

# *Exam Blueprint and Specialty Competencies*

## **Introduction – Blueprint for the Rehabilitation Nursing Certification Exam**

The primary function of the blueprint for the CNA Rehabilitation Nursing Certification Exam is to describe how the exam is to be developed. Specifically, this blueprint provides explicit instructions and guidelines on how the competencies are to be expressed within the exam in order for accurate decisions to be made on the candidates' competence in rehabilitation nursing.

The blueprint has two major components: (1) the content area to be measured and (2) the explicit guidelines on how this content is to be measured. The content area consists of the list of competencies (i.e., the competencies expected of fully competent practising rehabilitation nurses with at least two years of experience), and the guidelines are expressed as structural and contextual variables. The blueprint also includes a summary chart that summarizes the exam guidelines.

### **Description of Domain**

The CNA Rehabilitation Nursing Exam is a criterion-referenced exam.<sup>1</sup> A fundamental component of a criterion-referenced approach to testing is the comprehensive description of the content area being measured. In the case of the Rehabilitation Nursing Certification Exam, the content consists of the competencies of a fully competent practising rehabilitation nurse with at least two years of experience.

This section describes the competencies, how they have been grouped and how they are to be sampled for creating an exam.

### **Developing the List of Competencies**

A working group of seven highly experienced rehabilitation nurses from various regions in Canada revised and updated the current list of competencies during a five-day meeting. The final list of competencies was approved by the Rehabilitation Nursing Certification Exam Committee.

---

<sup>1</sup> Criterion-referenced exam: An exam that measures a candidate's command of a specified content or skills domain or list of instructional objectives. Scores are interpreted in comparison to a predetermined performance standard or as a mastery of defined domain (e.g., percentage correct and mastery scores), independently of the results obtained by other candidates (Brown, 1983).

## Assumptions

In developing the list of competencies for rehabilitation nurses, the following assumptions were made:

### The Client

- The client may be an individual, a family, a group or a community.
- Family is identified by the client.
- The client comes with past experiences and expectations for the future.
- The client is viewed holistically.
- The client's rights and responsibilities will be upheld.

### Rehabilitation Nurse

- The rehabilitation nurse is a registered nurse who works with clients of any age, across the continuum of their care.
- The rehabilitation nurse establishes a therapeutic relationship with the client.
- The rehabilitation nurse collaborates with the client and the interprofessional team to identify client-centred goals.
- The rehabilitation nurse provides leadership and education to the client and other members of the interprofessional team.
- The rehabilitation nurse advocates for clients with the goal of effective outcomes and appropriate use of available resources.
- The rehabilitation nurse works in partnership with the client to facilitate appropriate, timely and effective discharge/transition planning, beginning at the time of admission.
- The rehabilitation nurse bases practice on a code of ethics and respects provincial or territorial and national standards of practice.
- The rehabilitation nurse practices culturally competent care.
- The rehabilitation nurse understands his or her multidimensional role within the interprofessional team.
- The rehabilitation nurse applies and disseminates a specialized body of knowledge rooted in evidence-based best practice.
- The rehabilitation nurse uses outcome measurements and participates in quality and safety improvement initiatives.
- The rehabilitation nurse pursues professional growth and development, maintaining competence through continuing education.

- The rehabilitation nurse incorporates information on the effects and outcomes of comorbid health conditions.
- The rehabilitation nurse advocates for cost-effective, accessible and equitable health care.

### **Environment**

- The environment includes cultural, social, political, spiritual and economic influences on the client.
- The environment may be modified to include technological advances to enhance the abilities of the client.
- The environment in which the client exists is an important influence on his or her well-being.

### **Health**

- Health includes biological, psychological, social, cultural, developmental, environmental and spiritual well-being. Health is a resource for living and is not merely the absence of disease.
- Health exists within the framework of chronic illness, disability, frailty and aging.
- Health is a personal concept and is viewed within the context of the client's personal, cultural and ethnic value system.
- Health focus includes promotion, prevention, maintenance, rehabilitation and restoration, or palliation.

### **Competency Categories**

The competencies are classified under a nineteen-category scheme commonly used to organize rehabilitation nursing.

Some of the competencies lend themselves to one or more of the categories; therefore, these nineteen categories should be viewed simply as an organizing framework. Also, it should be recognized that the competency statements vary in scope, with some representing global behaviours and others more discrete and specific nursing behaviours.

### **Percentage of Competencies in Each Group**

The following table presents the number and the percentage of competencies in each category.

Table 1: Percentage of Competencies in Each Group

Category	Number of competencies	Percentage of the total number of competencies
<b>Functional Health Patterns:</b>		
Mobility	7	6%
Sexuality	7	6%
Sleep and Rest Patterns	7	6%
Sensory/Perception	7	6%
Pain	7	6%
Communication	7	6%
Cognitive Impairment	7	6%
Nutrition and Swallowing	7	6%
Elimination	14	11%
Skin Integrity	7	6%
<b>Nursing Management of Selected Rehabilitation Populations:</b>		
The Care of a Client with Stroke (Brain Attack)	5	4%
The Care of a Client with Traumatic or Acquired Brain Injury	6	5%
The Care of a Client with Musculoskeletal and Orthopedic Impairment	6	5%
The Care of a Client with Burns	5	4%
The Care of a Client with a Spinal Cord Injury	5	4%
The Care of a Client with Cancer	4	3%
The Care of a Client with Other Neuromuscular Conditions	4	3%
The Care of a Client with Cardiovascular and Pulmonary Disease	7	6%
The Care of a Client with Deconditioning	4	3%

### Competency Sampling

Using the grouping and the guideline that the Rehabilitation Nursing Certification Exam will consist of approximately 165 questions, the categories have been given the following weights in the total examination.

Table 2: Competency Sampling

Categories	Approximate weights in the total examination
<b>Functional Health Patterns:</b>	
Mobility	3-5%
Sexuality	3-5%
Sleep and Rest Patterns	3-5%
Sensory/Perception	3-5%
Pain	3-5%
Communication	3-5%
Cognitive Impairment	3-5%
Nutrition and Swallowing	3-5%
Elimination	3-5%
Skin Integrity	3-5%
<b>Nursing Management of Selected Rehabilitation Populations:</b>	
The Care of a Client with Stroke (Brain Attack)	5-15%
The Care of a Client with Traumatic or Acquired Brain Injury	5-10%
The Care of a Client with Musculoskeletal and Orthopedic Impairment	5-10%
The Care of a Client with Burns	2-8%
The Care of a Client with a Spinal Cord Injury	5-10%
The Care of a Client with Cancer	2-8%
The Care of a Client with Other Neuromuscular Conditions	5-10%
The Care of a Client with Cardiovascular and Pulmonary Disease	5-10%
The Care of a Client with Deconditioning	3-5%

## Technical Specifications

In addition to the specifications related to the competencies, other variables are considered during the development of the Rehabilitation Nursing Certification Exam. This section presents the guidelines for two types of variables: structural and contextual.

**Structural Variables:** Structural variables include those characteristics that determine the general appearance and design of the exam. They define the length of the exam, the format and presentation of the exam questions (e.g., multiple-choice format) and special functions of exam questions (e.g., case-based or independent questions).

**Contextual Variables:** Contextual variables specify the nursing contexts in which the exam questions will be set (e.g., client culture, client health situation and health-care environment).

## Structural Variables

**Exam Length:** The exam consists of approximately 165 multiple-choice questions.

**Question Presentation:** The multiple-choice questions are presented in one of two formats: case-based or independent. Case-based questions are a set of approximately four questions associated with a brief health-care scenario (i.e., a description of the client's health-care situation). Independent questions stand alone. In the Rehabilitation Nursing Certification Exam, 70 to 80 per cent of the questions are presented as independent questions and 20 to 30 per cent are presented within cases.

**Taxonomy for Questions:** To ensure that competencies are measured at different levels of cognitive ability, each question on the Rehabilitation Nursing Certification Exam is aimed at one of three levels: knowledge/comprehension, application and critical thinking.<sup>2</sup>

### 1. Knowledge/Comprehension

This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles and interpreting data (e.g., knowing the effects of certain drugs or interpreting data appearing on a client's record).

### 2. Application

This level refers to the ability to apply knowledge and learning to new or practical situation. It includes applying rules, methods, principles and theories in providing care to clients (e.g., applying nursing principles to the care of clients).

---

<sup>2</sup> These levels are adapted from the taxonomy of cognitive abilities developed in Bloom (1956).

### 3. Critical Thinking

The third level of the taxonomy deals with higher-level thinking processes. It includes the abilities to judge the relevance of data, to deal with abstraction and to solve problems (e.g., identifying priorities of care or evaluating the effectiveness of interventions). The rehabilitation nurse with at least two years of experience should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of clients.

The following table presents the distribution of questions for each level of cognitive ability.

Table 3: Distribution of Questions for Each Level of Cognitive Ability

Cognitive Ability Level	Percentage of questions on Rehabilitation Nursing Exam
Knowledge/Comprehension	25-35%
Application	35-45%
Critical Thinking	25-35%

### Contextual Variables

**Client Age and Gender:** Two of the contextual variables specified for the Rehabilitation Nursing Certification Exam are age and gender of the clients. Providing specifications for the use of these variables ensures that the clients described in the exam represent the demographics characteristics of the population encountered by rehabilitation nurses. These characteristics, listed in Table 4 as percentage ranges, serve as guidelines for test development.

Table 4: Specification for Client Age and Gender

Age Group	Percentage of questions on the Rehabilitation Nursing Exam	
	Male	Female
0-15 years	8-10%	8-10%
16-34 years	15-25%	15-25%
35-64 years	30-40%	30-40%
65+ years	35-45%	35-45%

**Client Culture:** Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.

**Client Health Situation:** In the development of the Rehabilitation Nursing Exam, the client is viewed holistically. The client health situations presented reflect a cross-section of mental health problems and mental disturbances.

**Health-Care Environment:** It is recognized that rehabilitation nursing is practised in a variety of settings.

## Conclusions

The blueprint for the Rehabilitation Nursing Certification Exam is the product of a collaborative effort between CNA, ASI and a number of rehabilitation nurses across Canada. Their work has resulted in a compilation of the competencies required of practising rehabilitation nurses and has helped determine how those competencies will be measured on the Rehabilitation Nursing Certification Exam. A summary of these guidelines can be found in the summary chart Rehabilitation Nursing Certification Development Guidelines.

Rehabilitation nursing practice will continue to evolve. As this occurs, the blueprint may require revision so that it accurately reflects current practices. CNA will ensure that such revision takes place in a timely manner and will communicate any changes in updated editions of this document.



# Summary Chart

## Rehabilitation Nursing Exam Development Guidelines

<b>Structural Variables</b>			
Exam Length and Format	Approximately 165 objective questions (e.g., multiple-choice)		
Question Presentation	70-80% independent questions 20-30% case-based questions		
Cognitive Ability Levels of Questions	Knowledge/Comprehension	25-35% of questions	
	Application	35-45% of questions	
	Critical Thinking	25-35% of questions	
Competency Categories	Functional Health Patterns: <ul style="list-style-type: none"> <li>Mobility 3-5% of questions</li> <li>Sexuality 3-5% of questions</li> <li>Sleep and Rest Patterns 3-5% of questions</li> <li>Sensory/Perception 3-5% of questions</li> <li>Pain 3-5% of questions</li> <li>Communication 3-5% of questions</li> <li>Cognitive Impairment 3-5% of questions</li> <li>Nutrition and Swallowing 3-5% of questions</li> <li>Elimination 3-5% of questions</li> <li>Skin Integrity 3-5% of questions</li> </ul> Nursing Management of Selected Rehabilitation Populations: <ul style="list-style-type: none"> <li>The Care of a Client with Stroke (Brain Attack) 5-15% of questions</li> <li>The Care of a Client with Traumatic or Acquired Brain Injury 5-10% of questions</li> <li>The Care of a Client with Musculoskeletal and Orthopedic Impairment 5-10% of questions</li> <li>The Care of a Client with Burns 2-8% of questions</li> <li>The Care of a Client with a Spinal Cord Injury 5-10% of questions</li> <li>The Care of a Client with Cancer 2-8% of questions</li> <li>The Care of a Client with Other Neuromuscular Conditions 5-10% of questions</li> <li>The Care of a Client with Cardiovascular and Pulmonary Disease 5-10% of questions</li> <li>The Care of a Client with Deconditioning 3-5% of questions</li> </ul>		
<b>Contextual Variables</b>			
Client Age and Gender		<b>Male</b>	<b>Female</b>
	0 to 15 years	8-10%	8-10%
	16 to 34 years	15-25%	15-25%
	35-64 years	30-40%	7-13%
	65+ years	35-45%	35-45%
Client Culture	Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.		
Client Health Situation	In the development of the Rehabilitation Nursing Exam, the client is viewed holistically.		
Health-Care Environment	It is recognized that rehabilitation nursing is practised in a variety of settings. For the purposes of this exam, the health-care environment is specified only when it is required for clarity or in order to provide guidance to the examinee.		

# *The Rehabilitation Nursing Exam List of Competencies*

## **I. FUNCTIONAL HEALTH PATTERNS: Mobility**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 01-01 Assessing mobility, focusing on:
  - 01-01a Pre-existing and current status (e.g., level of function, falls risk assessment, environmental barriers, acute and chronic conditions, medication regimen, lifestyle, etc.)
  - 01-01b Physical indicators (e.g., muscle strength, tone, balance and coordination, pain, range of motion, complications related to immobility, deconditioning, FIM, etc.)
  - 01-01c Psychosocial indicators (e.g., goals, motivation, depression, grief, self-esteem, body image, etc.)
  - 01-01d Cognitive indicators (e.g., memory, judgment, attention, initiation, developmental level, impulsiveness, etc.)
- 01-02 Implementing interventions focused on client-centred goals that optimize mobility, including:
  - 01-02a Physical (e.g., education, falls prevention, safe transfer techniques, assistive devices, safe and accessible environment, pain and spasticity management, etc.)
  - 01-02b Psychosocial (e.g., counselling, peer mentorship, body image, group therapy, etc.)
  - 01-02c Cognitive (e.g., safety in the environment, use of triggers, cueing, signage, etc.)

## **II. FUNCTIONAL HEALTH PATTERNS: Sexuality**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 02-01 Assessing sexuality, focusing on:
  - 02-01a Pre-existing and current status (e.g., values and beliefs, health status, medications, contraception, etc.)

- 02-01b Physical indicators (e.g., pain, motor and sensory impairment, bowel and bladder function, mobility, changes to fertility, autonomic dysreflexia, etc.)
- 02-01c Psychosocial indicators (e.g., impact of the disability, relationship issues, risk of abuse, body image, etc.)
- 02-01d Cognitive indicators (e.g., disinhibition, memory, developmental stages, initiation, etc.)
- 02-02 Implementing interventions focused on client-centred goals that enhance and support sexual function, including:
  - 02-02a Physical (e.g., education, positioning, dysreflexia, communication, assistive devices, contraception and medications, bowel and bladder considerations, reproductive technologies, etc.)
  - 02-02b Psychosocial (e.g., PLISSIT model, sexual behaviour, body image, self-image, partnership issues/concerns, relationships, etc.)
  - 02-02c Cognitive (e.g., counselling, abuse prevention, etc.)

### III. FUNCTIONAL HEALTH PATTERNS: Sleep and Rest patterns

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 03-01 Assessing sleep and rest patterns, focusing on:
  - 03-01a Pre-existing and current status (e.g., medication, stimulants, routines, pain, mental health and medical conditions, etc.)
  - 03-01b Physical indicators (e.g., fatigue, mobility, pain, spasticity, developmental stage, environment, etc.)
  - 03-01c Psychosocial indicators (e.g., fears, coping, irritability, etc.)
  - 03-01d Cognitive indicators (e.g., depression, delirium, dementia, etc.)
- 03-02 Implementing interventions focused on client-centred goals that optimize sleep and rest, including:
  - 03-02a Physical (e.g., education, 24-hour sleep record, sleep hygiene, medication, comfort measures, diagnostic investigations [e.g., sleep studies], etc.)
  - 03-02b Psychosocial (e.g., counselling and supportive measures, etc.)
  - 03-02c Cognitive (e.g., managing internal and external triggers, alternative therapies, etc.)

#### **IV. FUNCTIONAL HEALTH PATTERNS: Sensory/Perception**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 04-01 Assessing sensory and perceptual patterns, focusing on:
  - 04-01a Pre-existing and current status (e.g., diabetes, neurological impairments, trauma, etc.)
  - 04-01b Physical indicators (e.g., auditory, visual and sensory/perceptual changes, etc.)
  - 04-01c Psychosocial indicators (e.g., frustration, social isolation, fear, anxiety, etc.)
  - 04-01d Cognitive indicators (e.g., judgment, delirium, dementia, etc.)
- 04-02 Implementing interventions focused on client-centred goals that optimize sensory and perceptual function, including:
  - 04-02a Physical (e.g., education, environmental adaptation, assistive devices, communication techniques/tools, etc.)
  - 04-02b Psychosocial (e.g., supportive coping mechanisms, etc.)
  - 04-02c Cognitive (e.g., provision of safe environment, limiting external stimuli, verbal and non-verbal communication, etc.)

#### **V. FUNCTIONAL HEALTH PATTERNS: Pain**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 05-01 Assessing pain, focusing on:
  - 05-01a Pre-existing and current status (e.g., acute and chronic pain, diabetes, fibromyalgia, neurological impairments, trauma, pain assessment tools/scales, etc.)
  - 05-01b Physical indicators (e.g., fatigue, verbal and non-verbal indicators, sleep disturbances, etc.)
  - 05-01c Psychosocial indicators (e.g., depression, anxiety, social isolation, coping, substance abuse, changes in libido, etc.)
  - 05-01d Cognitive indicators (e.g., altered behaviours, delirium, etc.)

- 05-02 Implementing interventions focused on client-centred goals that optimize pain management, including:
- 05-02a Physical (e.g., education, pharmacological/non-pharmacological approaches [e.g., heat therapy, TENS, etc.], alternative therapies, activity modification, etc.)
  - 05-02b Psychosocial (e.g., identify triggers, stress, medication, supportive coping mechanisms, etc.)
  - 05-02c Cognitive (e.g., distraction techniques, etc.)

## VI. FUNCTIONAL HEALTH PATTERNS: Communication

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 06-01 Assessing communication, focusing on:
- 06-01a Pre-existing and current status (e.g., acute and chronic medical conditions, congenital disorders, dysarthria, aphasia, assistive devices, verbal/non-verbal communication, etc.)
  - 06-01b Physical indicators (e.g., CNS impairment, tracheostomy, fatigue, etc.)
  - 06-01c Psychosocial indicators (e.g., depression, altered behaviours, self-esteem, social isolation, coping, etc.)
  - 06-01d Cognitive indicators (e.g., comprehension, attention, focus, memory, dementia, etc.)
- 06-02 Implementing interventions focused on client-centred goals that optimize communication, including:
- 06-02a Physical (e.g., education, verbal/non-verbal communication techniques, minimizing distractions, assistive devices, etc.)
  - 06-02b Psychosocial (e.g., socialization, support groups/systems, etc.)
  - 06-02c Cognitive (e.g., safe environment, triggers, etc.)

## VII. FUNCTIONAL HEALTH PATTERNS: Cognitive Impairment

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 07-01 Assessing level of cognition, focusing on:
  - 07-01a Pre-existing and current status (e.g., neurological impairment, pain, dementia/delirium/depression, medication, etc.)
  - 07-01b Physical indicators (e.g., sensory/sleep deprivation, agitation, responsive behaviours, etc.)
  - 07-01c Psychosocial indicators (e.g., initiation, motivation, disinhibition, depression, anxiety, social isolation, irritability, apathy, etc.)
  - 07-01d Cognitive indicators (e.g., confusion, perseveration, confabulation, memory, emotional lability, etc.)
  
- 07-02 Implementing interventions focused on client-centred goals that optimize cognitive function, including:
  - 07-02a Physical (e.g., education, older adult friendly environment, etc.)
  - 07-02b Psychosocial (e.g., behavioural triggers, behaviour modification, respite care, counselling, etc.)
  - 07-02c Cognitive (e.g., redirection, medications, cues, memory devices, safe environments, etc.)

## VIII. FUNCTIONAL HEALTH PATTERNS: Nutrition and Swallowing

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 08-01 Assessing nutrition and swallowing, focusing on:
  - 08-01a Pre-existing and current status (e.g., acute and chronic medical conditions, cognitive status, swallowing, diet, developmental stage, cultural/religious beliefs, medication, etc.)
  - 08-01b Physical indicators (e.g., drooling, coughing during and after swallowing, pocketing, voice quality, posture, feeding tubes, dexterity, reflux, laboratory values [e.g., electrolytes, albumin, CBC], etc.)
  - 08-01c Psychosocial indicators (e.g., socio-economic status, stress, fear, self-esteem, body image, isolation, etc.)
  - 08-01d Cognitive indicators (e.g., impulsiveness, judgment, motivation, distractability, etc.)

- 08-02 Implementing interventions focused on client-centred goals that promote and maintain nutrition and swallowing, including:
- 08-02a Physical (e.g., education, dysphagia management, optimal nutrition, dietary preferences, tray placement, diagnostics, etc.)
  - 08-02b Psychosocial (e.g., socialization, integration, supervision, group interaction, etc.)
  - 08-02c Cognitive (e.g., safe environment, etc.)

## IX. FUNCTIONAL HEALTH PATTERNS: Elimination

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 09-01 Assessing bladder function, focusing on:
- 09-01a Pre-existing and current status (e.g., neurological/neuromuscular impairments, medical/surgical history, voiding patterns, intake, previous UTIs, etc.)
  - 09-01b Physical indicators (e.g., bladder capacity, physical abnormalities, assistive devices, sensory deficits, environmental barriers, dysreflexia, mobility, fatigue, etc.)
  - 09-01c Psychosocial indicators (e.g., motivation, expectations, self-esteem and body image, impact on socialization, socio-economic status, etc.)
  - 09-01d Cognitive indicators (e.g., memory, judgment, initiation, developmental stage, etc.)
- 09-02 Implementing interventions focused on client-centred goals that promote and maintain continence, including:
- 09-02a Physical (e.g., education, Kegel exercises, catheterization, Credé's manoeuvre, voiding routine, fluid intake, medications, diagnostics [urodynamics, bladder scan, post-void residual [PVR], etc.)
  - 09-02b Psychosocial (e.g., healthy body image, socialization, bladder retraining, toileting routine, perineal hygiene, etc.)
  - 09-02c Cognitive (e.g., safe environment, etc.)
- 09-03 Assessing bowel function, focusing on:
- 09-03a Pre-existing and current status (e.g., neurological/neuromuscular impairments, patterns of elimination, dietary/fluid intake, neurogenic/paralytic bowel, etc.)
  - 09-03b Physical indicators (e.g., incontinence, assistive devices, environmental barriers, sensorimotor deficits, mobility, pain, medication, autonomic dysreflexia, ostomies, etc.)

- 09-03c Psychosocial indicators (e.g., motivation, expectations, impact of incontinence, privacy and dignity, self-esteem and body image, etc.)
- 09-03d Cognitive indicators (e.g., memory, judgment, initiation, developmental stage, etc.)
- 09-04 Implementing interventions focused on client-centred goals that promote and maintain continence, including:
  - 09-04a Physical (e.g., education, digital stimulation, disimpaction, positioning, hydration, diet, bowel routine, perineal hygiene, medications, diagnostics, etc.)
  - 09-04b Psychosocial (e.g., healthy body image, socialization, bowel retraining, toileting routine, perineal hygiene, etc.)
  - 09-04c Cognitive (e.g., safe environment, etc.)

## **X. FUNCTIONAL HEALTH PATTERNS: Skin Integrity**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 10-01 Assessing skin integrity, focusing on:
  - 10-01a Pre-existing and current status (e.g., skin integrity, medical comorbidities, sensation, nutritional status, medication, etc.)
  - 10-01b Physical indicators (e.g., acute and chronic medical conditions, Braden scale, etc.)
  - 10-01c Psychosocial indicators (e.g., motivation, judgment, depression, self-esteem, body image, etc.)
  - 10-01d Cognitive indicators (e.g., agitation, memory, learning, etc.)
- 10-02 Implementing interventions focused on client-centred goals that promote and maintain skin integrity, including:
  - 10-02a Physical (e.g., education, nutritional support, impaired sensation/circulation/mobility, adaptive devices, risk assessment tools, pressure ulcer assessment, staging, laboratory values, support surfaces, etc.)
  - 10-02b Psychosocial (e.g., body image, socialization, coping mechanisms, socio-economic status, self-esteem, etc.)
  - 10-02c Cognitive (e.g., safe environment, etc.)



**XI. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with stroke (brain attack)**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 11-01 Anatomy, physiology and pathophysiology of the cerebral vascular system related to stroke (brain attack) (e.g., ischemic, hemorrhagic)
- 11-02 Residual deficits in a client who has experienced a left or right hemispheric, or brainstem stroke (brain attack) (e.g., hemianopsia, dysphagia, aphasia, apraxia, behavioural changes, disinhibition, impulsivity, depression, vascular dementia, shoulder subluxation, etc.)
- 11-03 Implementation of interventions focused on client-centred goals that optimize function in a client with stroke (brain attack) (e.g., education, cueing, early mobilization, falls prevention, aspiration, positioning, psychosocial support, lifestyle counselling, discharge/transition planning, etc.)
- 11-04 Medication administration and laboratory values (e.g., antiplatelets, statins, anticoagulants, ACE inhibitors, pain management, INR, lipid profile, electrolytes, etc.)
- 11-05 Managing risk factors and comorbidities (e.g., diabetes, hypertension, dyslipidemia, coagulopathy, obesity, substance abuse, smoking, impaired renal function, etc.)

**XII. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with traumatic or acquired brain injury (ABI)**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 12-01 Anatomy, physiology and pathophysiology of the brain related to ABI (e.g., lobes, limbic system, cerebellum, cranial nerves, hypoxic injury, contusion, concussion, diffuse axonal injuries, arteriovenous malformation [AVM], shaken baby syndrome, tumours, etc.)
- 12-02 Clinical manifestations of mild, moderate and severe ABI (e.g., ICP, hydrocephalus, seizure, amnesia, SIADH, diabetes insipidus [DI] etc.)
- 12-03 Residual deficits as a result of ABI (e.g., cognition, sensory-motor, communication, behaviour, depression, etc.)
- 12-04 Implementation of interventions focused on client-centred goals that optimize function in a client with ABI (e.g., education, safe environment, cognitive management, behavior modification, psychosocial support, standardized tools [e.g., Rancho Los Amigos Cognitive Scale], discharge/transition planning, etc.)
- 12-05 Medication administration and laboratory values (e.g., Botox, INR, electrolytes, CNS stimulants, anticonvulsants, antipsychotics, antidepressants, etc.)
- 12-06 Managing risk factors and comorbidities (e.g., personality disorders, attention deficit disorders, diabetes, substance abuse, etc.)

### **XIII. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS: The care of a client with musculoskeletal and orthopaedic impairment**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 13-01 Anatomy, physiology, pathophysiology of musculoskeletal and orthopaedic impairments (e.g., juvenile/rheumatoid/osteoarthritis, osteoporosis, traumatic or surgical amputation, fractures, etc.)
- 13-02 Clinical manifestations of musculoskeletal and orthopaedic impairments (e.g., joint stiffness, deformities, edema, pain, fatigue, etc.)
- 13-03 Implementation of interventions focused on client-centred goals that optimize function in a client with musculoskeletal and orthopaedic impairment (e.g., education, chronic disease self-management, joint precautions, falls prevention, pain management, casting/orthotics, discharge/transition planning, etc.)
- 13-04 Implementation of interventions focused on client-centred goals that optimize function in a client with amputations (e.g., education, prosthetic management, residual limb (stump) wrapping, contracture prevention, wound management, energy conservation, phantom limb pain, desensitization, psychosocial support, discharge/transition planning, etc.)
- 13-05 Medication administration and laboratory values (e.g., anticoagulant therapy, skeletal muscle relaxants, analgesics, NSAIDs, benzodiazepines, INR, CBC, ESR, etc.)
- 13-06 Managing risk factors and comorbidities (e.g., diabetes, gout, obesity, cardiopulmonary, peripheral vascular disease, malignancy, etc.)

### **XIV. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS: The care of a client with burns**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 14-01 Anatomy, physiology and pathophysiology of the skin (e.g., percentage, rule of nines, degree, types, etc.)
- 14-02 Residual deficits as a result of burns (e.g., vascular, pulmonary, hematological, altered immunity, loss of thermoregulation, pain, scarring, contractures, pruritus, heterotrophic ossification, altered self-concept, etc.)
- 14-03 Implementation of interventions focused on client-centred goals that optimize function in a client with burns (e.g., education, wound management, minimizing scarring/contractures, fluid/nutritional support, psychosocial support, discharge/transition planning, etc.)

- 14-04 Medication administration and laboratory values (e.g., pain management, antipruritics, alternative therapies, antibiotics, CBC, albumin, INR, electrolytes, anticoagulants, etc.)
- 14-05 Managing risk factors and comorbidities (e.g., diabetes, peripheral vascular, cardiorespiratory disease, workplace hazards, etc.)

**XV. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with a spinal cord injury (SCI)**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 15-01 Anatomy, physiology and pathophysiology of the central and peripheral nervous systems, and spinal structures (e.g., spinal shock, autonomic dysreflexia, cranial nerves, dermatomes, levels of injury, upper and lower motor neurons, complete/incomplete, clinical syndromes, etc.)
- 15-02 Residual deficits as a result of SCI (e.g., neurological/cardiovascular/respiratory, autonomic dysreflexia, sensation/voluntary motor function, thermoregulation, altered sexuality, heterotopic ossification, etc.)
- 15-03 Implementation of interventions focused on client-centred goals that optimize function in a client with a SCI (e.g., education, autonomic dysreflexia, pain, thermoregulation, skin integrity, bowel and bladder, respiratory, spasticity, sexual function, body image, DVT prophylaxis, internal/external fixation devices, American Spinal Injury Association [ASIA] Impairment Scale, discharge/transition planning, etc.)
- 15-04 Medication administration and laboratory values (e.g., skeletal muscle relaxants, anticholinergics, antibiotics, pain management, etc.)
- 15-05 Managing risk factors (e.g., substance abuse, high-risk behaviours, etc.)

**XVI. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with cancer**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 16-01 Pathophysiology of cancer (e.g., benign, malignant, staging, metastasis, etc.)
- 16-02 Implementation of interventions focused on client-centred goals that optimize function in a client with cancer (e.g., education, pain, nausea, fatigue, fracture risk, alopecia, cachexia, depression, lymphedema, cardiomyopathy, wound management, psychosocial support, body image, discharge/transition planning, etc.)
- 16-03 Medication administration and laboratory values (e.g., chemotherapy, radiation, pain management, alternative therapies, cell counts, electrolytes, etc.)
- 16-04 Managing risk factors (e.g., workplace hazards, smoking, diet, etc.)

**XVII. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with other neuromuscular conditions**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 17-01 Neuromuscular disorders (e.g., Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis [ALS], Guillain-Barré syndrome, spina bifida, cerebral palsy, muscular dystrophy, etc.)
- 17-02 Implementation of interventions focused on client-centred goals that optimize function in a client with neuromuscular disorders (e.g., education, pharmacological/non-pharmacological, alternative therapies, assistive devices, nutrition, positioning, surgical, psychosocial support, discharge/transition planning, etc.)
- 17-03 Medication administration and laboratory values (e.g., urinary antispasmodics, antibiotic prophylaxis, IgG, dopamine levels, etc.)
- 17-04 Managing comorbidities (e.g., weight gain/loss, infections, skin and wounds, etc.)

**XVIII. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with cardiovascular and pulmonary disease**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 18-01 Anatomy, physiology and pathophysiology of cardiovascular and pulmonary disease (e.g., coronary artery disease, cardiomyopathy, heart failure, congenital heart defects, cystic fibrosis, obstructive/restrictive pulmonary disease, etc.)
- 18-02 Clinical manifestations of cardiovascular and pulmonary disease (e.g., dysrhythmia, acute coronary syndromes, psychosocial effects, DVT, shortness of breath [SOB], obesity, exercise intolerance, etc.)
- 18-03 Implementation of interventions focused on client-centred goals that optimize function in a client with cardiovascular disease (e.g., education, Valsalva's manoeuvre, chronic disease self-management, lifestyle modifications, DVT prophylaxis, sexuality, discharge/transition planning, etc.)
- 18-04 Medication administration and laboratory values related to cardiovascular function (e.g., pain management, beta-adrenergic blockers, anticoagulants, nitrates, diuretics, digitalis, electrolytes, troponins, B-type natriuretic peptide [BNP] levels, INR, etc.)
- 18-05 Implementation of interventions focused on client-centred goals that optimize function in a client with pulmonary disease (e.g., education, lifestyle modification, breathing exercises, ventilatory support, energy conservation, discharge/transition planning, etc.)

- 18-06 Medication administration and laboratory values related to pulmonary disease (e.g., oxygen, bronchodilators, inhalation therapies, steroids, antibiotics, electrolytes, CBC, ABG, sweat test, etc.)
- 18-07 Managing risk factors and comorbidities of cardiopulmonary diseases (e.g., diabetes, obesity, substance abuse, smoking, workplace hazards, etc.)

**XIX. NURSING MANAGEMENT OF SELECTED REHABILITATION POPULATIONS:  
The care of a client with deconditioning**

The rehabilitation nurse translates a specialized body of knowledge into practice related to the following.

- 19-01 Clinical manifestations of deconditioning (e.g., significant weight changes, impaired skin integrity, contractures, loss of muscle mass, infection, frailty, fatigue, compromised lung function, etc.)
- 19-02 Implementation of interventions focused on client-centred goals that optimize function in a client with deconditioning (e.g., education, chronic disease self-management, nutritional health, mobilization schedule, psychosocial support, discharge/transition planning, etc.)
- 19-03 Medication administration and laboratory values (e.g., nutritional and vitamin supplements, baseline blood work, etc.)
- 19-04 Managing comorbidities (e.g., cardiovascular, respiratory, obesity, mental health, dementia, etc.)