis grasp is accomplished by the passive shortening of the two-joint finger flexors as the wrist is extended. This action creates a grasp that can be enhanced through the use of orthotics to perform activities of daily living.
Question 41

Mrs. F has been diagnosed with a right hemisphere stroke. Which of the following interventions is MOST appropriate for Mrs. F.?

A. Break tasks into simple steps.
B. Encourage all forms of communication.
C. Monitor for swallowing difficulties.
D. Allow time for her to respond after asking a question.
Answer

- The correct answer is: A

- Most of the teaching that occurs in rehabilitation focuses on accommodating the cognitive, sensory-perceptual, and motor deficits associated with a specific disability. When working with patients with right hemisphere stroke, impulsivity leads to lack of insight and judgment. The most effective intervention is to break tasks into simple steps to make focus more achievable. Encouraging all forms of communication, monitoring for swallowing difficulties, and allowing time for the patient to respond after asking a question are more appropriate for those with a left hemisphere stroke..
Question 42

A complete assessment of a pressure ulcer should be performed at least:

A. Weekly
B. Every two weeks
C. Every three weeks
D. Every four weeks
Answer

- The correct answer is: A

- The complete assessment should be documented at least weekly, using a grading or staging methodology.
Question 43

- Which tool should be used in the nursing assessment of pressure ulcer risk?

A. Rancho Los Amigos Scale
B. McGill Questionnaire
C. Braden Scale
D. CARF Scale
The correct answer is: C

The Braden Scale has been evaluated in diverse sites and ensures systematic evaluation of individual risk factors. Overall scores obtained by this tool and the Norton scale are the best predictors of pressure ulcer risk currently available.
Question 44

- Damage to the hypothalamus causes:
  A. Early satiety
  B. Lack of initiation relating to eating
  C. Refusal to eat
  D. Hyperphagia
Answer

- The correct answer is: D

- Hyperphagia related to damage to the hypothalamus is displayed by a loss of satiety or a feeling of fullness, a desire to eat or drink constantly, hoarding of food, and consumption of non-edible items.
Question 45

A teenage patient tells the nurse that she is in good health except that she often gets a cold when she is menstruating and particularly if she menstruates around the end of the semester and final exams. Which of the following explanations is the most appropriate for the nurse to provide to this patient?

A. “There is no relationship between the virus, the menstruation and the final exams. You may be imagining the three events occurring in the same time period.”

B. “A cold may be dominant in your body that erupts approximately every month. These cyclical colds are quite common in teenagers.”

C. “Increased physical and mental stress increase an amount of a hormone in the body which in turn suppresses the immune system.”

D. None of the above
Answer

- The correct answer is: C

- Stress increases the cortisol in the body which in turn suppresses the immune system. The combination of the stress of the hormone changes associated with menstruation and the emotional stress of preparing for finals could depress the immune system enough to increase the likelihood of the teenager getting a cold.
Question 46

- A patient is admitted with a diagnosis of a right below the knee amputation. The patient has a history of Type 1 diabetes. When the nurse is teaching the patient about safety upon returning home she should emphasize which of the following?

A. The diabetes is not related to the amputation.
B. The patient will have to lubricate the cup of the prosthesis in order to protect the stump from injury
C. Diabetes will cause changes in the ability to feel sensations in the remaining foot.
D. None of the above
Answer

- The correct answer is: C

- Through changes in the vascular system, diabetes effects the patient’s ability to feel normal protective sensation in the extremities. The lack of sensation puts this individual at risk for undetected injury. Diabetes also effects wound healing and therefore an injury could lead to eventual amputation.
Dilated or varicose veins in the rectum are more commonly known as which of the following?

A. Atonic bowel
B. Colitis
C. Hemorrhoids
D. Rectal prolapse
Answer

▪ The correct answer is: C

▪ Hemorrhoids develop because vertical folds or tissue in the rectum have veins which become dilated. An atonic bowel involves loss of muscle ton, contractile ability and peristalsis such that feces is retained and leaks out. Ulcerative colitis is a chronic inflammation of the mucosal layer of the rectum and colon that causes bleeding and diarrhea. Prolapse involves rectal tissue through the anus.
Question 48

When teaching a family member how to insert a suppository into the rectum, which of the following points should be emphasized to get effective results?

A. Insert a cold suppository which has been stored in the refrigerator
B. Heavily lubricate the suppository for easier insertion
C. Place the flat versus pointed end in first
D. Place the suppository against the rectal wall
The correct answer is: D

- The suppository must be touching the rectal wall to be effective. It must not be placed in stool if it is present. Suppositories should be stored at room temperature, and lightly lubricated with a water soluble gel or the action is delayed. The pointed (rounded) end is inserted first.
Question 49

- Insertion of a suppository after breakfast would most likely benefit patients with which of the following medical diagnoses?

A. Parkinson’s disease
B. Diabetes mellitus
C. Spinal cord tumor
D. Post polio syndrome
Answer

- The correct answer is: C

- Patients with spinal cord tumors or injury may need a bowel program that includes a suppository to promote stool expulsion at a consistent time each day and alleviate or limit “accidents”. Their sacral reflect arc is intact, so bowel training is often unsuccessful. Giving a suppository after a meal is wise since the gastrocolic response actively moves food stuff through the gastrointestinal tract and prompts emptying from the colon. Persons with the other three conditions usually do not require routine suppository administration for predictable evacuation.
Question 50

Which of the following list of symptoms is MOST likely to be an indication that a patient is having difficulty with the oral phase of swallowing?

A. Prolonged chewing followed by normal swallowing
B. Compulsively putting objects in the mouth
C. Drooling and excessive intake
D. Drooling, prolonged chewing, and poor intake
The correct answer is: D

Drooling, prolonged chewing, and poor intake are all indicators that a person may be having difficulty managing food in the oral phase of swallowing. Often individuals who cannot move the bolus of food to the back of the mouth drool. Prolonged chewing may indicate a bilateral dysynergy of chewing muscles. Patients with a prolonged oral phase of swallowing often tire before they can eat a sufficient volume of food. Although the time spent eating may be normal or increased, the overall intake is low.
Good luck on your CRRN journey!!!