

Module 14: Rehabilitative Nursing
Minimum Number of Theory Hours: 2
Recommended Clinical Hours: 4

Statement of Purpose:

The purpose of this unit is to introduce the Nurse Assistant to restorative care. Each individual is entitled to reach his/her optimal level of functioning. The Nurse Assistant assists the resident in achieving maximum independent living skills through use of rehabilitative or restorative procedures.

Terminology:

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|---|---|--------------------------------------|
| 1. Active-assistive range of motion | 17. Eversion | 32. Pneumonia |
| 2. Active range of motion | 18. IDT-Interdisciplinary team | 33. Pressure ulcers |
| 3. Activities of daily living (ADL) | 19. Heel/elbow protector | 34. Prosthesis |
| 4. Adaptive | 20. Fleece pad | 35. Quadriplegia |
| 5. Airbed (Kinair, Clinitron, Hill-Rom) | 21. Flotation pads | 36. Range of Motion (ROM) |
| 6. Alternating pressure mattress | 22. Foot board | 37. Restorative care/rehabilitation |
| 7. Ambulation | 23. Hemiplegia | 38. Risk factors |
| 8. Atrophy | 24. Independence | 39. Self-care activities |
| 9. Bed cradle | 25. Inversion | 40. Stasis pneumonia |
| 10. Cast | 26. Joint | 41. Thrombophlebitis |
| 11. Contractures | 27. Open Reduction Internal Fixation (ORIF) | 42. Traction |
| 12. Decline | 28. Paralysis | 43. Trochanter rolls |
| 13. Decubitus | 29. Paraplegia | 44. Turn, cough, deep breathe (TCDB) |
| 14. Disability | 30. Passive range of motion | 45. Water bed |
| 15. Egg-crate mattress | 31. Phlebitis | |
| 16. Embolism | | |

Performance Standards (Objectives):

Upon completion of the two- (2) hours of class plus homework assignments and four (4) hours of clinical experience, the learner will be able to:

1. Define key terminology.
2. Discuss rehabilitation (restorative care) and how it promotes independence and resident potential.
3. State goals of restorative care that promote independence and resident potential.

4. Describe the rehabilitation team, state its purpose, and discuss the role of the Nurse Assistant as a member of the team.
5. List the responsibilities of the Nurse Assistant in promoting resident self-care.
6. List activities that make up Activities of Daily Living (ADLs).
7. List common comfort and adaptive devices and explain the purposes of each.
8. Identify steps to prevent complications from inactivity.
9. Describe range-of-motion exercises (ROM).
10. Identify procedures and devices used to promote mobility and ambulation for residents with physical and/or visual impairment.
11. Discuss relationship between resident's self-esteem and family involvement in care.
12. Discuss the process of documentation and the Nurse Assistant role in care plan meeting.

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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
<p>Objective 1 Define key terminology A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context.</p>	<p>A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration. C. Encourage use of internet, medical dictionary, and textbooks. D. Create flashcards for learning purposes. E. Handout 14.1a- Rehabilitative and Restorative Care Crossword. F. Handout 14.1b- Rehabilitative and Restorative Care Crossword – KEY.</p>	<p>A. Have students select five words from the list of key terminology and write a sentence for each defining the term. B. Administer vocabulary pre-test and post-test. C. Uses appropriate terminology when charting and reporting to licensed personnel.</p>
<p>Objective 2 Discuss rehabilitation (restorative care) and how it promotes independence and resident potential. A. Disability is a physical and/or mental condition which interferes with meeting basic human needs. B. Effects of disability related to Maslow's hierarchy 1. Feelings of loss. 2. Damage to self-image. 3. Loss of self-esteem. C. Restorative/rehab care helps disabled individuals return to their highest possible level of physical and psychological functioning; promotes independence.</p>	<p>A. Lecture B. Discussion C. Guest speaker on rehab.</p>	<p>A. Written test B. Class Participation</p>

<ol style="list-style-type: none"> 1. Helps resident adjust to the disability. 2. Emphasizes abilities – learn new skills and retain old skills. 3. Prevention of deterioration – leading to decline in condition. 4. Prevents complications – rehab begins when resident first enters facility. 5. Identify risk factors contributing to disability. 		
<p>Objective 3 State goals of restorative care that promote independence and resident potential.</p> <p>A. Physical goals of rehabilitation/restorative care and ADLs</p> <ol style="list-style-type: none"> 1. Maintain present level of function. 2. Improve/restore physical function. 3. Encourage independence and performance of self-care activities. <p>B. Psychosocial goals of rehabilitation/restorative care.</p> <ol style="list-style-type: none"> 1. Adjust to psychosocial effects of disability. 2. Recognizes small and simple accomplishments. <ol style="list-style-type: none"> a. Social service referrals. b. Job skill development. 	<p>A. Lecture</p> <p>B. Discussion</p>	<p>A. Written test</p> <p>B. Promotes resident's independence in self-care activities.</p>
<p>Objective 4 Describe the rehabilitation team, state its purpose, and discuss the role of the Nurse Assistant as a member of the team.</p> <p>A. Rehabilitation team</p> <ol style="list-style-type: none"> 1. Rehabilitation is a skilled care provided by licensed therapy staff and their assistants. 2. Members <ol style="list-style-type: none"> a. Resident. b. Family members. c. Nurse Assistant. d. Licensed nursing staff. e. Physical Therapist. f. Occupational Therapist. 	<p>A. Lecture</p> <p>B. Discussion</p> <p>C. Arrange for guest speaker from a rehab facility.</p> <p>D. Show examples of resident rehabilitation plan.</p> <p>E. Participate in resident care conference.</p>	<p>A. Written test</p> <p>B. Provides resident care consistent with rehabilitation efforts.</p>

<ul style="list-style-type: none"> g. Speech Therapist. h. Physician. i. Activity Leader. j. Social Worker. k. Clergy. l. Dietitian. <p>B. Purpose of rehabilitation</p> <ul style="list-style-type: none"> 1. Discuss and evaluate resident's level of functioning. 2. Establish resident's care plan and goals for rehabilitation. 3. Evaluate progress and adjust plan of care to achieve resident's goals with a greater degree of resident independence. 4. Restore the resident to his/her optimal level of functioning. <p>C. Nurse Assistant responsibilities as a member of the rehabilitation team.</p> <ul style="list-style-type: none"> 1. Participate in resident care planning conferences. 2. Observe and report resident's responses to care. 3. Follow the resident's care plan. 4. Encourage the resident to follow the rehabilitation plan. 5. Observe and report early signs and symptoms of complications. 		
<p>Objective 5 List the responsibilities of the Nurse Assistant in promoting resident self-care.</p> <ul style="list-style-type: none"> A. Protect resident's rights. B. Ensure safety and privacy. C. Communicate therapeutically – ask residents' opinions and let them have control. D. Adhere to legal and ethical principles. E. Follow instructions of immediate supervisor and plan of care. F. Report significant changes in resident condition. G. Practice appropriate and effective nursing care. H. Implement rehabilitative measures as ordered, i.e., ROM, training 	<ul style="list-style-type: none"> A. Lecture B. Discussion 	<ul style="list-style-type: none"> A. Written test B. Demonstrates consistent application of Nurse Assistant responsibilities in promoting self-care.

<p>plan for resident self-care.</p> <p>I. Encourage resident independence – praise even small accomplishments.</p> <p>J. Provide emotional support and reassurance.</p> <p>K. Follow the documentation guidelines.</p> <p>L. Concentrate on resident's abilities.</p> <p>M. Use equipment and devices appropriately (cast, prosthesis, walker, cane, wedge for post open reduction internal fixation – hip surgery).</p> <p>N. Protect resident from abuse.</p>		
<p>Objective 6 List activities that make up Activities of Daily Living (ADLs).</p> <p>A. Daily hygiene, grooming, eating, and self-care activities necessary for normal functioning in society.</p> <p>B. Examples:</p> <ol style="list-style-type: none"> 1. Grooming 2. Dressing 3. Eating 4. Hygiene 5. Elimination – bowel and bladder 6. Mobility/ambulation 7. Self-turning and positioning 	<p>A. Lecture</p> <p>B. Discussion</p> <p>C. Clinical observation.</p>	<p>A. Written test</p> <p>B. Assist residents in performing ADLs as necessary.</p>
<p>Objective 7 List common comfort and adaptive devices and explain the purposes of each.</p> <p>A. Comfort devices and their purposes:</p> <ol style="list-style-type: none"> 1. Footboard; prevents plantar flexion. 2. Trochanter roll; prevents external rotation and pressure sores. 3. Hard splint; prevents contractures. 4. Bed cradle; prevents foot drop. 5. Trapeze; strengthens muscles and facilitates movement. 6. Sheepskin; avoids friction, skin breakdown. 	<p>A. Lecture</p> <p>B. Discussion</p> <p>C. Demonstrate devices.</p> <p>D. Catalogs from medical stores to show pictures.</p> <p>E. Role play students assisting disabled persons with adaptive devices.</p>	<p>A. Written test</p> <p>B. Uses adaptive/comfort devices appropriately.</p>

<ul style="list-style-type: none"> 7. Heel/elbow protectors; protect against friction, skin breakdown. 8. Flotation pads, egg crate mattress, water bed, alternating pressure mattress; Clinitron bed protects pressure points, prevents skin breakdown. 9. Pillows and boosters; provide support, positioning, and prevent contractures. 10. Cast/traction; keep the affected site in proper alignment, prevent complication. <p>B. Adaptive/self-help devices – their purpose and use:</p> <ul style="list-style-type: none"> 1. Cuffed or swivel-handled utensils, plate guards or holders; eating utensils. 2. Long-handled combs/brushes, button hooks, sock puller, specially designed clothing; hygiene and grooming aides. 3. Reachers, telephone holder, communication boards; promote independence. 4. Artificial limbs, application, care and removal 5. Casts and splints; immobilization, alignment, and support, cast care. 	<ul style="list-style-type: none"> F. Return demonstration on range-of-motion manual skills and care of casts. G. Manual Skills 14.7- Providing Cast Care. 	
<p>Objective 8 Identify steps to prevent complications from inactivity.</p> <p>A. Complications</p> <ul style="list-style-type: none"> 1. Types: <ul style="list-style-type: none"> a. Neurological (stress, depression, changes in behavior, sleep disturbances). b. Respiratory (stasis pneumonia or atelectasis). c. Circulatory <ul style="list-style-type: none"> 1) Thrombophlebitis. 2) Pulmonary embolism. d. Musculo-skeletal <ul style="list-style-type: none"> 1) Contractures – are permanent. 2) Osteoporosis – demineralization due to lack of weight bearing. 	<ul style="list-style-type: none"> A. Lecture B. Discussion 	<ul style="list-style-type: none"> A. Written test B. Uses appropriate methods to prevent complications from inactivity.

<p>3) Muscle atrophy.</p> <p>e. Integumentary (pressure sores).</p> <p>f. Gastro-intestinal (constipation and decrease of appetite).</p> <p>g. Genito-urinary (kidney stones, urinary tract infection).</p> <p>h. Psychosocial (loneliness, depression).</p> <p>2. Causes:</p> <p>a. Bed rest.</p> <p>b. Prolonged illness.</p> <p>c. Immobility due to injury.</p> <p>d. Surgery.</p> <p>B. Preventive methods</p> <p>1. Turning/repositioning.</p> <p>2. TCDB (turn, cough, and deep-breathing exercises).</p> <p>3. Body alignment.</p> <p>4. Range of motion.</p> <p>5. Supportive devices.</p> <p>6. Skin care.</p> <p>7. Encouraging resident independence.</p> <p>8. Toileting.</p> <p>9. Bowel and bladder training.</p> <p>10. Elastic stockings.</p> <p>11. Ambulation is best</p> <p>a. Maintains muscles and bones; moves joints.</p> <p>b. Reduces pressure on the skin.</p> <p>c. Increases circulation.</p> <p>d. Increases respiratory and heart function.</p> <p>e. Improves bowel function and promotes emptying of bladder.</p> <p>f. Promotes independence and self-esteem.</p> <p>g. If resident cannot walk, at least stand, or transfer them to a chair.</p>		
Objective 9		

<p>Describe range-of-motion exercises (ROM).</p> <p>A. Range of motion is movement of joints through their normal range of movement to the point of resistance or discomfort.</p> <p>B. Purpose</p> <ol style="list-style-type: none"> 1. Maintain muscle strength. 2. Stimulate circulation. 3. Maintain body alignment and make positioning easier. 4. Prevent thrombophlebitis. 5. Prevent contractures. <p>C. Frequency</p> <ol style="list-style-type: none"> 1. At least three times each day with at least three repetitions of each movement of the joint. 2. As indicated in the care plan. <p>D. Technique</p> <ol style="list-style-type: none"> 1. Active ROM <ol style="list-style-type: none"> a. Best. b. Resident moves own joints through their normal range of movement. c. Maintains muscle. 2. Passive ROM <ol style="list-style-type: none"> a. Nurse Assistant moves the resident's joints through their normal range of movement to the point of resistance or discomfort. b. Still gets muscle atrophy. 3. Active assistive ROM - the Nurse Assistant helps the resident move his/her joints through their normal range of movement to the point of resistance or discomfort or the resident uses a resistive device. <p>E. General rules to avoid injury</p> <ol style="list-style-type: none"> 1. Exercise joint correctly. 2. Avoid unnecessary exposure of resident. 3. Use good body mechanics. 	<p>A. Lecture</p> <p>B. Discussion</p> <p>C. Demonstrate ROM; active and passive.</p> <p>D. Manual Skills 14.9a - Range of Motion exercises.</p> <p>E. Manual Skills 14.9b - Performs passive range of motion - PROM for one knee and one ankle.</p> <p>F. Manual skills 14.9c - Passive range of motion- PROM for one shoulder.</p>	<p>A. Written test</p> <p>B. Performs basic range of motion exercises correctly.</p>
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<ol style="list-style-type: none"> 4. Fully support each extremity. 5. Move joint slowly, smoothly and gently. 6. Do not force the joint to move past the point of resistance or resident discomfort. 7. Do not cause the resident to have pain. 8. Report resident complaint of pain to the licensed nurse. 		
<p>Objective 10 Identify procedures and devices used to promote mobility and ambulation for residents with physical and/or visual impairment.</p> <p>A. Things to check to determine if resident can be more independent</p> <ol style="list-style-type: none"> 1. Physical strength and ability. 2. Available special training. 3. Assistive devices. 4. Financial resources. 5. Cognitive ability. 6. Motivation. <p>B. Procedures</p> <ol style="list-style-type: none"> 1. Transfer techniques – review from Module 5. <ol style="list-style-type: none"> a. Follow facility policy on lifting and transferring. b. Resident weight above 100 lbs. requires two person assists. c. Resident with osteoporosis should be transferred using manual team lift. 2. Gait training. 3. Training in self-transfer techniques. 4. Use of gait belt for ambulation. 5. Check to see if the resident can sit unassisted and steadily, as well as stand a few seconds alone. <p>C. Assistive devices</p> <ol style="list-style-type: none"> 1. Cane. 2. Walker. 3. Wheelchair. 	<ol style="list-style-type: none"> A. Lecture B. Discussion C. Role play various physical and visual impairments. Have students discuss how they felt and what devices or procedures would help them. D. Demo, practice E. Review video showing techniques as needed. 	<ol style="list-style-type: none"> A. Written test B. Uses assistive devices and procedures appropriately.

<ul style="list-style-type: none"> 4. Transfer board. 5. Braces, splints, and prostheses. 6. Service animals (Seeing Eye and Hearing Ear dogs). 7. Braille. 8. Modifications to accommodate wheelchair access. 9. Disabled parking. <p>D. Care and use of adaptive, assistive, and orthotic devices.</p>		
<p>Objective 11 Discuss relationship between resident's self-esteem and family involvement in care.</p> <p>A. Basic needs as defined by Maslow which can be met by involving the resident and his/her family in developing and participating in the plan of restorative care.</p> <ul style="list-style-type: none"> 1. Love/belonging/affiliation needs. 2. The need for self-esteem. 3. The need for self-actualization. <p>B. Methods of assisting the resident to meet these needs – therapeutic communication.</p> <ul style="list-style-type: none"> 1. Promote interaction between the resident, the family, and the rehabilitation team. 2. Treat the resident and family with respect and dignity. 3. Be supportive of the resident and his/her family and use praise as appropriate to reinforce progress. 4. Encourage resident independence. 5. Use a positive approach to restorative plan. 	<p>A. Lecture B. Discussion</p>	<p>A. Written test B. Practices consistent, effective therapeutic communication with residents and their families.</p>
<p>Objective 12 Discuss the process of documentation and the Nurse Assistant role in care plan meeting.</p> <p>A. Nurse Assistant helps the team members in completing the Resident Assessment Instrument (RAI) as mandated by federal government.</p> <p>B. RAI consist of three parts:</p> <ul style="list-style-type: none"> 1. Minimum Data Set 3.0 (MDS 3.0) – assessment tool. 	<p>A. Lecture B. Discussion C. Sample minimum data set 3.0 Form. D. Download MDS form at</p>	<p>A. Written test B. Assist student to review the resident clinical record under MDS section and Care</p>

<p>2. Triggers – condition that identifies problem (risk factors) that may require care plan.</p> <p>3. Resident Assessment Protocol (RAPs) – list of information and guidelines that will link to care plan goals.</p> <p>C. MDS Assessment is utilized and completed upon admission, quarterly and annually and when there is a significant change in condition.</p> <p>D. Nurse Assistant will provide information to complete the appropriate section(s) of the MDS.</p> <p>E. Care Plan will be reviewed during IDT meeting.</p> <p>F. Team discusses the appropriate interventions; updates the information that reflects current resident functioning.</p> <p>G. Nurse Assistant contributes valuable information because of being the direct patient care provided, especially in the areas of activities of daily living.</p>	<p>http://www.cms.hhs.gov/</p> <p>E. Show sample of Care Plan Form.</p>	<p>Plan section of the record.</p> <p>C. Interpret the codes as appropriate that reflect resident functioning.</p>
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Sample Test: Module 14- Rehabilitative Nursing

1. Rehabilitation
 - A. Assists the resident to attain his/her highest level of ability.
 - B. Requires the services of only licensed personnel to be successful.
 - C. May be provided in the hospital, subacute unit, home, or skilled care facility.
 - D. All of the above.
2. OBRA regulation requires:
 - A. Hospitals to provide rehabilitation services.
 - B. Skilled nursing facilities to provide restorative care.
 - C. Patients to participate in rehabilitation programs.
 - D. Restorative care for alert residents only.
3. The main therapy that assists residents to re-learn activities of daily living is:
 - A. Physical therapy
 - B. Speech therapy
 - C. Occupational therapy
 - D. Cognitive therapy
4. Which of the following is **NOT** an activity of daily living?
 - A. Ambulating
 - B. Taking medications
 - C. Dressing
 - D. Toileting
5. A complication of immobility that affects the musculoskeletal system is:
 - A. Contractures
 - B. Pressure sores
 - C. Thrombus
 - D. Pain

6. A complication of immobility that affects the gastrointestinal system is:
 - A. Hemorrhoids
 - B. Constipation
 - C. Diarrhea
 - D. Confusion
7. A psychological reaction to immobility is:
 - A. Euphoria
 - B. Delusions
 - C. Depression
 - D. Schizophrenia
8. A verbal cue is:
 - A. Telling the resident how to perform a procedure
 - B. Specific instruction on how to perform a skill
 - C. A thorough explanation of a self-care technique
 - D. A short, simple phrase to prompt the resident
9. Continuity and consistency of care means that all staff:
 - A. Use variations in approaches to the resident
 - B. Use the same approaches when caring for the resident
 - C. Choose which staff members will work together in the care of the resident
 - D. Agree on the plan of care that is needed by the resident
10. If completing an entire task is too difficult for a resident in a restorative program:
 - A. Stop trying, and complete the task yourself
 - B. Provide total care, which is easier for the resident
 - C. Ask the charge nurse (RN/LVN) what you should do
 - D. Break the task into a series of smaller tasks

True and False

11. Using the care plan is a key to success when caring for residents in rehabilitation and restorative programs.
12. For effective restorative care, there must be a continuity of care between caregivers and between shifts.
13. Edema will develop if the resident is very active.
14. Emphasize the individualism, value, and worth of each resident.
15. Avoid comparing residents and their progress.
16. People with disabilities are special and should be treated differently from other residents.
17. Residents who are newly disabled adapt as easily to their problems as people who have lived with their disability a long time.
18. People with disabilities are not capable to doing the same things that other people do.
19. One of the goals of restorative care is to prevent complications.
20. Restorative care is designed to maintain the resident's current abilities.
21. One of the goals of providing rehabilitation services to a resident with quadriplegia is to teach the patient to walk again.
22. Residents with spinal cord and brain injuries cannot benefit from a rehabilitative program.
23. Residents with arthritis may benefit from rehabilitation.
24. A resident who has been in bed for a long time will not benefit from a rehabilitative program.
25. Some rehabilitative programs are designed for geriatric residents.
26. Grooming is not important to the restorative program.
27. The resident's sexuality is respected in the restorative environment.
28. Restorative care is part of the assessment item in the Minimum Data Set.

Sample Test Answers: Module 14

1. A
2. B
3. C
4. B
5. A
6. B
7. C
8. D
9. B
10. D
11. T
12. T
13. F
14. T
15. T
16. F
17. F
18. F
19. T
20. T
21. F
22. F
23. T
24. F
25. T
26. F
27. T
28. T

MANUAL SKILL: Providing Cast Care

EQUIPMENT:

Pillows
Pillow cases
Plastic pillow covers

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen
8. Apply gloves (standard precautions)

SKILL STEPS:

1. Care of newly casted resident:
 - A. Support cast with two (2) pillows covered with plastic cover and cloth pillowcase. Keep cast elevated and uncovered.
 - B. Observe fingers or toes of casted limb for swelling, cyanosis, or coldness. Ask resident if he/she feels pain, tingling or numbness. Report to licensed nurse immediately if above symptoms are present.
 - C. Use palms of hands if cast must be moved, not fingers, they will indent soft drying cast.
 - D. Check skin area around cast edges for signs of irritation (red, dry, itching, scratching). Notify licensed nurse if edges of cast need to be taped or padded.
2. After cast is dry:
 - A. Support cast with pillows or sling as ordered.
 - B. Turn resident according to facility policy.
 - C. Promote independence; encourage use of overhead (trapeze) bar to assist resident in helping self.
 - D. Perform capillary check of toes or fingers on casted extremity.
 - E. Check skin areas around edge of cast for redness or abrasions.
 - F. Observe for unusual odors or areas of warmth on the surface of the cast.

- G. Do not allow any objects such as coat hangers to be inserted into the cast for scratching.
- H. During elimination, use plastic wrap to protect edges of cast near genitals and buttocks to prevent soiling from urine or feces.
- I. Check with licensed nurse for bathing procedures. You may need to wrap entire casted area with plastic bag so resident can be showered.

ENDING STEPS:

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands.
- 3. Position resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document.
- 9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Range-of-Motion Exercises**EQUIPMENT:**

Bath blanket

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen
8. Apply gloves (standard precautions)

SKILL STEPS:

1. Raise bed to working height.
2. Lower rail on the side you will be working on
3. Position the resident in supine position and in good alignment.
4. Cover the resident with a bath blanket. Fan fold linen in the foot of the bed.
5. Determine the areas to be exercised, full body or extremities only. (See resident care plan for specific instructions as to areas to exercise). Move joints through normal range of motion to point of resistance or discomfort; do not force joint to point of pain. Each joint should be moved through its ROM at least three times.
6. Instructs client to inform Nurse Assistant if pain is experienced during exercise.
7. To exercise the shoulder moving joints slowly, gently and smoothly:
 - A. Support the arm by grasping the wrist with one hand and elbow with the other.
 - B. Flexion, raise the arm straight in front and over the head.
 - C. Extension, bring the arm down to the side.
 - D. Hyperextension, turn the resident to the side and move the top arm behind the body. (If the person is sitting in a straight chair or standing, move the arm behind the body). Turn resident back to supine position to continue.
 - E. Abduction, move the straight arm away from the side of the body.
 - F. Adduction, move the straight arm to the side of the body.

- G. Internal rotation, bend the elbow to a 90 degree angle and place it at the same level as the shoulder. Keeping the angle of the elbow constant, move the forearm down toward the lower body.
- H. External rotation, reverse the procedure, moving the forearm toward the head.
- 8. To exercise the elbow:
 - A. Grasp the resident's wrist with one hand and the elbow with the other.
 - B. Flexion, bend the arm so that the same-side shoulder is touched by the resident's thumb.
 - C. Extension, straighten the arm.
- 9. To exercise the forearm:
 - A. Pronation, turn the hand so that the palm is down.
 - B. Supination, turn the hand so that the palm is up.
- 10. To exercise the wrist:
 - A. Hold the wrist firmly with both of your hands.
 - B. Flexion, bend the hand down.
 - C. Extension, straighten the hand.
 - D. Hyperextension, bend the hand back.
 - E. Radial flexion, turn the hand toward the thumb.
 - F. Ulnar flexion, turn the hand toward the little finger.
- 11. To exercise the thumb:
 - A. Hold the resident's hand with one hand and the thumb with your other hand. (Support the wrist of the hand being exercised).
 - B. Abduction, move the thumb out from the inner part of the index finger.
 - C. Adduction, move the thumb back next to the index finger.
 - D. Opposition, touch each fingertip with the thumb.
 - E. Flexion, bend thumb into hand.
 - F. Extension, move the thumb out to the side of the fingers.
- 12. To exercise the fingers:
 - A. Abduction, spread the fingers and the thumb apart.
 - B. Adduction, bring the fingers and thumb together.
 - C. Extension, straighten the fingers so that the fingers, hand, and arm are straight.
 - D. Flexion, make a fist.
- 13. To exercise the hip:
 - A. Place one hand under the knee and the other under the ankle to support the leg.
 - B. Flexion, raise the leg.
 - C. Extension, straighten out the leg.
 - D. Abduction, move the leg away from the body.
 - E. Adduction, move the leg toward the other leg.
 - F. Internal rotation, turn the leg inward.

- G. External rotation, turn the leg outward.
- 14. To exercise the knee:
 - A. Place one hand under the knee and the other under the heel to support the foot and ankle. Slide the hand supporting the foot up toward the thigh while lifting the knee.
 - B. Flexion, bend the knee.
 - C. Extension, straighten the knee.
- 15. To exercise the ankle:
 - A. Place one hand under the heel with foot supported by forearm and the other under the ankle to support the ankle.
 - B. Dorsiflexion, lean toward head of bed, bringing foot into dorsiflexion.
 - C. Plantar flexion, with supporting hand, move heel downward, plantar flexing the foot.
- 16. To exercise the foot:
 - A. Eversion, turn the outside of the foot up and the inside down.
 - B. Inversion, turn the inside of the foot up and the outside down.
- 17. To exercise the toes:
 - A. Flexion, curl the toes.
 - B. Extension, straighten the toes.
 - C. Adduction, pull the toes together.
 - D. Abduction, spread the toes apart.
- 18. Cover the leg and raise the side rail.
- 19. Go to the other side. Lower the side rail and repeat the range of motion beginning at the shoulders.

ENDING STEPS:

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands.
- 3. Position resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document.
- 9. Report abnormal findings to licensed nurse.

MANUAL SKILLS: Performs Passive Range of Motion (PROM) for One Shoulder

Equipment:

None

Beginning Skills:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible
6. Provide for privacy with a curtain, door, or screen.

Skill Steps:

1. Instruct client to inform candidate if pain is experienced during exercise.
2. Supports client's upper and lower arm while performing range of motion for shoulder
3. Raises client's straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limbs moves joint gently, slowly, and smoothly through range of motion, discontinuing exercise if client verbalizes pain.
4. Moves client's straightened arm away from the side of the body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limbs moves joint gently, slowly, and smoothly through range of motion, discontinuing exercise if client verbalizes pain.

Ending Steps:

1. Position resident comfortably.
2. Place call light within reach.
3. Lower bed to safe position for the resident.
4. Leave room neat.
5. Wash hands.
6. Document.
7. Report abnormal findings to licensed nurse.

MANUAL SKILLS: Performs Passive Range of Motion (PROM) for One Knee and One Ankle

Equipment:

None

Beginning Steps:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible
6. Provide for privacy with a curtain, door, or screen

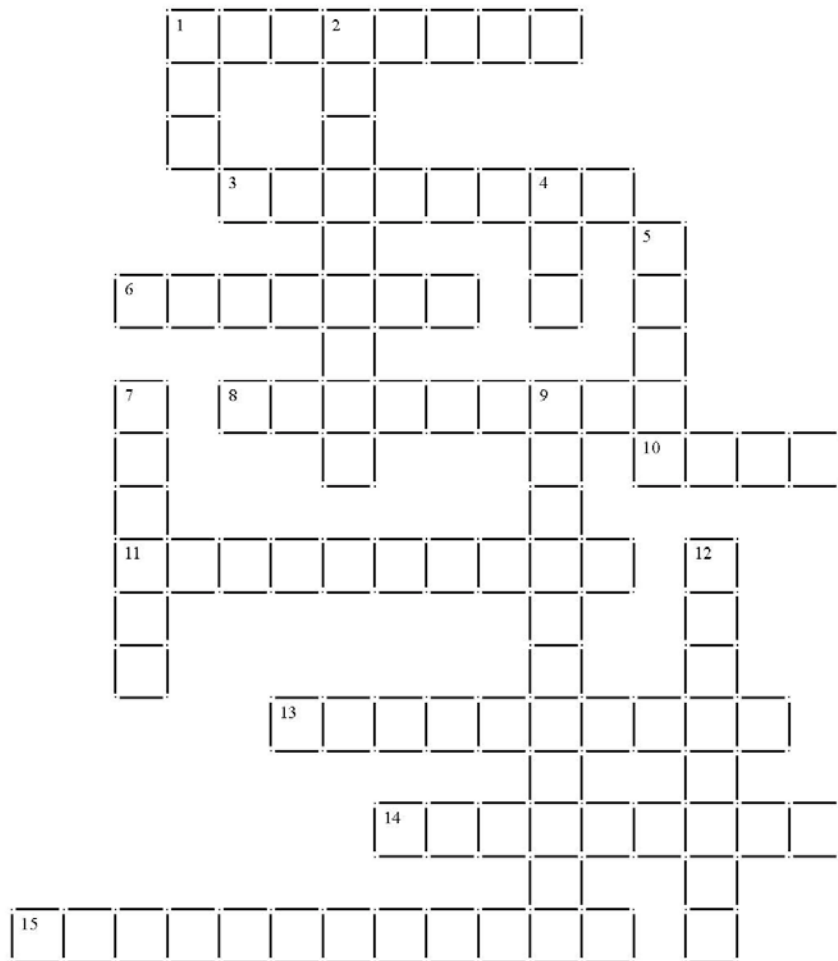
Skill Steps:

1. Instructs client to inform candidate if pain is experienced during exercise.
2. Supports leg at knee and ankle while performing range of motion for knee.
3. Bends the knee and then returns leg to client's normal position (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized).
4. Supports foot and ankle close to the bed while performing range of motion for ankle.
5. Push/pull foot toward head (dorsiflexion) and push/pull foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized).
6. While supporting the limb, move joints gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.

Ending Steps:

1. Position resident comfortably.
2. Place call light within reach.
3. Lower bed to safe position for the resident.
4. Leave room neat.
5. Wash hands.
6. Document.
7. Report abnormal findings to licensed nurse.

Rehabilitative-Restorative Care Crossword



Across

1. Devices used to help someone adjust to their environment.
3. Physical force on a body part.
6. Not active.
8. A special type of bed.
10. Short for “turn, cough, and deep breath.”
11. A physical handicap which prevents someone from engaging in certain activities.
13. Walking.
14. Helpful; referring to devices.
15. Shortening of a muscle causing limited movement of a joint.

Down

1. Short for “activities of daily living.”
2. Inflammation of a vein.
4. Short for “range of motion.”
5. Where one bone connects with another bone.
7. A wire frame placed over the lower part of the bed.
9. Return to a normal condition.
12. A clot or substance in blood vessel causing obstruction.

Rehabilitative-Restorative Care Crossword

