# 16

# Rehabilitation and Restorative Care

## 1. Discuss rehabilitation and restorative care

Define the following term:

**rehabilitation**

care that is given by specialists to help restore or improve function after an illness or injury.

**restorative care**

care given after rehabilitation to maintain a person's function, improve his quality of life, and increase his independence.

## 1. Discuss rehabilitation and restorative care

Rehabilitation can be understood in terms of moving the client from:

- Illness to health
- Disability to ability
- Dependence to independence

## Key Material 16-1: Four Goals of a Rehabilitative Program

- Help the client regain function or recover from illness
- Developing and promote a client's independence
- Allowing a client to feel in control
- Helping the client accept or adapt to limitations of disabilities

## 2. Explain the home care rehabilitation model

Remember:

When you work with clients who need restorative care, you will be working as part of a team.

Key Material 16-2: Home Care Rehab Model

| | |
|---|---|
| **Physicians, Nurses** | Establish goals<br>Promote independence<br>Restore health |
| **Therapists** | Work with client<br>Help restore abilities |
| **Counselors** | Promote positive attitudes and acceptance |
| **Home Health Aides** | Assist with goals<br>Observe progress<br>Report |



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## 2. Explain the home care rehabilitation model

Think about this question:

How does the role of each member of the care team contribute to the overall goals of restorative care?

## Role play activity

In pairs, and trading roles with each situation, role-play a call to the supervisor to report the following:

Your client can now do all range of motion exercises alone and does not want help.

Your young client is depressed and will not get out of bed today.

Your client refuses to do any of her newly-learned self-care activities.

You notice a blister on the sacral area of your bedbound client.

Your client's skin appears yellow, and he complains of itching.

## Role play activity

Situations to role-play (cont'd):

You notice the client is short of breath when ambulating from the bed to the chair today.

The family tells you the client is not eating well, no matter what they prepare.

The client is limping when walking with the walker, but did not do this during any other visit.

Your client says, "I simply can't get out of bed today. I'm just too tired."

## 3. Describe guidelines for assisting with rehabilitation and restorative care

An HHA's attitudes and behaviors can assist clients with restorative care:

- Be patient: Even though you can dress the client faster, you encourage him to do it for himself
- Be positive and supportive: Create an atmosphere that motivates the client to dress himself
- Focus on small tasks and small accomplishments: Break the client's task of dressing himself into small steps, such as putting on a shirt today and learning to button it tomorrow
- Recognize that setbacks occur: When he can't button the shirt on the expected day, downplay the setback

## 3. Describe guidelines for assisting with rehabilitation and restorative care

Useful HHA attitudes and behaviors with restorative care (cont'd):

- Be sensitive to the client's needs: Encourage him to keep trying this task by showing a real sense of understanding and acceptance of both success and disappointments
- Encourage independence: Independence improves self-image and attitude and helps speed recovery. Encourage client to be as independent as possible, no matter if HHA can do it better or faster

## 3. Describe guidelines for assisting with rehabilitation and restorative care

Useful HHA attitudes and behaviors with restorative care (cont'd):

- Provide privacy: Clients may prefer practicing skills and activities of daily living in private. Providing for privacy promotes dignity
- Involve clients in care: Talk to clients about plans for the day. Get them motivated, which may help ease fears

## 3. Describe guidelines for assisting with rehabilitation and restorative care

Think about this question:

How can you adapt your motivational styles to fit the different and unique personalities of your clients?

***Critical Thinking: Case Studies***

How can you adapt your motivational style to fit the different and unique personalities of the following clients?

- Mrs. T is a shy, quiet elderly woman learning to dress herself.
- Mr. M is a very proud retired Marine who must learn to feed himself.
- Miss P is a teenager learning to walk again.
- Mrs. G is a grandmother who must learn to use a leg brace to walk.

***Critical Thinking: Case Studies***

- Mr. J is an athlete who must accept being confined to a wheelchair.
- Mrs. C, a young mother, must now wear an incontinence brief for permanent incontinence.
- Mr. D has been told he will never walk again, though he and the physicians had hoped he would.
- Mr. H has been trying unsuccessfully for two weeks to learn to use special eating utensils.

## 4. Describe how to assist with range of motion exercises

Define the following terms:

**contracture**

the permanent and often painful shortening of a muscle, usually due to a lack of activity.

**atrophy**

the wasting away, decreasing in size, and weakening of muscles from lack of use.

**range of motion (ROM)**

exercises that put a particular joint through its full arc of motion.

## 4. Describe how to assist with range of motion exercises

Define the following terms:

**active range of motion (AROM)**

exercises to put a joint through its full arc of motion that are performed by a person alone, without help.

**active assisted range of motion (AAROM)**

exercises to put a joint through its full arc of motion that are performed by a person with some help from another person.

**passive range of motion (PROM)**

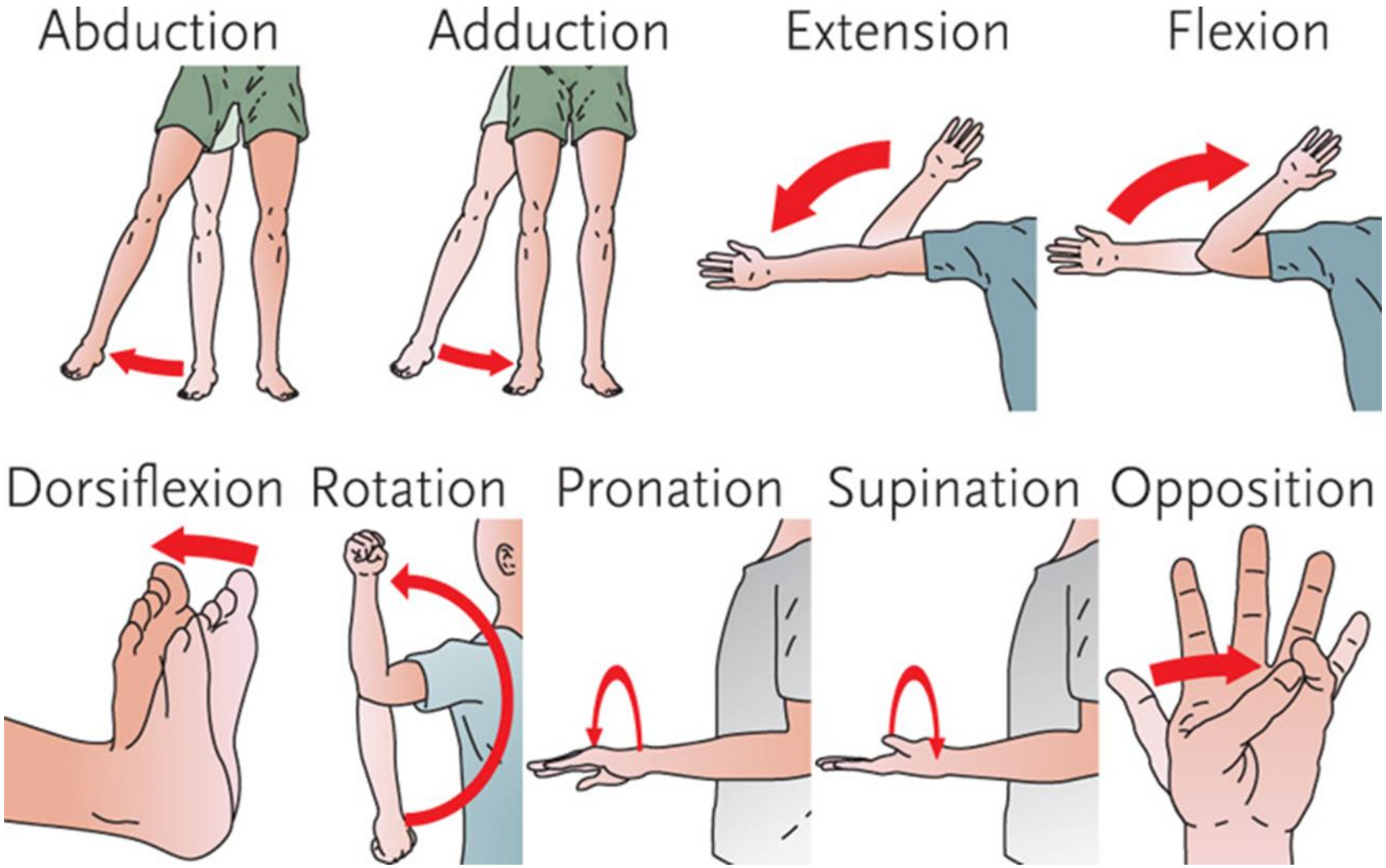
exercises to put a joint through its full arc of motion that are performed by a caregiver, without the client's help.

## 4. Describe how to assist with range of motion exercises

Remember:

HHAs should always ask clients to let them know if they experience pain during range of motion exercises. HHAs should also observe clients for nonverbal signs that the client is in pain.

## Key Material 16-3: Body Movements



## 4. Describe how to assist with range of motion exercises

Define the following terms:

**abduction**

moving a body part away from the midline of the body.

**adduction**

moving a body part toward the mid-line of the body.

**extension**

straightening a body part.

**flexion**

bending a body part.

## 4. Describe how to assist with range of motion exercises

Define the following terms:

**dorsiflexion**

bending backward.

**rotation**

turning a joint.

**pronation**

turning downward.

**supination**

turning upward.

**opposition**

touching the thumb to any other finger.

## 4. Describe how to assist with range of motion exercises

HHAs should understand the differences in these types of ROM exercises:

- PROM: HHA does all the work and client does none
- AROM: HHA encourages, but client does all the work
- AAROM: HHA assists and supports client in doing the work

## Assisting with passive range of motion exercises

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.
5. Position the client lying supine—flat on her back—on the bed. Use proper alignment.
6. While supporting the limbs, move all joints gently, slowly, and smoothly through the range of motion to the point of resistance. Repeat each exercise at least three times. Ask the client if an exercise is causing him pain, Watch for signs of pain and stop performing the exercises if the client appears to be in pain or reports pain. Report to your supervisor.

## Assisting with passive range of motion exercises

7. **Shoulder**. Support the client's arm at the elbow and wrist while performing ROM for the shoulder. Place one hand under the elbow and the other hand under the wrist. Raise the straightened arm from the side position upward toward head to ear level and return arm down to side of the body (extension/flexion).

## Assisting with passive range of motion exercises

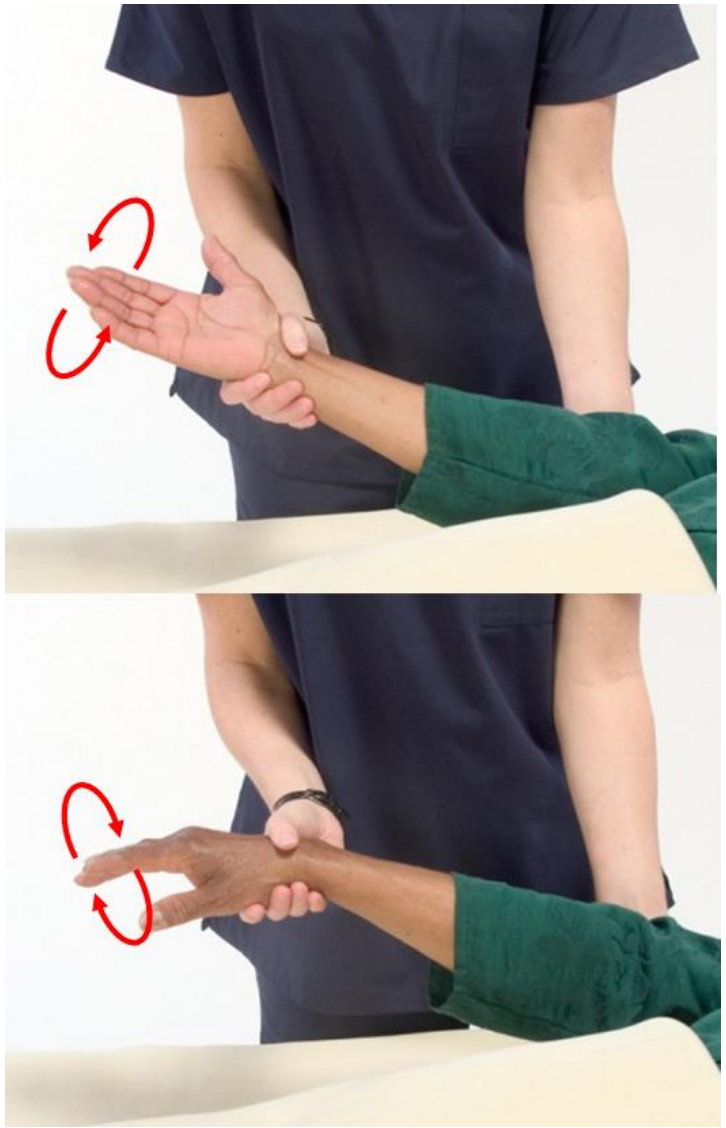
Keep one hand under the elbow and one hand under the wrist. Move straightened arm away from side of body to shoulder level and return arm to side of body(abduction/adduction).

## Assisting with passive range of motion exercises

8. **Elbow**. Hold the wrist with one hand and the elbow with the other hand. Bend the elbow so that the hand touches the shoulder on that same side (flexion). Straighten the arm (extension).

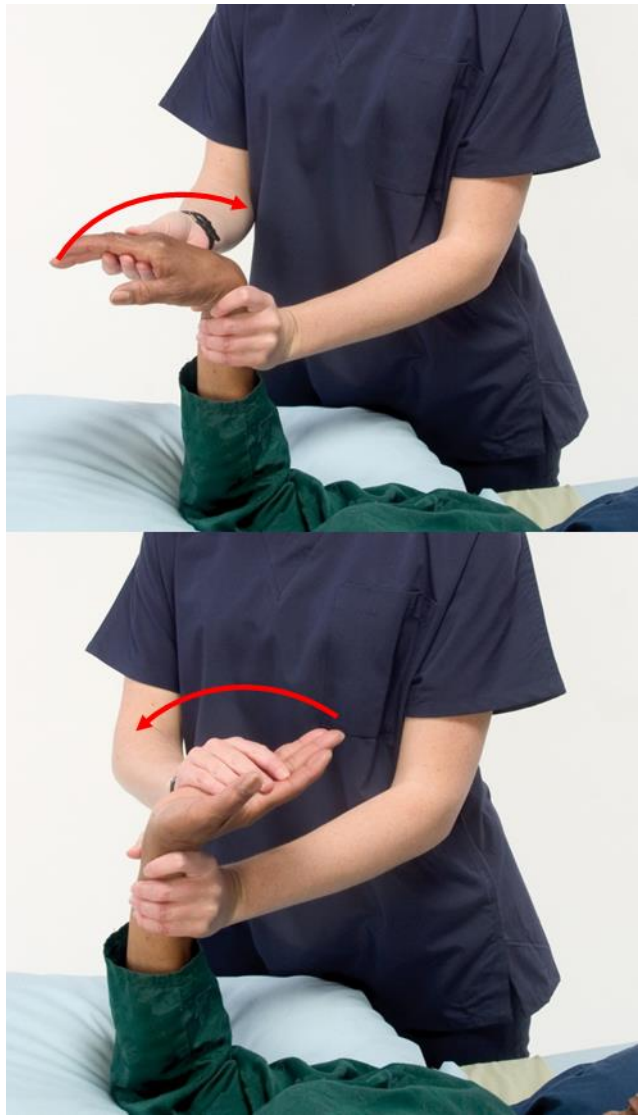
## Assisting with passive range of motion exercises

Exercise the forearm by moving it so the palm is facing downward (pronation) and then the palm is facing upward (supination).



## Assisting with passive range of motion exercises

9. **Wrist**. Hold the wrist with one hand and use the fingers of your other hand to move the joint through the motions. Bend the hand down (flexion). Bend the hand backward (dorsiflexion).



## Assisting with passive range of motion exercises

Turn the hand in the direction of the thumb (radial flexion). Then turn the hand in the direction of the little finger (ulnar flexion).

## Assisting with passive range of motion exercises

10. **Thumb**. Move the thumb away from the index finger (abduction). Move the thumb back next to the index finger (adduction).

## Assisting with passive range of motion exercises

Touch each fingertip with the thumb (opposition).

## Assisting with passive range of motion exercises

Bend thumb into the palm (flexion) and out to the side (extension).

## Assisting with passive range of motion exercises

11. **Fingers**. Make the fingers into a fist (flexion). Gently straighten out the fist (extension).

## Assisting with passive range of motion exercises

Spread the fingers and the thumb far apart from each other (abduction). Bring the fingers back next to each other (adduction).

## Assisting with passive range of motion exercises

12. **Hip**. Support the leg by placing one hand under the knee and one under the ankle. Straighten the leg and gently raise it upward. Move the leg away from the other leg (abduction). Move the leg toward the other leg (adduction).

## Assisting with passive range of motion exercises

Gently turn the leg inward (internal rotation), then turn the leg outward (external rotation).

## Assisting with passive range of motion exercises

13. Knee. Support the leg under the knee and under the ankle while performing ROM for the knee. Bend the knee to the point of resistance (flexion). Return the leg to client's normal position (extension).

## Assisting with passive range of motion exercises

14. Ankle. Support the foot and ankle close to the bed while performing ROM for the ankle. Push/pull foot up toward the head (dorsiflexion). Push/pull foot down, with the toes pointed down (plantar flexion).

## Assisting with passive range of motion exercises

Turn the inside of the foot inward toward the body (supination). Bend the sole of the foot away from the body (pronation).

## Assisting with passive range of motion exercises

15. **Toes**. Curl and straighten the toes (flexion and extension).

## Assisting with passive range of motion exercises

Gently spread the toes apart (abduction).

## Assisting with passive range of motion exercises

16. Return the client to a comfortable resting position and cover as appropriate. If you raised an adjustable bed, be sure to return it to its lowest position.
17. Wash your hands.
18. Document the procedure. Note any decrease in range of motion or any pain experienced by the client. Notify the supervisor or the physical therapist if you find increased stiffness or physical resistance. Resistance may be a sign that a contracture is developing.

## Key Material 16-4 Proper Body Alignment

The following are guidelines for proper alignment:

- Observe principles of alignment
- Keep body parts in natural positions
- Prevent external rotation of hips
- Change positions frequently
- Give backrubs for comfort and relaxation

## 6. List guidelines for providing basic skin care and preventing pressure injuries

Think about this question:

Why is prevention of pressure injuries a very important part of skin care?

## 6. List guidelines for providing basic skin care and preventing pressure injuries

Remember:

Prevention of skin problems is the key to skin health

Key Material: 16-5 Preventing Pressure Injuries:

- Report changes in client's skin
- Provide regular skin care
- Reposition immobile clients often (at least every two hours)
- Provide regular skin care for clients who are incontinent. Change clothing and linen often
- Avoid scratching or irritating skin; report blisters or sores on feet
- Avoid harsh soaps or detergents

## 6. List guidelines for providing basic skin care and preventing pressure injuries

Guidelines for preventing pressure injuries (cont'd):

- Massage skin frequently. Do not massage bony areas. Do not massage a white, red, or purple area or put any pressure on it.
- Be gentle during transfers
- Keep skin folds clean and dry
- Serve well-balanced meals
- Keep plastic or rubber away from client's skin
- Follow the care plan

## 6. List guidelines for providing basic skin care and preventing pressure injuries

HHAs should understand care for high-risk (bedbound) clients:

- Keep bottom sheet tight and wrinkle-free.
- Avoid shearing.
- Use special protective aids such as
  - Absorbent bed pad under back and buttocks and/or in wheelchairs
  - Pillows or other positioning devices under bony prominences
  - Flotation pads or foam overlays on bed, chair, or wheelchair
  - Bed cradle to prevent rubbing sheets
- Reposition clients in chairs or wheelchairs

## 7. Describe the guidelines for caring for clients who have fractures or casts

Define the following term:

**fracture**

a broken bone.

## 7. Describe the guidelines for caring for clients who have fractures or casts

Care for a new cast and guidelines for cast care are as follows:

- Elevate extremity in cast
- Observe for swelling, skin discoloration, tightness, sores, hot or cold skin, pain, burning, numbness or tingling, drainage, bleeding, or odor
- Protect client's skin from edges of cast
- Keep cast dry
- Do not insert anything into cast
- Help as needed with assistive devices
- Use bed cradles as needed

## 8. List the guidelines for caring for clients who have had a hip replacement

HHAs should know these points about fractured hips:

- Cause may be a fall or weakened bones
- Elderly bones heal slowly
- Elderly people are at risk for secondary illnesses and infections
- A hip fracture is a serious condition

## 8. List the guidelines for caring for clients who have had a hip replacement

Define the following terms:

**partial weight-bearing (PWB)**

a doctor's order stating that a person is able to support some body weight on one or both legs.

**non-weight-bearing (NWB)**

a doctor's order stating that a person is unable to touch the floor or support any body weight on one or both legs.

**full weight-bearing (FWB)**

a doctor's order stating that a person has the ability to support full body weight (100%) on both legs.

## 8. List the guidelines for caring for clients who have had a hip replacement

Care guidelines for after hip replacement surgery are as follows:

- Keep often-used items nearby
- Dress affected side first
- Do not rush client. Use praise and encouragement
- Have client conserve energy
- Follow care plan

## 8. List the guidelines for caring for clients who have had a hip replacement

Care guidelines after hip replacement surgery (cont'd):

- Do not perform ROM exercises on operative side
- Legs cannot be crossed. Hip cannot be bent more than 90 degrees
- Follow instructions for applying the abduction pillow
- Keep pillow between thighs when transferring from bed. Stand on unaffected side for transfers
- For chair or toilet transfers, stronger leg should stand first and operative leg should be straight

## 8. List the guidelines for caring for clients who have had a hip replacement

HHAs should recognize these important signs and symptoms to observe and report:

- Redness, drainage, bleeding, or warmth in incision area
- Increase in pain
- Numbness or tingling
- Tenderness or swelling in the calf of the affected leg
- Shortening and/or external rotation of the affected leg

## 8. List the guidelines for caring for clients who have had a hip replacement

Signs and symptoms to observe and report after hip replacement:

- Abnormal vital signs
- Inability of client to use equipment properly and safely
- Unwillingness of client to follow doctor's orders for activity and exercise
- Problems with appetite
- Increasing strength and improving ability to walk

## 9. List ways to adapt the environment for people with physical limitations

These adaptive items (as well as others, shown in the textbook) can help clients relearn old skills or adapt to new limitations.

## 10. Identify reasons clients lose bowel or bladder control

Define the following term:

**incontinent**

being unable to control the muscles of the bladder or bowels.

## 10. Identify reasons clients lose bowel or bladder control

Clients may be incontinent for these reasons:

- Circulatory or nervous system diseases or injuries
- Paralysis
- Diarrhea (temporary)

## 10. Identify reasons clients lose bowel or bladder control

Care guidelines for clients with incontinence include the following:

- Reassure, be understanding, and be empathetic
- Keep clients clean and dry
- Provide careful skin care
- Provide proper perineal care
- Use absorbent pads
- Change disposable briefs immediately when they are wet or soiled

## 10. Identify reasons clients lose bowel or bladder control

Remember:

Do not to refer to incontinence pads or briefs as diapers. Elderly people are not infants, and such references are demeaning to adults.

## 10. Identify reasons clients lose bowel or bladder control

***Critical Thinking: Conversation Starter***

- How would you feel if you were incontinent and had to rely on others for assistance with elimination?
- How would you feel if you had to wear an incontinence brief?

## 11. Explain the guidelines for assisting with bowel or bladder retraining

HHAs should be familiar with the four types of bowel training items commonly ordered by physicians:

- Rectal suppositories
- Laxatives
- Stool softeners
- Enemas

## 11. Explain the guidelines for assisting with bowel or bladder retraining

HHAs may assist in bowel and bladder retraining and should remember these guidelines:

- Follow Standard Precautions. Wear gloves when handling body wastes
- Explain training schedule to client
- Keep record of the bowel and bladder habits
- Offer bedpan or trip to bathroom before procedures
- Encourage fluids and offer trip to bathroom 30 minutes after drinking fluids

## 11. Explain the guidelines for assisting with bowel or bladder retraining

Guidelines for assisting in bowel and bladder retraining (cont'd):

- Encourage high-fiber diet to client
- Provide privacy for elimination
- Stimulate voiding by running water
- Do not rush the client
- Assist with careful perineal care

## 11. Explain the guidelines for assisting with bowel or bladder retraining

Guidelines for assisting in bowel and bladder retraining (cont'd):

- Discard wastes, clothing protectors, and briefs properly
- Keep accurate record, including episodes of incontinence
- Offer positive reinforcement
- Never show frustration or anger
- Always be positive and patient when handling this subject and offer bathroom trips often

## 11. Explain the guidelines for assisting with bowel or bladder retraining

Think about this question:

What suggestions or tips can you think of to keep a positive attitude when assisting clients who are incontinent?

## 12. Describe the benefits of deep breathing exercises

Define the following term:

**incentive spirometer**

a deep breathing device that measures how well the lungs are filling with each breath.

## 12. Describe the benefits of deep breathing exercises

This is an incentive spirometer, and it is sometimes used to help clients take long, slow, deep breaths:

## 12. Describe the benefits of deep breathing exercises

Remember:

Deep breathing exercises help expand the lungs, clearing them of mucus and preventing infections (such as pneumonia). Clients who are paralyzed or who have had abdominal surgery are often encouraged to do deep breathing exercises regularly to expand the lungs.

## Assisting with deep breathing exercises

*Equipment: emesis basin, 2 pairs of gloves, supplies for oral care, tissues, other PPE as required, such as mask, goggles, and gown*

1. Wash your hands.
2. Explain the procedure to the client. Speak clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. Put on a gown, mask, and goggles, as indicated by Standard Precautions and the care plan. Be sure to put on an N95 mask if the client has known or suspected tuberculosis. Deep breathing exercises may stimulate the client to cough and produce mucus.

## Assisting with deep breathing exercises

5. Put on gloves.
6. Position the client sitting upright if possible. Have him breathe in slowly and steadily, as deeply as possible through the nose. You should see the chest and then the abdomen expand and fill with air.
7. Have the client exhale through the mouth until all air is expelled.
8. Repeat this exercise five to ten times, as specified in the care plan.
9. If the client coughs or brings up mucus from the lungs during the exercise, offer the client tissues or the emesis basin to catch the mucus.
10. Dispose of the used tissues and clean the basin.
11. Remove gloves, goggles, gown, and mask.
12. Wash your hands.
13. Put on clean gloves.

## Assisting with deep breathing exercises

14. Provide mouth care as desired, and help the client return to a comfortable position.
15. Remove and discard gloves.
16. Wash your hands again.
17. Document the procedure and any reactions you observe, including pain, prolonged coughing, and color or amount of mucus.

***Critical Thinking: Case Study***

Mr. S had a stroke three weeks ago and has completely lost the use of his right hand and arm, his dominant side. The care plan includes a rehabilitation goal of having the therapists on the team teach him to do his ADLs, including dressing himself, with his left hand and arm.

- What would your role be as daily visits are made in the home?
- Should you bathe him if he asks? Why or why not?
- What other limitations would you expect him to have and how could they be addressed?

***Critical Thinking: Case Study***

Mr. S also has urinary and fecal incontinence. The physician is not sure if retraining will be successful, but has ordered the nurse and aide to try.

- What part do you play?
- What bowel medications might be ordered?
- How might his diet be changed?

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