25
Rehabilitation and Restorative Care

1. Define important words in this chapter
2. Discuss rehabilitation and restorative care
3. Describe the importance of promoting independence
4. Explain the complications of immobility and describe how exercise helps maintain health
5. Describe canes, walkers, and crutches
6. Discuss other assistive devices and orthotics
7. Discuss range of motion exercises

Supplemental Tools
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- Transparency 25-2 Benefits of Exercise
- Transparency 25-3 Body Movements
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Assignments
- Textbook Reading, pp. 442-456
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Overview of Teaching Strategies
Many of the residents these students will be caring for will be in the process of regaining their lives after an illness or injury. The NA will be expected to assist the resident throughout this difficult period and to do so with skills learned in this chapter.

It is vital that the students learn to provide supportive care that encourages dignity and independence. A positive attitude toward recovery, coupled with an excellent comprehension of the rehabilitation process, is the basis of such care. This chapter emphasizes sensitivity and patience.

Assisting residents with range of motion exercises is an important skill for the NA to learn. If possible, time should be spent reinforcing how to properly do these exercises. If the instructor can take the students to a rehabilitation center for a hands-on experience, it would reinforce this chapter most effectively. If this is not possible, a rehabilitation specialist such as a rehab nurse or therapist could be invited to the classroom to offer case studies and personal experiences to share with the students. An equipment company could demonstrate assistive and adaptive devices or the school could order catalogs from such companies which would be the basis for a project such as a collage picture of rehabilitation equipment.

1. Define important words in this chapter

Meeting the Learning Objective
Textbook pp. 442-443
Workbook p. 135

Lecture
Pronounce and define each of the key terms listed in the Learning Objective on pages 442-443.

2. Discuss rehabilitation and restorative care

Meeting the Learning Objective
Textbook pp. 443-445
Workbook p. 135

Pronounce and define the following key terms:
- Rehabilitation
- Physiatrists
- Restorative care

Discuss the factors that affect progress of rehabilitation:
- How soon it began
- Any pre-existing diseases or injuries
- Overall motivation of the resident
- Type of facility where resident lives
- Combined efforts of staff and others
• Attitude of the rehabilitation team
• Consistency in following the care plan

Review the goals of rehabilitation:
• Maintain or regain abilities
• Promote independence and help resident to adapt
• Prevent complications of immobility

Display Transparency

Review the guidelines for rehabilitation and restorative care found on the transparency:
• Understand the diagnosis, the disability, and any limitations the resident has.
• Be patient and offer praise frequently.
• Maintain a positive attitude.
• Listen as much as possible.
• Provide plenty of privacy.
• Encourage independence.
• Encourage daily activity.
• Accept setbacks and focus on what the resident can do.

Report observations to the nurse:
• Lack of motivation
• Signs of withdrawal and depression
• Any change in ability
• Decreased strength
• Change in ability to perform ROM exercises

Case Studies
Discuss how NAs can adapt their motivational styles to fit the different and unique personalities of the following residents:
• Mrs. T is a shy, quiet elderly woman learning to dress herself.
• Mr. M is a very proud ex-Marine major who must learn to feed himself.
• Mrs. G is a grandmother who must learn to use a leg brace to walk.
• Mr. J is an athlete who must accept being confined to a wheelchair.
• Mrs. C must now wear a pad for permanent incontinence.
• Mr. D has been told he will never walk again as he and the physicians hoped he would.
• Mr. H has been trying unsuccessfully for two weeks to learn to use special eating utensils.

3. Describe the importance of promoting independence

Meeting the Learning Objective

Textbook pp. 445
Workbook p. 135

Lecture and Discussion
Emphasize the importance of NAs encouraging residents’ independence while assisting with or performing all tasks. Discuss how independence positively relates to self-image, attitude, abilities, and may help speed recovery.

Start a discussion to emphasize empathy with residents who must accept help with ADLs. Ask students how they might feel if confined to a wheelchair, or if they were not able to lift a fork to their lips, or how it might feel to have another person dress them.

4. Explain the complications of immobility and describe how exercise helps maintain health

Meeting the Learning Objective

Textbook pp. 445-446
Workbook p. 136

Lecture and Discussion
Go over the complications, organized by body system, that result from a lack of exercise and activity:
• Gastrointestinal: constipation
• Urinary: urinary tract infection (UTI)
• Integumentary: pressure ulcers and slow-healing wounds
• Circulatory: blood clots, especially in the legs
• Respiratory: pneumonia
• Musculoskeletal: muscle atrophy and contractures
• Nervous: depression or insomnia
• Endocrine: weight gain
Display Transparency

25-2 Benefits of Exercise

Review the benefits of regular exercise and activity, organized by body system, found on the transparency:

- Gastrointestinal: promotes appetite and aids regular elimination
- Urinary: improves elimination, helping to decrease infection
- Integumentary: improves the quality and health of the skin
- Circulatory: improves circulation
- Respiratory: reduces the chance of infections, such as pneumonia, and improves oxygen level
- Musculoskeletal: increases blood flow to the muscles and improves strength
- Nervous: improves relaxation and sleep
- Endocrine: increases metabolism, helping to maintain healthy weight

5. Describe canes, walkers, and crutches

Meeting the Learning Objective
TEXTBOOK PP. 446-448
WORKBOOK P. 136

Lecture
Discuss the following points:

- Cane helps with balance—does not completely support weight.
- Different types of canes are C cane, functional grip cane, and quad cane.
- Walkers help with stability and some weakness.
- Crutches are used when a person can bear limited weight or no weight.

Review the cane, walker, and crutches guidelines:

- Check cane, walker, or crutches for damage before using.
- Make sure resident is wearing non-skid shoes with laces tied.
- Watch for and avoid unsafe environmental situations.
- Encourage good posture.
- Do not rush resident.
- Do not hang heavy items on the walker.

- Have resident use cane on his stronger side.
- Stay near the person on the weaker side.
- Move resident to bed or chair if he experiences pain.
- Return resident to bed or chair when finished.

Demonstration
Demonstrate the procedure: Assisting with ambulation for a resident using a cane, walker, or crutches. Include all the numbered steps in your demonstration.

Have the students return the demonstration. Procedure checklists are located at the end of the Student Workbook.

6. Discuss other assistive devices and orthotics

Meeting the Learning Objective
TEXTBOOK PP. 448-450
WORKBOOK PP. 136-137

Lecture
Pronounce and define the following key terms:

- Assistive or adaptive devices
- Foot drop
- Orthotic devices

Referring to Figures 25-8 to 25-13 (pp. 449-450 in textbook), review the items that help residents adapt to certain conditions.

7. Discuss range of motion exercises

Meeting the Learning Objective
TEXTBOOK PP. 450-455
WORKBOOK P. 137

Lecture
Pronounce and define the following key terms:

- Range of motion (ROM)
- Passive range of motion (PROM)
- Active range of motion (AROM)
- Active assisted range of motion (AAROM)
- Hyperextension

Display Transparency

25-3 Body Movements
Define the following terms, pointing to each illustration on the transparency:

- Abduction
- Adduction
- Dorsiflexion
- Rotation
- Extension
- Flexion
- Pronation
- Supination
- Opposition

Review the guidelines for ROM:

- Follow the care plan.
- Use proper body mechanics.
- Begin at the head and work down.
- Support the joint above and below.
- Follow instructions for limiting ROM exercises.
- Maintain privacy at all times.
- Never push further than what is comfortable.
- Keep the body in good alignment.
- Give holistic care while performing ROM exercises. Praise often.

**Demonstration**

Demonstrate the procedure: Assisting with passive range of motion exercises. Include all of the numbered steps in your demonstration. Refer to Figures 25-15 through 25-32.

Have the students return the demonstration by creating teams of two, one NA and one resident receiving each of the three types of ROMs. Procedure checklists are located at the end of the Student Workbook.

**Chapter Review**

**Exam**

Distribute Chapter 25: Exam (Appendix C, pp. 339-340)

Allow students enough time to finish the test. See Appendix D for answers to the chapter exams.

**Answers to Chapter Review in Textbook**

1. Answers include: how soon it began; any pre-existing diseases or injuries; overall motivation of the resident; type of facility where resident lives; combined efforts of staff and others; attitude of the rehabilitation team; and consistency in following the care plan

2. Answers include: maintain or regain abilities; promote independence and help resident to adapt; and prevent complications of immobility.

3. Answers include: Understand the diagnosis, the disability and any limitations the resident has. Be patient and offer praise frequently. Maintain a positive attitude. Listen as much as possible. Provide plenty of privacy. Encourage independence. Encourage daily activity. Accept setbacks and focus on what the resident can do.

4. Answers may vary but can include: It can cause anger, frustration, depression, sadness, and embarrassment.

5. Answers include: positive effects on self-image, attitude, abilities, and may help speed recovery.

6. Answers include: Gastrointestinal—constipation; Urinary—urinary tract infection (UTI); Integumentary—pressure ulcers and slow-healing wounds; Circulatory—blood clots, especially in the legs; Respiratory—pneumonia; Musculoskeletal—muscle atrophy and contractures; Nervous—depression or insomnia; Endocrine—weight gain

7. Answers include: Gastrointestinal—promotes appetite and aids in regular elimination; Urinary—improves elimination, helping to decrease infection; Integumentary—improves the quality and health of the skin; Circulatory—improves circulation; Respiratory—reduces the chance of infections, such as pneumonia, and improves oxygen level; Musculoskeletal—increases blood flow to the muscles and improves strength; Nervous—improves relaxation and sleep; Endocrine—increases metabolism, helping to maintain healthy weight

8. The C cane is shaped like a curved candy cane. It usually has a rubber-tipped bottom to prevent slipping. A functional grip cane is like a C cane, except that it has a straight grip handle, rather than the curved one. This helps the person grip the handle better. A quad cane
has four rubber-tipped feet and a rectangular base. Quad canes are able to bear more weight than other canes.

9. Stronger
10. Weaker
11. Weaker
12. Answers include: help people who are recovering from an illness; help adapt to a physical disability; and promote independence

13. Orthotic devices are devices applied externally to a limb for support and protection. They keep the joints in the correct position and are used to improve function and prevent complications.

14. Answers will vary.

15. The goal of range of motion exercises is to decrease or prevent contractures and atrophy, increase circulation, and improve strength and movement.

16. Answers include: Active range of motion (AROM) exercises put a joint through its full arc of motion that are done by a resident alone, without help. Active-assisted range of motion (AAROM) exercises put a joint through its full arc of motion and are done by a resident with some help from a staff member. Passive range of motion (PROM) exercises put a joint through its full arc of motion and are done by staff, without the resident's help.

17. Answers include: abduction—moving a body part away from the midline of the body; adduction—moving a body part toward the midline of the body; extension—straightening a body part; flexion—bending a body part; dorsiflexion—bending backward; pronation—turning downward; rotation—turning the joint; and supination—turning upward

18. Begin at the head and work down the body.