



Certified **Global** Nurse – Rehabilitation

(CGN-R)

Candidate Handbook

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Foreword: We Must Do Better

Today, more than two billion people in the world are living with a disability. Caring for this huge and growing population of persons living with a disability (PLDs) is one of the most pressing issues facing healthcare today. Although we have made valiant strides to improve care delivery to PLDs across the world, the magnitude and urgency of their needs have consistently dwarfed all available services. We cannot meet the United Nations' strategic development goal of improving people's health and well-being if we continue to overlook this cry for help. We must do better.

The demand for increased access to rehabilitative care services creates a dire need for a global credential that validates the knowledge and skills of nurses working valiantly and tirelessly within this sphere. In 2019 CGFNS International, CARF International, and rehabilitation nursing experts from across the world began the process to create an exam-based global certification for first level, general nurses working in rehabilitation, habilitation, and restorative care settings.

We received a groundswell of support from rehabilitation nurses around the world. Cheryl Lehman, PhD, RN, CRRN, from the United States and Theresa Green, PhD, RN, FAAN, FAHA, from Australia led a global taskforce of more than 60 rehabilitation nursing experts from 17 countries. These volunteers contributed their expertise to all phases of the exam development process, from creating competency standards that undergird test blueprint development to developing and critiquing test items created for the exams. This examination would not be possible without their dedication, energy, and spirit.

This global certification is a gift from the global rehabilitation community to honor all the nurses who have been working tirelessly to help PLDs needing their compassionate and professional care. This gift recognizes not only nursing competence but also the indefatigable spirit that has lifted rehabilitation nursing into a class of its own. May our collective gratitude to all who have given to this noble cause be a source of continuing inspiration for the journey ahead.



Julia To Dutka, EdD
Chief, Global Health Workforce Development Institute
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What is the CGFNS Global Rehabilitation Certification Program?

The CGFNS Global Rehabilitation Nurse Certification (GRNC) Program was created to assist communities worldwide and develop sustainable and scalable ecosystems to advance rehabilitation care.

For healthcare professionals (Registered Nurses and other health workers) working in a rehabilitation healthcare setting, the certification validates their applied knowledge and competencies as meeting a global standard.

There will be three certifications offered through this program:

- **Certified Global Nurse – Rehabilitation (CGN-R)**
- **Certified Global Health Worker – Rehabilitation (CGHW-R)**
- **Certified Global Health Worker – Rehabilitation Advanced (CGHW-RA)**

Registered nurses working in rehabilitation, habilitation, or restorative care settings can earn the Certified Global Nurse – Rehabilitation (CGN-R) credential by proctored exam.

Candidates who meet eligibility requirements may apply for the program and take the exam. Once a candidate's application materials have been reviewed and accepted by CGFNS, they will receive an Authorization-to-Test notification that contains instructions for how to schedule an exam.

Purpose

To meet the needs of the more than 2 billion people seeking rehabilitation care, the world's health workforce must be sustainable and scalable. To capitalize on existing health workforce resources, countries need to focus on the specialists and other members of the rehabilitation team who can assume targeted responsibilities for delivering care. To support these efforts, CGFNS International, Inc., an assessment organization for health professionals worldwide, has developed the **Certified Global Nurse – Rehabilitation (CGN-R)** credential for registered nurses working in rehabilitation settings.

Benefits

1. Global certification provides an objective benchmark attesting to individual health workers' competence and allowing employers to assign them responsibilities that they can perform safely.
2. Conferring yet another benefit, the opportunity to become certified gives health workers the incentive that they need to commit to learning and to pursue continuing professional development.
3. For consumers, receiving care from certified health workers provides the quality assurance that they seek from their service providers.
4. For policy makers and health authorities, global certification yields useful analytics to support health system management, planning, and change.

In short, global certification is about professionalizing rehabilitation care personnel and recognizing them for their practice competence.

Eligibility

CGN-R certification is for registered nurses working in a rehabilitation healthcare setting who wish to have their applied knowledge and competencies in their field recognized as meeting a Global Standard. To be eligible to apply, you must meet the following license/registration and work experience requirements:

Licenses/Registration

You must hold a current license as a first-level general nurse, or registered nurse (RN), in the country where you practice. Verification of this license will be required prior to you taking the certification exam.*

**In most countries, including the United States, a first-level nurse is called a registered nurse or a professional nurse. If you are a second-level nurse in your native country, you cannot sit for the CGN-R exam. In most countries, second-level nurses are called enrolled nurses, vocational nurses, practical nurses, or nursing assistants.*

Work Experience

You must have at least two years of work experience in a rehabilitation, habilitation, or restorative care setting during the last five (5) years. Verification of your employment experience is required before taking the CGN-R exam.

Certification and Recertification

Upon achieving a passing score on the exam, your CGN-R certification will be valid for five (5) years.

To retain your certification, prior to its expiration you must apply for recertification, which will be awarded based on maintaining:

- An active license/registration.
- Continued work experience.
- Continuous professional development.

The CGN-R recertification application process will be available in 2028.

Application Procedures

Only online applications will be accepted for the CGN-R exam. You may apply online at <https://www.cgfns.org>. Complete all the steps outlined below. Once all your application materials are reviewed and accepted by CGFNS, you will receive an Authorization-to-Test notification that contains instructions for how to schedule your exam.

Quick look summary of steps

Step 1. Create a CGFNS Connect® account.

Step 2. Complete your profile.

Step 3. Purchase CGN-R Certification.

Step 4. Submit all required forms.

Step 5. Pass the CGN-R exam.



Watch a video or read instructions on how to create a [CGFNS Connect account here](#).

Steps to earning the CGN-R credential:

Step 1. Create a CGFNS Connect® account.

The first step to purchasing a CGFNS service is to register for an account in the CGFNS Connect online applicant portal. All correspondence from CGFNS can be accessed through the portal. There is no cost to create an account.

- Go to www.cgfns.org and click the “Apply” button.
- Enter your email address.
 - Check your email for a message containing a secure login link and security code.
- Fill in your account information.
- Provide the requested personal and demographic information.
- Agree to the Terms and Conditions.
- Create and save your security questions and responses.
- Create and save a strong password.

Creating an account does not mean you have completed an application for the CGN-R certification exam. To apply, you must continue with all the steps.

Step 2: Complete your personal profile.

Once you have created your CGFNS account and gained access to the CGFNS Connect portal, you will be asked to complete your personal profile. This profile will help us confirm your eligibility for our services and provide you with a positive application experience.

- Log in to your CGFNS Connect applicant portal account.
- Select the “My Profile” tab from the top menu.
- Provide your personal, academic, and professional information as prompted.

You may pause and log out of your account at any time. Your information will be saved automatically. As a returning user, you may revisit previous sections or continue where you left off.

Step 3: Purchase the CGFNS Global Rehabilitation Nurse Certification Program.

To begin the CGFNS Global Rehabilitation Nurse Certification Program application, select the Shopping Cart from your Dashboard menu.

- Add the CGFNS Global Rehabilitation Nurse Certification Program to your shopping cart.
- Upon checkout, add your credit card payment information and complete the order.
- Navigate to your dashboard where you will see your purchased Certification Program application. Open your application by clicking on it.
 - o Here you will see your order requirements and have access to the forms that you must send to your primary source institutions (including professional licensure/registration authorities and employers) for completion.
 - o Your primary source institutions are required to send all forms and documents directly to CGFNS (further details below).
 - o A passport-style photo and any required identity documents can be uploaded directly by using the CGFNS Connect portal.

Step 4: Send required forms to licensing authorities and employers.

After completing your purchase, you will receive access to forms that must be sent to and filled out by your current licensing/registration authorities and any employers for which you have worked in a rehabilitation setting within the last five years. These are request forms for primary source information regarding your:

- License/Registration to Practice Nursing.
- Practice/Employment.

☐ **Download and print** the forms from the CGFNS Connect applicant portal. These forms are available by selecting your CGFNS Global Rehabilitation Nurse Certification Program order dashboard and navigating to the requirements section of your order.

☐ **Send each form** to the corresponding primary source identified on the form. The official(s) at each primary source institution who is authorized to provide the information requested on the forms should complete them and send them directly to CGFNS by mail/courier or electronically, along with any additional documents that supplement the forms.

NOTE: CGFNS **will not** accept any of these forms and documents if they are sent from anyone other than the designated officials at the primary source institution.

Document language: All documents received from your primary sources must be in English or accompanied by an English translation. If needed, CGFNS can provide you with English translation services for a fee (See [Order Type and Fee Schedule](#)). CGFNS will not accept translations directly from you.

Step 5: Pass the CGN-R Exam

Once all your application materials have been reviewed and accepted by CGFNS, you will receive an

Authorization-to-Test notification that contains information about test administration, availability, and instructions for how to schedule your examination. Your authorized test window for taking your exam will be determined by the date on which your eligibility is approved.

Diasability accommodations

Individuals requiring special accommodations during an examination must provide written documentation by their specialist to CGFNS at the time of application for examination in accordance with the Americans with Disabilities Act and other international laws. Contact CGFNS for further information.

Exam specifications

The initial Certified Global Nurse – Rehabilitation (CGN-R) exam that will be administered in 2024 and 2025 will consist of 230 multiple-choice and multiple-select questions, 150 of which are scored and 80 of which are pre-test items that do not factor into a candidate's score. The large number of pre-test items is a common feature for initial administrations of a certification exam.

Candidates have 3 hours and 45 minutes to answer the 230 questions (approximately one minute per question).

A multiple-choice question consists of two essential parts. The “stem” represents the question or the problem statement and a set of alternatives containing a “key” (the best possible answer). Except for the key, all other answer alternatives are distractors that are plausible or incorrect answers.

A multiple-select question is similar to a multiple-choice question, except that the candidate is directed to select more than one correct answer. See Appendix A: Sample Test Questions and Answers for examples of all question types on the exam.

CGN-R Exam Blueprint

The following areas are covered on the exam:

Professionalism

Global rehabilitation nurses are expected to embrace the scope and standards of rehabilitation nursing practice while using the nursing process to engage in ethical, patient-centered care as an essential member of the interdisciplinary team.

Safety

This construct highlights skills such as responding proactively to real or potential hazards, incidents, and errors.

Education

This construct addresses principles of teaching patients and families across the lifespan, cultural sensitivity, and health literacy. Global rehabilitation nurses devote a significant part of their role to

teaching patients and families the necessary skills to maximize selfcare as they return to their homes and communities.

Rehabilitation Nursing Interventions

This construct is concerned with creating and managing patient-centered care plans, collaborating with an interdisciplinary team, planning educational activities for patients, families, and rehabilitation teams, showing leadership and management of rehabilitation protocols, and using best evidence to establish policies and procedures.

The CGN-R Exam Blueprint is shown on the next page. A more comprehensive explanation of the CGN-R Exam Blueprint is provided in Appendix B.

CGN-R Exam Blueprint

Domains
Domain I: Professionalism (15% of exam)
Clinical Reasoning
Interprofessional Teamwork
Ethics
Domain II: Safety (20% of exam)
Safe Patient Handling
Evidence-Based Fall Prevention
Infection Control and Prevention
Privacy (Protecting and Supporting Privacy and Dignity)
Domain III: Education (15% of exam)
Patient and Family/Significant Others
Health Literacy and Self-Efficacy
Communities or Populations
Cultural Sensitivity and Congruence
Principles of Adult Teaching/Learning
Principles of Pediatric Teaching/Learning
Principles of Geriatric Teaching/Learning
Domain IV: Rehabilitation Nursing Interventions (50% of exam)
General Rehabilitation Nursing
Disorder-Specific Rehabilitation Nursing
Age-Span Considerations

Translations

CGFNS has received multiple inquiries regarding the translation of the certification exams into other languages. Although there are plans to explore translating these certification exams into multiple languages, they will be available initially only in English.

Exam Fees

Please refer to the fee schedule on the [CGFNS website here](#).

Exam Administration

The CGN-R exam is a computer-based exam conveniently offered worldwide. Detailed instructions on how to register for an administration date will be sent out upon receipt and approval of all required application materials. Candidates should register for their exam as soon as possible after receiving instructions from CGFNS.

Irregular Behavior

All CGFNS exams are supervised by proctors who are required to report any irregular behavior, which includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the exam as evidenced by observation or subsequent statistical analysis of answer sheets.

Exam Results

The results from the Fall 2024 to Spring 2025 exams taken will be delayed in order to conduct psychometric analyses on these initial exams. Candidates will be provided status updates by email concerning the availability of exam results.

About CGFNS International

The **Commission on Graduates of Foreign Nursing Schools®** was established in 1977 to provide license verification, testing, and credentials evaluation of graduates of nursing schools to determine eligibility for nursing practice in the United States. As an immigration-neutral nonprofit, the expanded scope of the organization—now also known as **CGFNS International**—has been to help foreign-educated nurses and other allied health professionals live and work in their country of choice by assessing and validating their academic and professional credentials.

CGFNS International provides foreign students and healthcare professionals with a comprehensive assessment of their academic records to facilitate their successful admission to schools in the US and other countries.

We also help protect migrating healthcare professionals by advocating for ethical recruitment practices and continuously monitoring the global landscape for developing trends in employment recruitment and workplace norms.

CGFNS International is an NGO in Consultative Status with the United Nations Economic and Social Council (ECOSOC), which serves as the central forum for international and social issues.

Our Vision

Skilled professionals on the front line of care today are responsible for more complex care than ever before. Long hours, concerns over patient safety, and a lack of autonomy are forcing healthcare professionals to leave the workplace in droves. Serious shortages are driving an unprecedented global demand for skilled, compassionate, and capable health professionals.

Meanwhile, the future of healthcare holds great promise. Scientific breakthroughs and new technologies are constantly emerging, but they are outpacing and overwhelming clinicians' ability to care for patients. New discoveries demand new skills and new care models that offer authentic connection, care, and coordination across settings as well as exciting technological advancements.

CGFNS envisions disruptive healthcare transformation in every corner of the health ecosystem—presenting new approaches that activate the full potential of the nursing profession's capability and ability to work with other health professionals, preparing them to care for multicultural humanity during the most critical moments and difficult journeys of patients and the public.

At CGFNS, we believe there's never been a greater opportunity to make a difference and have an impact on the lives of patients and providers. We aim to help lead this transformation by driving professional advancement; helping nurses and other health professionals thrive and expand their opportunities by validating their training and skills; and creating standards and gateways that help them navigate global health systems with ease, heal and work at the top of their expertise, and contribute to high standards for global healthcare systems.

The future of healthcare will be determined by patients seeking a better and more meaningful care experience, by health systems that can provide the best care, and by providers with the ability to optimize their opportunities and their skills. Supporting clinical teams whose knowledge, expertise, and empathy are driven by standards of excellence, CGFNS is uniquely equipped to assist in shaping a dynamic, capable, and compassionate global health system.

This is the heart of healthcare transformation.

Mission

To be a gateway to a world-class workforce delivering transformative healthcare.

Four Pillars

CGFNS delivers resources and professional services that align to these four organizational goals. Our programs are built to support:

Career mobilization: Streamlined assessment, evaluation, and certification programs that support career management and portability.

Professional development: Resources, training, and services to support cross-career development for healthcare professionals worldwide.

Care model evolution: Research, thought leadership, and resource offerings to support evolving roles for healthcare professionals in advancing models of care.

Operational efficiency: Prioritized programs and resources that drive infrastructure transformation, data automation, and omnichannel customer experience.

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CGFNS wishes to acknowledge the many nurses and other health professionals across the world in the rehabilitation field who contributed to the development of the Certified Global Nurse – Rehabilitation (CGN-R) program, including the following:

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Appendix A: Sample Test Questions and Answers

A sampling of test questions by topic is shown below. There are two types of questions on the CGN-R exam: 1) traditional multiple-choice, and 2) multiple-select (when a candidate must choose more than one answer). Examples of both types are included in the sample questions.

Professionalism

Prioritized programs and resources that drive infrastructure transformation, data automation, and omnichannel customer experience.

1. **In advocating for patient-centered care, rehabilitation nurses inform patients about all care options to facilitate personal decision making. This is an example of which principle?**
 - a. honesty
 - b. autonomy
 - c. justice
 - d. beneficence
2. **[Choose 3 answers] The purpose of an assessment that includes a biopsychosocial assessment, a learning assessment, and health literacy is to:**
 - a. Share information with the team.
 - b. Develop an individualized plan of care.
 - c. Complete evidence-based documentation.
 - d. Set goals with the patient and family.
3. **[Choose 3 answers] An interprofessional team is caring for patients on a rehabilitation unit. Which descriptions of the roles and responsibilities of team members are correct?**
 - a. The roles are discipline specific.
 - b. The responsibilities are interrelated.
 - c. Roles and responsibilities are coordinated.
 - d. Patient outcomes are discipline specific.

Safety

4. **In addition to gloves, which personal protective equipment should a nurse use when caring for a patient with an active *Clostridium difficile* infection?**
 - a. face shield
 - b. isolation gown
 - c. shoe covers
 - d. face mask
5. **[Choose 3 answers] Common international principles of privacy include:**
 - a. Protection of personal information.
 - b. The right of privacy.
 - c. Patient confidentiality.
 - d. Data disclosure upon request.

6. Which is the **FIRST** step in the safe patient handling planning process?

- a. Identification of available lifting aids.
- b. Assessment of the patient's ability to cooperate and assist.
- c. Assessment of safety risk factors for the care provider.
- d. Installation of electronically operated beds.

Education

7. Being culturally sensitive is important because it can:

- a. Assist with determining how to change the spiritual misconceptions of a patient.
- b. Help determine the best method for talking about one's own beliefs and culture.
- c. Allow staff to assume the typical needs of patients of various cultures.
- d. Affect the management of a patient's disability or chronic problem.

8. As a member of the interdisciplinary team, what should the rehabilitation nurse encourage patients to do to develop self-efficacy?

- a. Follow the directions of the team.
- b. Seek the advice of family and friends.
- c. Participate in their own care and health decisions.
- d. Rely on a physician with expertise in the patient's diagnosis.

9. [Choose 3 answers] A 33-year-old woman has paraplegia and was recently diagnosed with Type 2 diabetes. She relies on food from fast food restaurants, as she is the mother of four and her job requires her to work 10 hours a day. To assist the patient in learning the basics of a healthy diabetic diet, which strategies will be **MOST** effective?

- a. Partner with the patient to devise reasonable learning goals.
- b. Focus on the patient's eating behaviors to increase likelihood of compliance.
- c. Individualize a diet that considers the patient's food preferences.
- d. Provide the patient with the standard hospital diabetic diet.

Rehabilitation Nursing Interventions

10. Before teaching intermittent self-catheterization (ISC), a rehabilitation nurse should first consider:

- a. Family involvement in care.
- b. Family ability to pay for catheter supplies.
- c. Patient motivation and functional ability.
- d. Patient ability to contract pelvic floor muscles.

11. A patient who has C-6 tetraplegia complains of an increase in spasticity. A common reason for this is:

- a. A side effect of medications.
- b. Development of syringomyelia.
- c. A urinary tract infection.
- d. Natural healing of the spinal cord injury.

12. Which position is **MOST** likely to facilitate a return to ambulation for a patient with a new below-the-knee amputation?

- a. periodic prone positioning in bed
- b. persistent prone positioning in bed
- c. head of bed at 90 degrees upright
- d. pillow under the knees

13. For adults who are 65 years of age and older, exercise is encouraged to preserve function.

Which World Health Organization recommendation is appropriate for a healthy older adult?

- a. moderate intensity aerobic activity for at least 150 minutes per week
- b. lifting free weights at least five times per week at 3 sets of 20 repetition
- c. stretching at least five times per week and holding each stretch for 1 minute
- d. vigorous intensity aerobic activity for at least 210 minutes per week

14. [Choose 3 answers] What are some immediate health complications for people with dysphagia of which the rehabilitation nurse should be aware?

- a. pneumonia
- b. dehydration
- c. choking
- d. dental caries

Answers

1. In advocating for patient-centered care, rehabilitation nurses inform patients about all care options to facilitate personal decision making. This is an example of which principle?
 - a. honesty
 - b. *autonomy**
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2. The purpose of an assessment that includes a biopsychosocial assessment, a learning assessment, and health literacy is to:
 - a. *Share information with the team.**
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 - c. Complete evidence-based documentation.
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- b. ***dehydration**
- c. ***choking**
- d. dental caries

Appendix B: CGN-R Exam Blueprint

Domains
Domain I: Professionalism (15% of exam)
Clinical Reasoning
Interprofessional Teamwork
Ethics
Domain II: Safety (20% of exam)
Safe Patient Handling
Evidence-Based Fall Prevention
Infection Control and Prevention
Privacy (Protecting and Supporting Privacy and Dignity)
Domain III: Education (15% of exam)
Patient and Family/Significant Others
Health Literacy and Self-Efficacy
Communities or Populations
Cultural Sensitivity and Congruence
Principles of Adult Teaching/Learning
Principles of Pediatric Teaching/Learning
Principles of Geriatric Teaching/Learning
Domain IV: Rehabilitation Nursing Interventions (50% of exam)
General Rehabilitation Nursing
Disorder-Specific Rehabilitation Nursing
Age-Span Considerations

Domain I: Professionalism

Professionalism is the adherence to a set of values, behaviors, and standards that demonstrate respect, competence, accountability, and integrity in one's work. Professionalism in rehabilitation nursing encompasses knowledge and skills, communication and collaboration, ethics and values, and leadership and advocacy. Professionalism in rehabilitation nursing is important for enhancing the quality and safety of patient care, promoting the trust and respect of the public, and fostering the growth and development of the nursing profession. Rehabilitation nursing is a dynamic and ongoing process that requires continuous learning and reflection. Some strategies to develop and maintain professionalism in rehabilitation nursing are setting clear and realistic goals, following the code of ethics and standards of practice, communicating and collaborating effectively and respectfully, and demonstrating leadership and advocacy skills and qualities.

A. Definition of rehabilitation

Rehabilitation is the process of helping an individual achieve the highest level of function, independence, and quality of life possible after an illness, injury, or other debilitating event. Rehabilitation can involve physical therapy, occupational therapy, speech therapy, and other forms of treatment to help restore physical, mental, or cognitive abilities that have been lost or impaired.

B. WHO ICF model of rehabilitation

The International Classification of Functioning, Disability and Health (ICF) model is a comprehensive and universal framework for describing and measuring health and disability. It was developed by the World Health Organization (WHO) in collaboration with experts and stakeholders from different disciplines and regions. The ICF model aims to provide a common language and standard for health information across different domains, contexts, and purposes.

C. Definition of rehabilitation nursing

Rehabilitation nursing is a specialized field of nursing that focuses on helping patients with chronic, disabling, or complex health conditions to achieve optimal functioning, quality of life, and adaptation. Rehabilitation nurses work with patients and their families to assess their needs, set goals, plan and implement interventions, and evaluate outcomes. Rehabilitation nurses also collaborate with other members of the interdisciplinary rehabilitation team, such as physicians, therapists, social workers, and case managers, to provide holistic and coordinated care. Rehabilitation nursing is a rewarding and challenging career that requires lifelong learning, critical thinking, creativity, and compassion. Rehabilitation nurses make a difference in the lives of their patients by promoting their recovery, independence, and well-being.

D. Clinical reasoning

Clinical reasoning is the process of collecting and interpreting information, making decisions, and planning actions for a patient problem or scenario. It involves using knowledge, skills, and experience to diagnose, treat, and prevent diseases, and to communicate and collaborate with patients and other health professionals.

1. **Healthcare systems:** social, cultural, economic, ethical, legal, and political influences

2. Holistic person
3. Supporting self-management
4. Environment: Internal & External, and social determinants of health
5. Essential skills:
 - a. Assessment
 - b. Critical thinking
 - c. Communication
 - d. Being a change agent or promoting change
 - e. Advocacy
 - f. Life-long learning
 - g. Apply person-centered care
 - h. Promoting patient empowerment in decision making
 - i. Using evidence-based care
 - j. Health promotion and disabling conditions

E. Interprofessional teamwork

Interprofessional teamwork is the collaboration of different health professionals from various disciplines and backgrounds to provide comprehensive and coordinated care to patients, families, and communities. It involves sharing knowledge, skills, values, and responsibilities among team members and communicating effectively and respectfully.

1. Role of the interdisciplinary team and its members (patient, family, nursing, physical therapy, occupational therapy, speech-language pathology, social worker, psychologist, physical medicine & rehabilitation {physician}, dietary, recreational therapy, respiratory therapy, vocational rehabilitation counselors, pharmacist)
2. Principles of team communication
3. Intra-interprofessional team referrals
4. General rehabilitation principles
5. Professional role in nursing
 - a. Provider of rehabilitation nursing interventions and care
 - b. Teacher/educator
 - c. Manager/leader
 - d. Research consumer
6. Using the nursing process
 - a. Assessment
 - b. Diagnosis
 - c. Planning/goals
 - d. Interventions
 - e. Evaluation
7. Scope and standards of professional rehabilitation nursing practice–global
8. Settings for care
9. Transitions in care

F. Ethics

Ethics in healthcare are the moral values and principles that guide the actions and decisions of health care professionals, patients, and other stakeholders in health care settings. Ethics in health-care aim to promote the well-being, dignity, and rights of all those involved in health care, as well as to prevent or resolve conflicts, dilemmas, and harms that may arise from health care activities.

1. Terms

- a. Autonomy
- b. Justice
- c. Beneficence
- d. Nonmaleficence

2. Ethical dilemma

3. Ethical frameworks for clinical decision-making

4. Role of ethical board

5. Resources available across care settings

6. Viewpoints in ethical issues in healthcare

7. Assessing difficult patient scenarios to determine ethical course of action while supporting patient autonomy.

Domain II: Safety

Safety in healthcare is the prevention of errors and adverse effects to patients associated with health care. It is a key component of quality of care and a fundamental human right. Patient safety is a complex and multidimensional issue that requires the involvement of all stakeholders in the health system, including policy makers, health care providers, patients and their families, and the general public. Some of the factors that affect patient safety are the culture of safety; the health care environment; the availability and use of evidence-based practices; the communication and coordination among health care teams; the engagement and empowerment of patients; and the learning and improvement from errors and adverse events.

A. Safe patient handling

Safe patient handling refers to the use of assistive devices and proper techniques to move and handle patients in a way that reduces the risk of injury to both the patient and the caregiver. This includes the use of equipment such as transfer belts, slide sheets, and mechanical lifts to help move patients safely and comfortably. Safe patient handling is important for preventing musculoskeletal injuries among healthcare workers and improving patient outcomes.

- 1. Selection and effective use of mobility and transfer equipment
- 2. Basic principles of moving and safe handling
- 3. Protecting the caregiver

B. Evidence-based fall prevention

Evidence-based fall prevention refers to the use of scientifically proven methods and techniques to reduce the risk of falls among patients, particularly those who are at an increased risk due to age,

illness, or disability. This can include interventions such as exercise programs to improve strength and balance, medication review and management, home safety assessments and modifications, and the use of assistive devices. By implementing evidence-based fall prevention strategies, healthcare providers can help to reduce the incidence of falls and improve patient outcomes.

1. Assessing risk for falls
2. Examples of fall risk screening tools
3. Safety promotion across settings

C. Infection control and prevention

Infection control and prevention refers to the policies and procedures used to minimize the risk of spreading infections, particularly in hospitals and other healthcare facilities. This includes a range of measures like hand hygiene, sterilization of equipment, use of personal protective equipment, and isolation of infected patients. The goal of infection control and prevention is to protect patients, healthcare workers, and visitors from the spread of infectious diseases.

D. Privacy (protecting and supporting privacy and dignity)

Privacy refers to the right of an individual to keep their personal information and activities confidential. It is the ability to control access to one's personal information and to make decisions about how and when it is shared with others. Privacy is considered a fundamental human right and is protected by law in many countries.

Domain III: Education

Principles of teaching and learning are used by the nurse to gauge teaching strategies to the needs of the patient or family/significant others. For example, certain educational strategies that would be appropriate for adults are different than those used for children. Additionally, many patients in rehabilitation (such as those with traumatic brain injury, Parkinson's disease, neurological disorders, dementia, cognitive dysfunction, young children, or frail elders) may need the nurse to educate family members or caregivers on disease processes, establishing appropriate and realistic goals, and expectations for rehabilitation/recovery.

A. Patient and family/significant others

Teaching patients and families is a significant and essential role component of the global rehabilitation nurse. Persons engage in adaptation strategies to successfully cope with life changes associated with disability, chronic illness, and even aging. Rehabilitation nurses, in collaboration with the interprofessional team, teach persons and families skin care, medications, pain management, nutrition/dysphagia, bowel and bladder management, care transitions, and psychosocial issues.

B. Health literacy and self-efficacy

Health literacy is defined as "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others" (CDC, 2023). Health literacy is more simply the person's ability to use and understand health

information. Creating teaching tools and strategies that are within a person's ability to understand them is essential.

Self-efficacy is related to a person's belief that they can change, have success, perform to their satisfaction and that this is within their power. For a patient or family member to learn and be willing to learn, they need to see value in what is being taught. Rehabilitation nurses need to be aware of patients' self-efficacy, because those with low self-efficacy may not be ready to learn, while those with higher self-efficacy will have greater motivation to participate in learning activities.

C. Communities or populations

The global rehabilitation nurse must consider the specific and unique needs of communities or populations.

D. Cultural sensitivity & congruence

The global rehabilitation nurse must approach each patient encounter with cultural sensitivity and congruence. This means that the culture, beliefs, and values of each patient are considered when planning care. While the nurse may not fully understand the culture of a patient that is different from his/her own, respectful and quality care considers these important factors related to spiritual care of the person.

E. Principles of adult teaching/learning

Malcolm Knowles' principles of adult learning are applied to planning rehabilitation nursing teaching for patients and families. Andragogy, or the study of teaching/learning in adults, includes these principles: adults need to know why they are learning something; adults build on experience; adults want to feel responsible for their own learning; adults are ready to learn if there is a purpose; adults want their learning to solve a problem; adults are internally motivated to learn.

F. Principles of pediatric teaching/learning

Children learn differently than adults. The rehabilitation nurse teaching children will apply the principles of pedagogy through knowledge of normal developmental stages in children. Unique teaching/learning strategies are used for each stage of development. For example, when teaching a school-aged child about proper handwashing, demonstration and return demonstration would be a preferred method over lecture. When instructing a group of teenagers about the impact of diet on management of diabetes, a combination of talking, handouts, participation in appropriate food choices through gaming and online programs would be preferred.

G. Principles of geriatric teaching/learning

Teaching older adults builds on andragogy principles as described above. However, older adults have unique aging changes that affect sensory and other body systems that can impact learning. While older adults can still learn new things, normal aging changes can make learning more challenging. Sensory changes in eyesight, hearing, touch, smell, and taste should cause the educator to make adaptations to teaching strategies. In addition, older adults may use functional adaptive

devices such as orthotics, prosthetics, walkers, canes, wheelchairs and the like for mobility. Modifying the environment for the older adult is essential to promote learning.

Domain IV: Rehabilitation nursing interventions

General rehabilitation nursing involves a wide range of techniques and approaches to help patients achieve their maximum level of independence and quality of life. Rehabilitation nurses play a critical role in helping patients with disorders such as stroke, brain injury, spinal cord injury, neurological disorders, neuromuscular disorders, amputations, and orthopedic injuries, to achieve their maximum level of independence and quality of life. They work closely with other members of the rehabilitation team to develop and implement individualized care plans that address the unique needs of each patient. Interventions may include nutrition, pain management, wound care, medication management, and bowel and bladder training.

A. General Rehabilitation Nursing

Rehabilitation nurses work closely with other members of the rehabilitation team to develop and implement individualized care plans that address the unique needs of each patient. They also play a critical role in monitoring the patient's progress and adjusting the care plan as needed to ensure the best possible outcomes.

1. Nutrition/dysphagia

- a. Assessing nutritional and hydration status
- b. The role of each of the rehabilitation team members in support of nutrition and hydration
- c. Promotion of nutrition and hydration in rehabilitation patients
- d. Mechanism of swallowing
- e. Screening for dysphagia
- f. Bedside swallow screening
- g. Interventions for dysphagia
- h. Alternative means of nutrition and hydration
- i. Rehabilitation interventions for nutrition and hydration: adaptive equipment and techniques

2. Skin Integrity

- a. Maintaining skin integrity and tissue viability
- b. Prevention of pressure ulcers and care-associated injury
- c. Pressure injury risk assessment
- d. Wound assessment and documentation
- e. Principles of wound care
- f. Burn care

3. Bowel and bladder management

- a. Principles of bowel assessment and management
- b. Promoting good bowel function

- c. Neurogenic bowel function
 - i. Designing a bowel management program based upon patient diagnosis
- d. Strategies for common problems
 - i. Constipation
 - ii. Diarrhea
- e. Principles of bladder assessment and management
- f. Promoting good bladder function
- g. Designing a bladder management program
- h. Common urologic equipment used in rehabilitation
- i. Strategies for common problems
 - i. Bladder diary
 - ii. Timed voiding
 - iii. Scheduled voiding
 - iv. Prompted voiding
- j. Neurogenic bladder
- k. Types of incontinence
- l. Review of incontinence products
- m. Teaching self-catheterization

4. Mobility, promoting function

- a. Assessing mobility: functional scores and scales
 - i. Katz
 - ii. Barthel
 - iii. Other (e.g. FIM)
- b. Types of transfers
- c. Levels of assist
- d. Energy conservation techniques
- e. Fundamentals of OT/PT interventions for mobility

5. Psychosocial issues

- a. Stress and coping
- b. Grief and loss
- c. Culture and disability
- d. Providing culturally congruent care
- e. Spirituality
- f. Sexuality and disability
- g. Resilience
- h. Motivation
- i. Family and community reintegration
- j. Fertility, sexuality, childbearing and disability

6. Comprehensive Pain management

- a. assessing pain
- b. acute and chronic pain
- c. non-pharmacological and pharmacological pain management

7. Spasticity management

8. Medical co-morbidities seen in rehabilitation patients

- a. Hypertension
- b. Diabetes
- c. Chronic lung disease
- d. Heart disease
- e. Obstructive sleep apnea
- f. Vascular insufficiency
- g. Malnutrition

9. Respiratory rehabilitation techniques

- a. Assisted cough
- b. Oxygenation
- c. Ventilation

10. Assessment and management of cognitive impairment

- a. Delirium and acute cognitive dysfunction
- b. Behavioral issues

B. Disorder-specific rehabilitation nursing

Disorder-specific rehabilitation nursing involves tailoring nursing care to the specific needs of patients with a particular disorder. This approach requires knowledge of the disorder, its symptoms, and the most effective interventions for managing them.

1. Cardiopulmonary rehabilitation

- a. Conditions and causes
- b. Prevention
- c. Risk factors
- d. Goals of cardiopulmonary rehabilitation
- e. Phases of cardiac rehabilitation
- f. Monitoring and equipment
- g. Pulmonary rehabilitation-specific interventions
 - i. Abdominal breathing
 - ii. Smoking cessation programs
 - iii. Exercise
 - iv. Managing exacerbations
 - v. Educational needs

2. Stroke Rehabilitation

- a. Conditions and causes
- b. Prevention
- c. Risk factors
- d. Severity scales
 - i. NIHHS
 - ii. Screening
- e. Common consequences of stroke
- f. Physical impacts
- g. Psychosocial impacts
- h. Educational needs
- i. Goals of stroke-specific rehabilitation interventions

3. Traumatic and other acquired Brain Injury Rehabilitation

- a. Causes
- b. A & P review
- c. Prevention
- d. Risk factors
- e. Severity scales
 - i. Glasgow Coma Scale
 - ii. Rancho Scale
- f. Common consequences of brain injury
- g. Physical impacts
- h. Psychosocial impacts
- i. Managing behavioral issues
 - i. Agitation
 - ii. Depression
 - iii. Aggression
 - iv. Memory loss
 - v. Personality changes
- j. Rehabilitation interventions
- k. Long-term care planning
- l. Care for the family and children
- m. Educational and vocational needs

4. Spinal cord disease and injury rehabilitation

- a. Causes
- b. A & P Review
- c. Prevention
- d. Risk Factors
- e. Severity scales

- i. Complete vs. incomplete
- ii. ASIA scale
- iii. Functional levels
- f. Spinal stability
- g. Common consequences of spinal cord disease and injury
- h. Physical challenges
- i. Rehabilitation interventions
- j. Bed mobility
- k. Equipment needs
- l. Home modifications
- m. Long-term care planning
- n. Care for the family caregiver
- o. Educational needs

5. Neurological Disorders Rehabilitation

- a. Care of patients with:
 - i. MS
 - ii. GBS
 - iii. ALS
 - iv. Parkinson's disease
 - v. Myasthenia gravis
 - vi. Post polio syndrome
 - vii. Other
- b. Causes
- c. Anatomy and physiology Review
- d. Risk factors
- e. Severity scales
- f. Common consequences of neurological disorders
- g. Physical challenges
- h. Rehabilitation interventions
- i. Care for the family caregiver
- j. Educational needs

6. Orthopedic & Polytrauma Disorders Rehabilitation

- a. Care of patients with:
 - i. Arthritis
 - ii. Joint Replacement
 - iii. Limb loss/amputation
 - iv. Bone fractures
- b. Causes
- c. Risk factors
- d. Severity scales

- e. Common consequences of orthopedic disease and injury
- f. Pain management
- g. Physical Challenges
- h. Prosthetic/orthotics
 - i. Energy expenditure after amputation
- i. Adaptive equipment
- j. Rehabilitation interventions
- k. Home modification
- l. Educational needs

C. Age-span considerations

1. Geriatric Rehabilitation

- a. Introduction to geriatric rehabilitation
- b. Principles of care
- c. Promoting healthy aging and aging in place
- d. Preserving function
- e. Promoting participation
- f. Common abnormalities of aging
 - i. Frailty
 - ii. Multi-morbidity
- g. Common geriatric syndromes
 - i. Pressure injury
 - ii. Incontinence
 - iii. Falls
 - iv. Functional decline
 - v. Delirium, depression, dementia
 - vi. Elder mistreatment
- h. End of life care
 - i. Hospice
 - ii. Palliative care
 - iii. Care of the family

2. Pediatric Rehabilitation

- a. Introduction to pediatric rehabilitation
- b. Principles of care
- c. Family-centered care
- d. Normal growth and development
 - i. Developmental delays
 - ii. Intellectual disabilities
 - iii. Social engagement
- e. Common inpatient pediatric rehab diagnosis
 - i. Cerebral palsy
 - ii. Spina bifida

- iii. Neurological abnormalities
- iv. Craniofacial abnormalities
- v. Congenita deficiencies
- vi. Common acquired conditions:
 - 1. TBI
 - 2. SCI
 - 3. Burns
 - 4. Cancer
- f. Adaptation
- g. Equipment needs
- h. Home modification
- i. Long-term care planning
- j. Community resources

3. Rehabilitation for persons with cancer

- a. palliative cancer care and survivorship cancer care
- b. optimizing physical and psychological function
- c. symptom management

Appendix C: Exam Reference Guide

The following list of references is provided for information only. Questions on the CGN-R exam may be drawn from sources other than those listed below. Please use the most recent references available. References older than ten years should be used with caution, as nursing practices may have changed significantly since publication.

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